Re-Entry Community Services Workgroup

Final report

Engrossed Second Substitute Senate Bill 5304, Section 9(4); Chapter 243, Laws of 2021

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Medicaid Programs Division
PO Box 42722
Olympia, WA 98504
Phone: (360) 725-1329
www.hca.wa.gov

Executive summary

Senate Bill (SB) 5304 and House Bill (HB) 1348 were enacted in the 2021 legislative session. This legislation required the Health Care Authority (HCA) to request a waiver from the federal government to maintain an individual's Medicaid coverage when confined to a correctional institution, as defined in Revised Code of Washington (RCW) 9.94.049 or committed to a state hospital or other treatment facility.

Legislation also required HCA to create two workgroups to:

- Inform the waiver submission work.
- Look for efficiencies in existing reentry programs.
- Explore the feasibility of expanding programs to other incarcerated/justice-involved populations and settings, such as state hospitals, involuntary treatment centers in the community, and juvenile facilities.

HCA created an oversight workgroup called the Re-entry Advisory Workgroup and the four sub-workgroups below. Since the inception of these groups, they have worked toward improving reentry services and making those services more accessible for all populations.

- Community Re-entry Operations Workgroup
- Re-entry Community Services Program (RCSP) Workgroup
- Re-entry Workgroup for Young People
- Communications Workgroup

This is the final legislative report for the Reentry Community Services Program (RCSP) workgroup pursuant to Sec 9(4). RCSP identified that the increased need for additional services places a strain on funding, leading to a loss of providers. Immediate intervention is required to maintain the successes of the RCSP, which has well demonstrated results shown by Washington State Institute for Public Policy (WSIPP) studies. Previous studies have shown a reduction in 3-year recidivism (likelihood of re-offending) from 95% in a comparable population to 27% in this program. Housing costs continue to be the primary issue for both success and funding strains. It is estimated that about 80% of funding goes towards housing, which contributes to the successes of the program.

Background and workgroup update

RCSP has had several other names: Offender Reentry Community Safety Program, Community Integration Assistance Program, and Dangerous Mentally Ill Offenders. It was renamed RCSP in SB 5304 (2021). The RCSP Workgroup focused on Section 9(1)(b-h), meeting five times over four months to ensure a general understanding of the program and discussing expansion outlined in the legislation and the workgroup goals below.

RCSP workgroup goals:

- Develop a plan to send notifications of the incarcerated individuals' release date and current location to their managed care organization (MCO).
- Consider the value of expanding, replicating, or adapting the essential elements of the reentry community services program to benefit new populations.
- Identify potential costs and savings through telehealth technology to provide behavioral health services.

- Consider continuing reentry or diversion services provided by pilot programs funded by fines in Trueblood et al., v. Washington State Department of Social and Health Services (DSHS), No. 15-35462.
- Recommend to the Legislature a way of funding to expand reentry services.
- Consider incorporating peer services into the reentry community services programs.

The following table shows the results of each discussion area:

Table 1: topic area discussion results

Topic Area:	Discussion result:
Replicating/expanding/considering a larger population	Additional funding is needed, changing RCW 72.09.370 to allow for broader enrollment or replicating RCW for a different population.
Adding in peer services/crisis services	RCSP clients' Medicaid services include the availability of peer and crisis services. Peer services is currently a suggested practice in the contract made with each behavioral health agency. For any non-Medicaid clients, these services are covered under the contract.
Consider the sustainability of reentry or diversion services provided by pilot programs funded by contempt fines in Trueblood et al. v. Washington State DSHS.	Targeted funding: utilizing funding from the Trueblood settlement agreement to fund an RCSP-like program. Create legislative authority to administer that program. In our examination of Trueblood's programs, the below programs were all deemed sustainable, given their low cost-to-service ratio. Programmatic success has not been statistically proven at this time but will be studied further • Forensic Housing and Recovery through Peer Services (HARPS) • Forensic Projects for Assistance in Transition from Homelessness (PATH) • Enhanced funding for mobile outreach and crisis triage facilities • Outpatient Competency Restoration Program (SB 5444)
Recommend a means of funding to expand reentry services	Utilize decision package information submitted on behalf of RCSP to fund at appropriate levels. Using this information, estimate costs for a larger population based on the existing model of a monthly head-count payment to each provider.

