

Washington's Reentry Initiative

Overview

The Reentry Demonstration Initiative (Reentry Initiative) is an Apple Health (Medicaid) initiative under the Medicaid Transformation Project (MTP). It provides essential health care services for individuals leaving incarceration. Under this initiative, incarcerated individuals who are Apple Health-eligible will receive a set of health care services up to 90 days before their release.

These services will enhance an individual's health and support a successful reintegration into their community.

What are the goals of the Reentry Initiative?

Through this initiative, the Health Care Authority (HCA) aims to:

- Prepare people for a successful transition and reentry into their community and help them live their healthiest life.
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- Support substance use disorder and recovery and target infectious diseases like Hepatitis C before a person's release.
- Stabilize and treat other conditions before a person's release, so they can reenter their community as healthy as possible.

What benefit services included in the initiative?

This initiative will support and fund the delivery of targeted services to Apple Health-eligible adults and youth in state prisons, jails, and youth carceral facilities.

HCA will require facilities to support the **first three targeted pre-release services below in bold**. The remaining four services are optional, and facilities may implement them individually.

- 1. Case management
- 2. Medications for alcohol and opioid use disorder
- 3. 30-day supply of medications and medical supplies at release
- 4. Medications during the pre-release period
- 5. Lab and radiology
- 6. Services by community health workers with lived experience
- 7. Physical and behavioral clinical consultations

Which activities will a facility perform?

Facilities that choose to participate in the Initiative are responsible for:

- Meeting cohort milestones (described below)
- Ensuring that a client receives the Reentry benefits

When will the Reentry Initiative start or go-live?

The initiative will launch at different times for participating facilities. Cohort 1—the first group of carceral facilities implementing the Reentry Initiative—will launch and start billing Medicaid on **July 1**, **2025**.

 $^{^{}m 1}$ MTP is Washington State's Section 1115 Medicaid demonstration waiver. The Reentry Initiative is an initiative within MTP.



What resources will a facility receive to participate?

HCA received authorization to distribute up to \$303 million in capacity building funding to eligible carceral facilities. This funding will support planning and implementation of the Reentry Initiative. To receive funding, interested facilities must first submit an Intent to Participate form to HCA.

What's in the Intent to Participate?

The Intent to Participate form is a document that facilities will submit to HCA to confirm their participation in the Reentry Initiative. It also serves as the first milestone, which initiates funding.

Submitting this document signals a facility's:

- Agreement to participate in the Reentry Initiative
- Completion of Milestone 1 (fill out and submit the Intent to Participate form)
- Ability to receive capacity building funding
- Willingness and ability to create an account in the Financial Executor (FE) Portal

What does HCA require of facilities to participate?

Participation in the Reentry Initiative is voluntary, and facilities will go live with one of three cohorts, based on a facility's readiness. Facilities must meet the following milestones to participate:

- 1. Milestone 1: Submit an Intent to Participate form, which includes the facility's selection of a cohort.
- 2. **Milestone 2:** Complete a **Capacity Building Application**, which includes an Implementation Plan. This plan describes how the facility will support Reentry Benefits and a detailed budget.
- Milestone 3: Complete a Readiness Assessment attesting to the facility's current and/or planned readiness to support Reentry benefits. HCA will review and approve submitted assessments for the facility prior to go live.
- 4. Milestone 4: Submit Interim Progress Report on initial implementation progress.
- 5. Milestone 5: Submit Final Progress Report on overall implementation progress and outcomes.

Table 1: Reentry Initiative cohorts, milestones, and timing

	1) Intent to Participate	2) Capacity Building Application	3) Readiness Assessment	Go live with Reentry benefits	4) Interim Progress Report	5) Final Progress Report
Cohort 1	June 1, 2024	Oct. 1, 2024	March 1, 2025	July 1, 2025	May 1, 2026	Oct. 1, 2026
Cohort 2	Nov. 1, 2024	April 1, 2025	Sept. 1, 2025	Jan. 1, 2026	Dec. 1, 2026	May 1, 2027
Cohort 3	May 1, 2025	Oct. 1, 2025	March 1, 2026	July 1, 2026	May 1, 2027	Oct. 1, 2027

What support will participating facilities receive?

Pre-release care management and administrative support

To ease the burden for participating facilities, HCA is soliciting a statewide third-party administrator (TPA) to provide implementation support, including:

- Reentry Targeted Case Management (rTCM)
- Specific administrative support, such as:
 - o Medicaid eligibility screening and application support for clients

² Eligible facilities include state prisons operated by the Department of Corrections (DOC), city- and county-operated adult jails and youth correctional facilities, youth correctional facilities operated by the Department of Children, Youth and Families (DCYF), and Tribal jails. Correctional agencies that oversee multiple facilities (e.g., DOC) may complete each milestone at the agency level on behalf of all facilities.



- o Medicaid enrollment and billing support for providers and facilities
- o Technical assistance on provider enrollment and network development for other services

Capacity building funding

HCA will provide capacity building funding to facilities to support the planning for and implementation of the Reentry Initiative. Eligible uses of the funding are <u>available in Appendix A</u>. Please see the CBA budget template for more information.

