

Washington Apple Health (Medicaid)

Reentry Services Billing Guide

January 1, 2026

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide¹

This publication takes **effect January 1, 2026**. HCA is committed to providing equal access to our services. If you need accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the Children's Health Insurance Program (CHIP), and state-only funded health care programs. Apple Health is administered by the Washington State Health Care Authority (HCA).

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with HCA.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

Health care privacy toolkit

The [Washington State Health Care Privacy Toolkit](#) is a resource for providers required to comply with health care privacy laws.

¹ This publication is a billing instruction.

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Early periodic screening, diagnosis, and treatment (EPSDT)	Added information regarding the services available through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit	To provide information about EPSDT services and accessibility
Reentry services	Revised much of the language in the Consolidated Appropriations Act of 2023 (CAA) bullet	To improve clarity
What services are covered under the CAA?	Revised the second sentence in the third bullet to read: "CAA-eligible clients are eligible to receive rTCM for the entirety of the preadjudication period and for 30 days prerelease and postrelease postadjudication."	To improve clarity
Scope of Apple Health benefit for CAA-eligible clients preadjudication mandatory benefit	In the first paragraph in the "Description" column, added the following: "...to the client's Apple Health eligibility (see WAC 182-501-0060) <u>and include rTCM</u> ."	To improve clarity

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Subject	Change	Reason for Change
<p>CAA and Reentry Initiative benefits comparison table</p>	<ul style="list-style-type: none"> In the first row of the table, removed "preadjudication" from the first column and moved it to the fourth column. In the second, third, fourth, and fifth rows of the table, added "postadjudication" after "Available" in the fourth column 	<p>To clarify when services are available</p>

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Resources Available

Topic	Resource
HCA Medicaid Transformation Project (MTP) 2.0	See HCA's Medicaid Transformation Project (MTP) webpage
HCA-CMS Agreement (Special Terms and Conditions/STC)	See the agreement on HCA's website
Reentry Resources for Apple Health (Medicaid) After Release from Incarceration	See the handout on HCA's website
Reentry Initiative Policy and Operations Guide	See the guide on HCA's website
Reentry Initiative FAQ for carceral facilities	FAQ for Reentry Initiative
Definition of an inmate of a public institution	See 42 CFR 435.1010
Patient Review and Coordination program	See HCA's Patient Review and Coordination (PRC) webpage
Telemedicine	<p>See HCA's telehealth rules (WAC 182-501-0300)</p> <p>See HCA's Provider billing guides and fee schedules web page, under <i>Telehealth</i>, for more information on the following:</p> <ul style="list-style-type: none"> • Telemedicine policy, billing, and documentation requirements, under <i>Telemedicine policy and billing</i> • Audio-only procedure code lists, under <i>Audio-only telemedicine</i>

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Available Forms

Form	Form Number
Reentry health screening form	HCA 05-0005
Authorization and information sharing consent—Reentry care management form	HCA 13-0141
Reentry health assessment addendum	HCA 05-0006
Intake Screening Form produced by Washington Association of Sheriffs & Police Chiefs (WASPC)	See waspc.org .

To download an HCA form, see HCA's [Forms and Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Some of the terms and definitions below are from the Apple Health-Integrated Managed Care contract. Refer to [Chapter 182-500 WAC](#) and [Chapter 182-563 WAC](#) for a complete list of definitions for Washington Apple Health and reentry-related services.

Adjudication - A legal process that involves reviewing evidence and arguments to reach a decision. The decision is based on applying a standard set of guidelines to an individual's specific circumstances.

Children's Health Insurance Program (CHIP) – Provides access to medical care for children under [Title XXI](#) of the Social Security Act, the Children's Health Insurance Program Reauthorization Act of 2009, [RCW 74.09.470](#) and [Chapter 182-505 WAC](#).

Community Care Hub – Centralized case management, outreach, and education that provides linkages to state and federal benefit programs, benefit program application assistance, and benefit program application fees. Services also include coordination for health-related social needs (HRSN) and necessary referrals.

Consolidated Appropriation Act, 2023 (CAA) - Enacted as [P.L. 117-328](#), section 5121 requires postadjudication services and section 5122 allows preadjudication services for eligible juveniles within a public institution.