Telehealth

The COVID-19 pandemic dramatically highlighted the need to change Washington State's healthcare delivery. Because of this, RCSP could field-test telehealth in the complete delivery cycle, from prison visits to intake, individual therapy or case management, and medication appointments.

RCSP found no significant cost savings to the state, as telehealth services were billed at the same rate as in-person services under the COVID-19 relief package. However, there were some cost savings for the provider agencies, as they did not have to reimburse mileage for their employees to travel to the prison locations.

RCSP will encourage a hybrid model to ensure maximum in-person contact and face-to-face time with the program participants.

Coordination with Department of Corrections

The RCSP administrator coordinates closely with their counterpart at the Washington State Department of Corrections (DOC). This is necessary to implement the RCSP program as written in RCW and to ensure a smooth transition of care as an individual exits a correctional facility and reenters the community. Currently, administrators meet weekly for a one-on-one meeting and twice per month for the selection committee, which admits incarcerated individuals into the program.

MCOs have collaboratively undertaken a significant body of work to support their health plan members exiting incarceration. MCOs' long-term plan for continuous improvement of collaboration with correctional facilities includes working with correctional facilities on individual member coordination and service authorization. MCOs continue to improve collaboration with DOC regarding members' transitions in and out of state prisons. MCOs meet with both facility and community-based DOC staff to plan individuals' transitions from the facilities to the community.

Additionally, MCOs meet with jails to provide education on care coordination services, engage the facility in collaboration for reentry, and reinforce understanding of Medicaid.

Funding

Historically, this program provided funding to support housing for the participants. Stable housing is one of the critical factors to successful community integration and decreased recidivism (re-offense). Because of the substantial increase in the cost of living, this program cannot provide housing support to many program participants, with the highest population counties being affected the most. As of 2022, housing prices have nearly doubled from their levels in 2010, and RCSP has not received any increase in funding in 20 years.

The population participating in this program has increased behavioral and physical health needs. This often means housing is more challenging to locate for these individuals upon release. Contracted agencies are currently withdrawing from their contracts due mainly to the inability to provide adequate housing for the program participants at the current rate. In 2023 alone, the program has lost three contracted providers. The agencies report that without stable accommodation, they are seeing frequent disengagement and relapsed use of illicit drugs.

Jail location improvement – 834 file updates

Coordination of pre-release health care services is crucial in achieving successful reentry back to the community and reducing recidivism. MCOs' ability to communicate and collaborate with facilities and incarcerated individuals ensures continuity in care and the establishment of transitional care pathways upon release.

One of the barriers to care coordination was knowing where an MCO enrollee was incarcerated.

HCA transmits information about active Medicaid enrollees to MCOs through a HIPAA-protected eligibility file (called an 834 transaction) on a nightly basis. When an individual is confined to a correctional institution, they are suspended from Medicaid, and HCA transmits a suspended status code to the appropriate MCO in the 834-transaction file.

However, because of system constraints, HCA could not provide MCOs with the jail/prison location. To fill this information gap, MCOs had to manually search jail rosters to locate the individual to provide care coordination services. This effort to find incarcerated health plan members required significant staff time and resources.

As of December 10, 2021, the 834-transaction file includes the jail location once an individual becomes incarcerated and suspended from Medicaid. If an individual is incarcerated within a DOC facility, the MCO is sent a code that notifies them of the DOC incarceration and not the specific location.

This change has enabled MCOs to contact the appropriate facility more effectively and begin care coordination efforts. At the same time, the individual is incarcerated (The Washington Apple Health Integrated Managed Care Contract describes these care coordination efforts).

However, there is still a delay in the communication of incarceration and release information to MCOs.

Exploration of an API or real-time solution

In 2022, HCA began exploring real-time solutions by partnering with the Washington Association of Sheriffs& Police Chiefs (WASPC) and Equifax (Appriss Insights, LLC). Appriss administers the nation's most comprehensive source of person-based incarceration, justice, and risk intelligence data.

Due to the nightly batch process by which incarceration data is transmitted from carceral facilities to HCA and on to MCOs, there is a delay in the transmission of information about incarceration and release. During this delay, the individual's Medicaid enrollment status (suspended or active) is inaccurately reflected within ProviderOne and MCOs' enrollment systems. It can take one to three days before an MCO knows a member has been incarcerated or released.