- IT infrastructure funding to support systems changes for data exchange, access to virtual health services, and other IT needs.
- Reentry planning and implementation funding to support planning expenses, such as the:
 - o Development of process changes, protocols, and procedures for implementation
 - Hiring and training of staff.³

Note: Maximum funding for reentry planning and implementation will vary by facility size, based on their average daily population. The maximum IT infrastructure funding will be \$1 million for each participating facility.⁴

Table 2: Maximum funding by facility

Facility tier (based on average daily population)	Total capacity building funding per facility	Total IT infrastructure funding per facility	Total funding per facility
Tier 1 (1-49)	\$1,000,000	\$1,000,000	\$2,000,000
Tier 2 (50-249)	\$1,250,000	\$1,000,000	\$2,250,000
Tier 3 (250-1,000)	\$1,500,000	\$1,000,000	\$2,500,000
Tier 4 (More than 1,000)	\$1,750,000	\$1,000,000	\$2,750,000

Participating facilities will receive capacity building funding upon completing the planning and implementation milestones on the next page.

³ Expenditures may not include building, construction, or refurbishment of facilities.

⁴ Maximum amounts for reentry planning and implementation funding tiers are based on average daily population count for the prior calendar year. We use American Jail Association tier definitions.



Table 3: Milestones and timing for Cohort 3

Milestones	Capacity building funding	IT funding	Timing for Cohort 3
Planning milestones B	BEFORE go live with Reentry benefit services		
1) Intent to	10% of total capacity building funding upon submission:		Due date: May 1, 2025
Participate form submission	 Tier 1 (1-49): \$100,000 Tier 2 (50-249): \$125,000 Tier 3 (250-1,000): \$150,000 Tier 4 (more than 1,000): \$175,000 	N/A	
Up to 40% of total capacity building funding upon approval: Tier 1 (1-49): Up to \$400,000 Tier 2 (50-249): Up to \$500,000 Tier 3 (250-1,000): Up to \$600,000 Tier 4 (more than 1,000): Up to \$700,000		Up to \$500,000 upon approval of the application	Due date: October 1, 2025
3) Readiness Assessment submission and approval	Up to 40% of total capacity building funding upon approval: • Tier 1 (1-49): Up to \$400,000 • Tier 2 (50-249): Up to \$500,000 • Tier 3 (250-1,000): Up to \$600,000 • Tier 4 (more than 1,000): Up to \$700,000	Up to \$500,000 upon approval of Readiness Assessment	Due date: March 1, 2026
Implementation miles	tones AFTER go live with Reentry benefit services	5	
4) Interim Progress Report submission	Up to 5% of total capacity building funding upon submission: • Tier 1 (1-49): Up to \$50,000 • Tier 2 (50-249): Up to \$62,500 • Tier 3 (250-1,000): Up to \$75,000 • Tier 4 (more than 1,000): Up to \$87,500	N/A	Due date: May 1, 2027
5) Final Progress Report submission	Up to 5% of total capacity building funding upon submission: • Tier 1 (1-49): Up to \$50,000 • Tier 2 (50-249): Up to \$62,500 • Tier 3 (250-1,000): Up to \$75,000 • Tier 4 (more than 1,000): Up to \$87,500	N/A	Due date: October 1, 2027

 $^{\rm 5}$ The Capacity Building Application includes an Implementation Plan and detailed budget.

Reentry Initiative overview Updated April 2025



What is the process for participating in the initiative?

Interested facilities should complete the Intent to Participate form at their earliest convenience. State agencies that oversee multiple facilities⁶ can submit an Intent to Participate form at the agency level on behalf of the facilities they oversee.

Where do I get more information?

For questions, please contact our team at HCAReentryDemonstrationProject@hca.wa.gov.

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6	DOC	and	DCYF



Appendix A: Eligible uses of capacity building funding

Eligible uses of reentry planning & implementation funding

- Development of protocols and procedures:
 - Expenditures to support the preparation/execution of policies and procedures related to enrollment and suspension/unsuspension and pre-and post-release reentry navigation services.
- Additional activities to promote collaboration:
 - Expenditures for additional activities that will advance collaboration among stakeholders. This may include conferences and meetings convened with the agencies, organizations, and stakeholders involved in the initiative.
- Expenditures for planning to focus on developing processes and information sharing protocols to:
 - o Identify uninsured individuals who are potentially eligible for Medicaid/ Children's Health Insurance Program (CHIP).
 - o Assist with the completion of an application.
 - Submit an application to the county social services department for coordinating suspension/unsuspension.
 - Screen for eligibility for pre-release services and reentry planning in a period for up to 90 days immediately prior to the expected date of release.
 - o Deliver necessary services to eligible individuals in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.
 - o Establish ongoing oversight and monitoring process upon implementation.
- Hiring of staff and training to:
 - o Assist with the coordination of enrollment/suspension/unsuspension.
 - o Provide reentry navigation services during the 90-day pre-release period, and to support reentry.
 - o Provide overall guidance on how to work with justice-involved individuals effectively and appropriately.
 - o Support an environment appropriate for provision of 90-day prerelease services.
 - Accommodations for private space, such as correctional facility-grade moveable screen walls, desks, and chairs to conduct assessments and interviews within carceral settings.

Eligible uses of IT infrastructure funding

- Electronic interfaces for prisons, jails, and youth facilities to support enrollment/suspension.
- Enhancements to existing IT systems to create and improve data-exchange to support reentry navigation services in the 90-day pre-lease and post-release period.
- Adoption of an EHR.
- Installation of audio-visual equipment or other technology to support provision of services delivered via telehealth in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.

⁷ Expenditures may not include building, construction, or refurbishment of facilities.