Eligible juvenile - An incarcerated individual who is either of the following:

- An Apple Health client covered under Medicaid or CHIP who is 20 years of age or younger
- An individual between the ages of 18 and 26 who is eligible under the mandatory former foster care children group

Healthcare Common Procedure Coding System (HCPCS) – See [WAC 182-531-0050](#).

Health-related social needs (HRSN) – A client's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age).

Health-related social needs (HRSN) services - Addresses a client's unmet, adverse social conditions that contribute to poor health. These needs, including food insecurity, housing instability, unemployment, and/or lack of reliable transportation, can drive health disparities across demographic groups.

Informed consent – See WAC [182-531-0050](#).

Medicaid Transformation Project 2.0 (MTP 2.0) - The demonstration waiver granted to Washington State by the federal government under section 1115 of the Social Security Act. Under this demonstration, the federal government allows the state to engage in a five-year demonstration to support health care systems, to implement reform, and to provide new targeted Medicaid services to eligible clients with significant needs.

Medically necessary – See WAC [182-500-0070](#).

Preadjudication - The period before a court entered the disposition of an individual's case.

Postadjudication - The period after a court entered the disposition of an individual's case (e.g., individual was found guilty of an offense and remains incarcerated).

Reentry care manager - A qualified provider who provides the Reentry Targeted Case Management benefit.

Reentry Demonstration Initiative – The work being done under the MTP 2.0 demonstration waiver that serves Apple Health-eligible individuals within participating facilities before release. Also referred to as the Reentry Initiative.

Reentry Initiative services - A limited set of health care services incarcerated people who are Apple Health-eligible may receive through fee-for-service (FFS) or their HCA-contracted managed care organization (MCO) for up to 90 days before their release from carceral facilities within Washington State. These services will ensure a person's healthy and successful reentry into their community.

Reentry targeted case management (rTCM) - A person-centered, recovery-focused approach to address the health of justice-involved Apple Health clients.

Specialist – A provider who is highly skilled in a specific and restrictive field.

Substance Use Disorder (SUD) – A problematic pattern of use of substances that causes clinical and functional impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Clinicians use criteria from the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) to diagnose SUD.

Third party administrator (TPA) - The contractor serving as the clearinghouse for claims payment and technical assistance for the Reentry Initiative.

Warm handoff – A process in which one professional or service provider personally introduces a client or patient to another professional or service provider, ensuring a smooth transition of care or services. A warm hand-off involves an active exchange of information, often face-to-face or through a direct, personal communication (e.g., phone call or video conference), to ensure continuity, clarity, and a more seamless experience for the client or patient. This approach is intended to help build trust, minimize gaps in care, and ensure that the client is supported throughout the process.

Client Eligibility

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See HCA's [Apple Health managed care webpage](#) for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

- Step 1. **Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the Client Eligibility, Benefit Packages, and Coverage Limits section in HCA's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Apple Health, proceed to Step 2. If the patient is not eligible, see the note box below.

- Step 2. **Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program benefit packages and scope of services webpage](#).

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Let's get started" button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained through the MCO's contracted network. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in WAC [182-502-0160](#).

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Note: HCA continues to pay for certain services through fee-for-service (FFS). Refer to individual [HCA billing guides](#) for more information.

Managed care enrollment

Apple Health clients are enrolled in an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may start their first month of eligibility in the fee-for-service (FFS) program because their qualification for managed care enrollment is not established until the month following their Apple Health eligibility determination.

Exception: Clients who are eligible to receive Reentry Initiative services and who are eligible for enrollment in an HCA-contracted managed care organization (MCO) will not start their first month of eligibility in the FFS program. Providers must check eligibility to determine enrollment for the month of service.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Checking eligibility

Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to [HCA's Apply for or renew coverage webpage](#).

Clients' options to change plans

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**
Go to the [Washington Healthplanfinder website](#).
- **Available to all Apple Health clients:**
 - Visit the [ProviderOne Client Portal website](#):
 - Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
 - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's [Apple Health Managed Care webpage](#).

Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Apple Health clients do not meet the qualifications for managed care enrollment. These clients are eligible for physical health services under the fee-for-service (FFS) program.

In this situation, each managed care plan will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the FFS program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support and Foster Care Alumni.

Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care's (CCW) Apple Health Core Connections Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Age 17 and younger who are in foster care (out of home placement) or in the Unaccompanied Refugee Minors (URM) program
- Age 20 and younger who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as
"Coordinated Care Healthy Options Foster Care."

The Apple Health Customer Services staff can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care Adoption Support (FCAS) team at 1-800-562-3022, Ext. 15480.

Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

American Indian/Alaska Native (AI/AN) Clients

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

Early periodic screening, diagnosis, and treatment (EPSDT)

Early periodic screening, diagnosis, and treatment (EPSDT) includes all services that are medically necessary to address health conditions for clients age 20 and younger. Providers may reference program-specific billing guides for services and equipment not covered by this billing guide; see also the rules for the EPSDT program in [Chapter 182-534 WAC](#). Published limits for services covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in [WAC 182-501-0165](#).

What if a client has third-party liability (TPL)?

Third party liability (TPL) is a term used in billing to describe when another entity such as private health insurance may need to be billed before Medicaid. Medicaid is required to be the payer of last resort, meaning other potential payers must be billed before Medicaid.

If the client has other health coverage, follow their rules for any required authorization. For more information on TPL, refer to HCA's [ProviderOne Billing and Resource Guide](#).

Reentry Services Overview

Reentry services

The Health Care Authority (HCA) covers reentry services under the following authorities:

- **MTP 2.0 Reentry Demonstration Initiative (Reentry Initiative).** Subject to available funds, under the Reentry Initiative, HCA has authority to cover a limited set of services for incarcerated individuals who are eligible for Medicaid or Children's Health Insurance Program (CHIP) benefits for up to 90 days before their release from carceral facilities within Washington State.

Note: For more information about the requirements for the Reentry Initiative, see HCA's [Reentry Initiative Policy and Operations Guide](#) and the [Reentry Initiative Covered Procedure Code List](#).

- **Consolidated Appropriations Act of 2023 (CAA).** A federal law that mandates states to provide a limited set of services. There are two provisions (sections 5121 and 5122) under the CAA:
 - **Preadjudication benefits:** Section 5122 allows full-scope Apple Health (Medicaid and CHIP) benefits for eligible juveniles that are incarcerated in public institutions pending disposition.
 - **Postadjudication benefits:** Section 5121 requires the following for eligible juveniles incarcerated in public institutions following disposition:
 - Clinical assessment and evaluation for eligible juveniles (diagnostic services and medical, behavioral, and dental screenings) provided within 30 days prerelease or no later than one week postrelease
 - Thirty days of rTCM prerelease and for at least 30 days postrelease

Note:

- As the Reentry Initiative provides coverage over a longer timeframe (90 days prerelease) compared to the CAA (30 days prerelease), coverage is available to all eligible individuals under Reentry Initiative authority when possible. For more information on coverage, see [Coverage](#) and HCA's [Reentry Policy and Operations Guide](#).
- See [Appendix](#) for a comparison of Reentry Initiative and CAA benefits.

- For more information regarding CAA requirements, see HCA's [Consolidated Appropriations Act \(CAA\) of 2023](#) which is located on HCA's website.
- **Medicaid State Plan.** Before the Reentry Initiative and CAA, the Medicaid State Plan provided authorization to reimburse for inpatient hospitalization services lasting 24 hours or longer when provided to incarcerated individuals. This is known as the Medicaid Inmate Exclusion Rule.

MTP 2.0 Reentry Demonstration Initiative (Reentry Initiative)

About the program

The Reentry Initiative provides coverage for a limited set of services for incarcerated individuals who are eligible for Medicaid or Children's Health Insurance Program (CHIP) benefits for up to 90 days before their release from carceral facilities within Washington State. For more information on the Reentry Initiative, see HCA's [Reentry from a carceral setting](#) webpage.

Who is eligible for the Reentry Initiative?

Clients eligible for Apple Health, when funded by Medicaid or the Children's Health Insurance Program (CHIP), and those who are incarcerated in a participating carceral facility are eligible to receive Reentry Initiative benefits 90 days before release.

Check eligibility and enrollment status

As described earlier in this guide, clients must be enrolled in Apple Health for providers to receive Apple Health payment for Reentry Initiative services (e.g., 90 days prerelease). To submit billing to the appropriate payer, providers must first check a person's Apple Health eligibility and enrollment status. This allows providers to know if a client is enrolled in Apple Health and is either of the following:

- Enrolled with a managed care organization (MCO)
- Served through Apple Health without a managed care plan, called fee-for-service (FFS).