A real-time solution would transmit data through a continuous monitoring platform that provides near real-time booking and release notifications. A real-time solution could update a person's suspension status throughout the day instead of the state's current nightly batch process. Real-time notifications would:

- Remove system delays
- Facilitate the provision of more timely care coordination to support the individual's entry into and exit from carceral facilities
- Ensure that individuals can access their Medicaid benefits immediately upon release

HCA, WASPC, and Equifax are partnering to transition a daily JBRS file to an API platform for real-time system notifications.

Implementing these new changes is under discussion, and the Reentry Advisory Workgroup will continue monitoring.

Waiver

HCA and DHS submitted the Medicaid Transformation Project (MTP) waiver renewal application to the Centers for Medicare & Medicaid Services (CMS) in July 2022. MTP is Washington State's Section 1115 Medicaid demonstration waiver. It allows the state to create and continue to develop projects, activities, and services that improve Washington's health care system using federal Medicaid funding. All work under MTP benefits those enrolled in Apple Health (Medicaid) coverage.

As part of the application, HCA requested approval to authorize Federal Financial Participation (FFP) to be provided during the 30 days before release for Medicaid-eligible individuals exiting a correctional facility. HCA requested authority to cover all services for persons incarcerated in state prisons, city and county jails, juvenile detention centers, and juvenile rehabilitation (JR) facilities. HCA and CMS began negotiations in early 2023.

Today, individuals who enter a correctional facility have their Apple Health coverage placed in suspended status with a limited benefit package until release. This limited benefit package covers in-patient hospital stays outside of the facility. Complete coverage is reinstated once the individual exits the correctional facility.

On June 30, 2023, CMS approved Washington's five-year Section 1115 demonstration renewal, MTP 2.0. MTP 2.0 began July 1, 2023, and ends in 2028. HCA has already started working on a reentry program implementation plan with CMS, with a target implementation date of July 2025.

With this approval, Washington will provide a targeted set of Medicaid services to youth and adults in state prisons, county and city jails, and youth correctional facilities up to 90 days before release. This will better support individuals transitioning back into their community and help them live healthy lives.

RCSP recipients sometimes return to jail due to violations in the community. Having MTP 2.0 will allow continued support if an RCSP participant is imprisoned. The participants can access behavioral health and medication services funded through Medicaid. Specifically, the participants will be able to receive behavioral health and medication management through Medicaid services. MTP 2.0 will also assist in preventing significant decompensation by promoting and facilitating continuity of care from and back into the community.

Washington State Institute for Public Policy (WSIPP)

WSIPP will be completing a study on the efficacy of RCSP by 2024. The report will focus on the recidivism rates as determined by DOC data. The report will also provide a cost-benefit analysis of the program's expenditures.

Conclusion

In conclusion, RCSP identified funding and legislative changes as the primary areas of need to expand the program. While the success of RCSP has been well demonstrated through WSIPP studies back to 2006, it is unclear if this success will translate to other populations with different needs.

HCA reentry workgroups will continue to monitor the following:

- Oversight and updates of MTP 2.0 work that pertains to justice-involved/incarcerated individuals.
- Exploration of real-time information sharing between correctional facilities.
- Improving MCO transitional care coordination between jails, prisons, juvenile rehabilitation, state hospitals, and other treatment facilities.

There is an immediate need for additional funding to support the program as it was designed to operate. Without an increase in funding, the program is unlikely to see the level of success it has had historically, recidivism may begin to rise, and contractors may continue to opt out of contracting with the program. Additionally, the program will be unable to meet service needs at the growing rate of demand of the increasing population eligible for the program under the RCW 72.09.370.

Success in RCSP is measured by noting the reduced recidivism by participants in this program versus a control group (incarcerated individuals with similar characteristics who do not participate in the program). One of the primary determining factors of success in RCSP is whether a participant in the program has housing or is experiencing homelessness. The expansion of this program would likely result in a readmission reduction (hospital or forensic) because a primary basic need—housing—is being met. WSIPP will share data and analysis of housing as a determining factor of success in their 2024 report.