For more information, refer to HCA's [ProviderOne Billing and Resource Guide](#) and HCA's [Reentry Initiative Policy and Operations Guide](#).

What services are covered under the Reentry Initiative?

Under the Reentry Initiative, [participating carceral facilities](#) must ensure access to benefits identified as mandatory Apple Health Reentry Initiative benefits and may elect to provide access to additional, optional Reentry Initiative benefits that may be paid for by Apple Health. HCA covers the services in this section when care is medically necessary and clinically appropriate for an incarcerated individual. Care is not covered when clinically inappropriate.

Examples where care is inappropriate for incarcerated individuals include but are not limited to:

- Setting-specific benefits not provided in carceral settings, including inpatient (e.g., acute hospital, evaluation and treatment), residential (e.g., residential treatment facility, nursing homes), birth centers and home birth, intermediate care facility, setting-specific procedures (e.g., ambulatory surgery, orthodontia, restorative dental procedures, dialysis, sterilization)
- Services that require a consistent provider (e.g., therapist) to achieve effective outcomes (e.g., applied behavior analysis).
- Intensive service delivery (e.g., Wraparound with Intensive Services/WISe, Program for Assertive Treatment/PACT, Intensive Outpatient Program/IOP, Partial Hospitalization Program/PHP, Private Duty Nursing/PDN, Medically Intensive Children's Program/MICP)

Note: Three of the mandatory benefits in this section are also addressed in the [CAA](#) section. See the [Appendix](#) for a comparison between Reentry Initiative benefits and CAA benefits.

Mandatory benefits

Mandatory Reentry Initiative benefits include:

- Reentry Targeted Case Management
- Reentry SUD
- Reentry pharmacy: Medications at release
- Apple Health benefits for CAA-eligible clients preadjudication (see [CAA](#))
- Clinical assessment & evaluation for CAA-eligible clients postadjudication (see [CAA](#))

Optional benefits

Optional Reentry Initiative benefits include:

- Clinical assessment and evaluation for adults
- Reentry pharmacy: Prerelease medications
- Laboratory services
- Radiology services
- Services from providers with lived experience
- Medical equipment and supplies at release

What codes are covered in the Reentry Initiative?

The [Reentry Initiative Policy and Operations Guide](#) provides information for each mandatory and optional benefit.

See the [Reentry Initiative Covered Procedure Code List](#) on HCA's website, under *Reentry Services* for a list of codes and the related resources covered under the Reentry Initiative. Services may be delivered in-person or via telehealth according to the Apple Health telemedicine policy.

Note: Emergency services are not covered under the Reentry Initiative.

Mandatory Reentry Initiative benefits: Descriptions and resources

The following sections provide information on each mandatory benefit, along with references to any relevant Apple Health billing guides and related documentation describing the scope of each service. See the [Reentry Initiative Covered Procedure Code List](#) for the list of covered procedure codes and the related resources listed in the tables in this section. These procedure codes are either Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes, which are used with the corresponding International Classification of Diseases (ICD) code. Services may be delivered in-person or via telehealth according to the Apple Health telemedicine policy.

Reentry targeted case management (rTCM)

See the [Reentry Targeted Case Management \(rTCM\)](#) section.

Reentry substance use disorder (SUD)

Reentry SUD services are mandatory benefits that all participating facilities must ensure access to and includes the following:

- Evaluations and clinical assessment for SUD
- Medications for SUD, including medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD).

Reentry SUD requirements apply for all carceral setting types and align with specific requirements within HCA's MOUD in Jails program. See HCA's *Reentry Initiative Policy and Operations Guide* on HCA's [Reentry from a carceral setting](#) webpage for more information.

Scope of Reentry SUD mandatory benefits

Mandatory benefit	Description	Related resources
<p>SUD evaluation and assessment</p>	<p>Facilities must provide access to qualified providers who can evaluate, assess, diagnose, and prescribe medication for SUD (e.g., correctional health care provider, primary care provider), also referred to as clinical assessment and evaluation. For clients who have verbalized recent use of substances or show symptoms of withdrawal, clinical screening and evaluation should be prioritized to support timely and safe access to treatment.</p> <p>These services are intended to support the access to medications for SUD treatment, including MOUD and MAUD. The clinician should give priority to prescribing the medications available within the Reentry Pharmacy benefit (e.g., MOUD medications covered). As soon as possible, begin medication dosing (daily dosing or more frequently as prescribed, or weekly or monthly for long acting injectables).</p> <p>SUD evaluation and assessment services include the following:</p> <ul style="list-style-type: none"> • Screening, assessment, and evaluation of health conditions, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling • Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis • Provision of treatment, as appropriate to treat the identified issue (e.g., medication administration) • Recommendations for prerelease treatment and services, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider). • Recommendations for postrelease treatment and services, including identifying potential areas for further assessment or diagnosis in support of postrelease treatment plan development (e.g., residential level of care). 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Substance Use Disorder Billing Guide • Service Encounter Reporting Instructions (SERI) • Physician-Related Services/Health Care Professional Services Billing Guide • Mental Health Services Billing Guide • Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide • Outpatient Hospital Services Billing Guide

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Mandatory benefit	Description	Related resources
	<p>Services may be delivered by a client’s established treating provider (e.g., primary care provider, specialist, etc.) or may be an initial consultation with a new provider (e.g., one who may determine further visits are required with a specialist for follow-up).</p>	
<p>Reentry SUD medications</p>	<p>Facilities must provide access to appropriate SUD medications for 90 days prerelease as medically necessary, according to the Apple Health Preferred Drug List (AHPDL) and related Clinical Policies.</p> <p>Reentry SUD medications include the following:</p> <ul style="list-style-type: none"> • All FDA-approved formulations of buprenorphine. In cases where a prolonged period of incarceration is anticipated, it can be clinically reasonable to initiate, maintain, or stabilize an individual on oral or sublingual buprenorphine, with a plan to transition the individual to an extended-release injectable formulation approximately 90 days before release.) • An opioid antagonist for those requesting it, including long-acting naltrexone • Other opioid agonists (e.g., methadone) for MOUD • At least two MAUD medications (e.g., naltrexone oral, and acamprosate) • Naloxone (available in the facility to administer) • At least two medications, where multiple medications are listed below, should be available to treat each of the following withdrawal-associated symptoms: <ul style="list-style-type: none"> ○ Pain (e.g., acetaminophen, ibuprofen, ketorolac, and gabapentin) ○ Nausea (e.g., ondansetron, prochlorperazine, and metoclopramide) ○ Agitation or anxiety (e.g., hydroxyzine, lorazepam, olanzapine, ziprasidone, and haloperidol) ○ Abdominal cramping (i.e., dicyclomine) ○ Hypertension/tachycardia (i.e., clonidine) 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Prescription Drug Program Billing Guide • Professional Administered Drug Fee Schedule • Apple Health Preferred Drug List • Apple Health (Medicaid) Drug Coverage Criteria

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Mandatory benefit	Description	Related resources
	<ul style="list-style-type: none"> Professional administered drugs (e.g., medication injections). Providers may submit professional claims for administration of the medication/drug and for the medication/drug itself; or submit claims separately for the administration of the medication/drug by the facility and the cost of the medication/drug by the pharmacy. <p>Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as nonpreferred on the AHPDL.</p> <p>During incarceration and during release planning, educate individuals on treatment choices and the process for continuation of access to treatment (e.g., MOUD).</p> <p>Continuity of care for SUD medications</p> <p>Timely (same or next day) continuation of all FDA-approved medications for the treatment of SUD the individual was previously taking (i.e., before incarceration for shorter incarcerations, before 90-day period for longer incarcerations), including any agonist medication prescribed in the community (including full-agonists, such as methadone, and partial-agonists, such as buprenorphine). Provision of existing medication therapy for continuity of care should occur for the 90-day prerelease period as clinically appropriate. If a transition to a covered medication is necessary, any prior authorization is addressed for Apple Health coverage. Facilities are required to ensure the client receives the next scheduled dose, unless otherwise ordered by a prescriber.</p>	

Reentry pharmacy: Medications at release

Reentry pharmacy: Medications at release is a mandatory benefit for all participating facilities, including at least a 30-day supply when appropriate. Reentry pharmacy: Medications at release includes the following:

- AHDPL prescriptions, over-the-counter drugs, and supplies
- Professional administered drugs, including vaccinations and medication administration

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A 30-day supply of medications is required upon release and is not limited by prior incarcerations. However, the provider should use clinical judgement in considering the medication already available to ensure the client has access to 30 days of medications upon release. In the scenario of frequent incarcerations where a short period has elapsed since the prior incarceration where a 30-day fill was dispensed, the prescriber should use clinical judgement in determining the appropriate amount of medication to provide. Apple Health refill rules would apply in these instances.

See the [Medical equipment and supplies at release](#) section for medical supplies services covered outside the pharmacy point-of-sale (POS) system (e.g., adult incontinence supplies).

Scope of Reentry pharmacy: Medications at release mandatory benefit

Description	Related resources
<p>Facilities must ensure access to a supply of medications at release, for clients who are incarcerated two business days or longer. The Reentry Initiative: Medications at Release requirement includes at least a 30-day supply in hand when appropriate, except as described below (e.g., one-time injection). This benefit includes the following:</p> <ul style="list-style-type: none"> • Prescriptions on the AHPDL, over-the-counters drugs (OTC), and pharmacy-supplied medical supplies covered at the pharmacy point of sale • Vaccines, and other professional administered drugs, administered at release. This refers to medication administration required to be performed by a clinical provider (e.g., injectables, vaccines) with coverage of the medication administration and the medication/drug itself. Providers may submit professional claims for administration of the drug and for the drug itself; or submit claims separately for the administration of the drug by the facility and the cost of the drug by the pharmacy. <p>Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as nonpreferred on the AHPDL.</p> <p>A 30-day supply is the mandatory length of fill for all medications at release, except for the following:</p> <ul style="list-style-type: none"> • Where directed by HCA policy (e.g., oral contraceptives) • Prohibited by law (e.g., more than 28 days of methadone for OUD) • Clinically inappropriate (e.g., one-time fill of 14 days of antibiotics, vaccination, injection schedule) 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Prescription Drug Program Billing Guide • Pharmacy Special Services, Vaccine Administration, and Compliance Packaging Fee Schedule • Professional Administered Drug Fee Schedule

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Apple Health benefits for CAA-eligible client preadjudication

See the [CAA](#) section.

Clinical assessment and evaluations for CAA-eligible clients postadjudication

See the [CAA](#) section.

Optional Reentry Initiative benefits: Descriptions and resources

Participating facilities may opt to select one or more optional benefits to implement in addition to the mandatory benefits that are required under the Reentry Initiative. Facilities choosing to provide the optional benefits may provide access to these services throughout the 90-day prerelease period as clinically appropriate, except for medical equipment and supplies which are available at release. Facilities may support access to optional benefits upon approval of the facility's Reentry Initiative Readiness Assessment.

The following subsections provide further information on each optional benefit, along with the relevant Apple Health Provider Billing Guide and related documentation further describing the scope of each benefit. See the [Reentry Initiative Covered Procedure Code List](#) for the list of covered HCPCS and CPT codes and the related resources listed in the following tables. Services may be delivered in-person or via telehealth according to the Apple Health telemedicine policy.

Clinical assessment and evaluation for adults

Clinical assessment and evaluation are optional benefits to provide during the 90-day prerelease period for adults who are incarcerated in participating facilities. However, as noted in this guide, it is mandatory for all facilities to offer clinical assessments and evaluations for SUD 90 days prerelease (see [Reentry SUD](#) section) and to CAA-eligible clients for at least 30 days before release (see [Clinical assessment and evaluation for CAA-eligible clients postadjudication](#) section).

Scope of clinical assessment and evaluation for adults optional benefit

Description	Related resources
Facilities may opt to provide access to clinical assessment and evaluation services for adults during the 90-day prerelease period. These services are intended to support the creation of a comprehensive and successful Reentry Care Plan, including diagnosis, stabilization, and treatment in preparation for release; providing recommendations or orders for needed	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Substance Use Disorder Billing Guide

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Description	Related resources
<p>medications, medical equipment, and supplies that will be needed upon release; and consulting with the care manager.</p> <p>Clinical assessment and evaluation services include Assessment, Evaluation, and Diagnosis</p> <ul style="list-style-type: none"> • Screening, assessment, and evaluation of health conditions, including vaccination, needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling. • Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis (e.g., psychological evaluation postrelease). • Provision of treatment as appropriate to ensure stability and control chronic conditions (e.g., medication administration). • Recommendations for prerelease treatment and services, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider). • Recommendations for postrelease treatment and services, including identifying potential areas for further assessment or diagnosis in support of postrelease treatment plan development (e.g., residential level of care). <p>Services may be delivered by a client’s established treating provider (e.g., primary care provider, specialist) or may be an initial consultation with a new provider (e.g., who may determine further visits are required with a specialist for follow-up).</p>	<ul style="list-style-type: none"> • Service Encounter Reporting Instructions (SERI) • Physician-Related Services/Health Care Professional Services Billing Guide • Mental Health Services Billing Guide • Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide • Outpatient Hospital Services Billing Guide

Reentry pharmacy: Prerelease medications

Prerelease medications are an optional benefit, in addition to the mandatory benefits for SUD medications (see [Reentry SUD](#) section) and a 30-day supply of medications at release (see [Reentry pharmacy: Medications at release](#) section).

Reentry pharmacy prerelease medications include the following:

- AHDPL prescriptions, over-the-counter drugs, and supplies
- Professional administered drugs, including vaccinations and medication administration.

See the [Medical equipment and supplies at release](#) section for medical supplies services covered outside the pharmacy point-of-sale (POS) system (e.g., adult incontinence supplies).

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Scope of Reentry pharmacy: Prerelease medications optional benefit

Description	Related resources
<p>Facilities may opt to provide access to prerelease medications during the 90-day prerelease period, in addition to the mandatory SUD medications and 30-day supply of medications at release.</p> <p>Reentry pharmacy benefits include:</p> <ul style="list-style-type: none"> • AHPDL prescriptions and over-the-counters drugs (OTC), including pharmacy-supplied medical supplies covered at the pharmacy point of sale. Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as nonpreferred on the AHPDL list. • Professional administered drugs (e.g., vaccines and family planning medications) <p>Providers may submit professional claims for administration of the medication/drug and for the medication/drug itself; or submit claims separately for the administration of the medication/drug by the facility and the cost of the medication/drug by the pharmacy.</p> <p>Continuity of Care for Prerelease Medications</p> <p>Facilities that opt to provide prerelease medications are required to ensure timely (same or next day) continuation of all FDA-approved medications that the individual was previously taking (i.e., prior to incarceration for shorter incarcerations, prior to 90-day period for longer incarcerations). Provision of existing medication therapy for continuity of care should occur for the 90-day prerelease period as clinically appropriate or transitioned to a covered medication, including with prior authorization verified or obtained for Apple Health coverage. Facilities are required to ensure the client receives the next scheduled dose, unless otherwise ordered by a prescriber.</p>	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Prescription Drug Program Billing Guide • Pharmacy Special Services, Vaccine Administration, and Compliance Packaging Fee Schedule • Professional Administered Drugs Fee Schedule

Laboratory services

Laboratory services are an optional benefit for participating facilities.

Scope of laboratory services optional benefit

Description	Related resources
<p>Facilities may opt to provide access to medically necessary laboratory services during the 90-day prerelease period.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • COVID-19 testing • Drug testing for SUD • Immunology testing (e.g., HIV and Hepatitis C screening, syphilis) • Organ and disease-oriented panels 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Physician-Related Services/Health Care Professional Services Billing Guide

Radiology services

Radiology services are an optional benefit for participating facilities.

Scope of radiology services optional benefit

Description	Related resources
<p>Facilities may opt to provide access to medically necessary radiology services during the 90-day prerelease period.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Mammography • Diagnostic imaging (e.g., CT scans, MRIs) • Portable X-rays • Ultrasounds 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Physician-Related Services/Health Care Professional Services Billing Guide

Services from providers with lived experience

Services from providers with lived experience are an optional benefit for participating facilities and are intended to support engagement in health care services by qualified providers with lived experience such as peers, community health workers, and birth doulas.

Scope of providers with lived experience optional benefit

Description	Related resources
<p>Facilities may opt to provide access to services from providers with lived experience during the 90-day prerelease period. These providers have first-hand knowledge and insight gained from navigating challenges similar to those faced by the population served or self-identify as having a similar condition. They are trusted members of the community served and have a unique understanding of life circumstances experienced. This trusting relationship enables the provider to serve as a liaison or linkage between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.</p> <p>Providers covered within this service are:</p> <ul style="list-style-type: none"> • Certified peer counselors who are certified to serve in this role and either self-identify as a person with lived experience with mental health or substance use services or are a parent or legal guardian of a minor child with lived experience with mental health or substance use services. Certified peer counselors draw upon their experiences to help their peers find hope and make progress toward recovery and wellness goals. • Community health workers (CHWs) who are frontline public health workers who serve as an intermediary between health care and the community. The CHW benefit includes services from tribal-serving community health representatives (CHRs). • Birth doulas who are trained nonmedical persons who provide emotional, physical, psychosocial, and informational support to pregnant, birthing, postpregnancy people, and their families. 	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Birth Doula Services Provider Billing Guide • Community Health Worker (CHW) Services Billing Guide • Service Encounter Reporting Instructions (SERI)

Medical equipment and supplies at release

Providing access to medical equipment and supplies is optional for participating facilities, in addition to the mandatory 30-day supply of pharmacy-supplied medical supplies at release (See the [Reentry pharmacy: Medications at release](#) section).

Scope of medical equipment and supplies at release optional benefit

Description	Related resources
<p>Facilities may opt to provide access to medical equipment and supplies at release, which includes medically necessary equipment and supplies. Examples include:</p> <ul style="list-style-type: none"> • Medical equipment (e.g., wheelchairs) and supplies (e.g., adult incontinence supplies) • Vision and hearing hardware (e.g., eyeglasses for clients ages 20 and younger) • Prosthetics and orthotic devices (e.g., orthopedic footwear) • Sleep and respiratory devices (e.g., continuous positive airway pressure or CPAP devices) <p>See Reentry pharmacy: Medications at release for other medical supplies, which are covered within the pharmacy point-of-sale (POS) system (e.g., syringes, diabetes test strips). National Drug Codes (NDCs) which are considered as medical supplies submitted through the POS system are reimbursed at the medical equipment and supplies fee schedule associated with their HCPCS code.</p>	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Medical Equipment & Supplies Billing Guide • Vision Hardware Program Billing Guide • Hearing Services Billing Guide • Complex Rehabilitation Technology (CRT) Billing Guide • Prosthetic and Orthotic Devices Billing Guide • Respiratory Care Billing Guide • Sleep Centers Billing Guide • Home Infusion Therapy/Parenteral Nutrition Billing Guide

Reentry Initiative provider requirements

To be paid for Reentry Initiative benefit services, providers are required to:

- Meet the general provider requirements in Chapter [182-502 WAC](#)
- Be enrolled with ProviderOne, which includes: 1) possession of an individual National Provider Identifier (NPI), 2) submission of a signed core provider agreement with HCA, and 3) approval from HCA's Provider Enrollment team
- Be certified, licensed, and/or bonded, if required, to perform the services billed to HCA
- Have the ability to provide all the core elements of each specific service
- Furnish – upon HCA or MCO request – documentation of proof of service
- Bill HCA or the applicable MCO using only the allowed procedure codes published within the billing guide or related documentation. Providers are responsible for identifying the appropriate information for billing, including their NPI, taxonomy (e.g., 261QP2400X = Ambulatory Health Care Facilities – Clinic/Center – Prison Health), etc.

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- Ensure appropriate clinical oversight is applied, when required, by the scope of practice for the licensure type and when a service is delegated to another rTCM team member (e.g., certified peer counselors, CHWs, etc.)

When does HCA pay for Reentry Initiative services?

HCA pays for Reentry Initiative benefits when the services are:

- Included in the eligible client's Washington Apple Health program as a benefit
- Medically necessary as defined in WAC [182-500-0070](#)
- Listed as covered in this guide with the specific code listed in the [Reentry Initiative Covered Procedure Code List](#) on HCA's website. In addition, use the appropriate program documents (e.g., billing guide or fee schedule) for coverage details (e.g., any coverage limitations such as age and quantity) and HCA's payment rates.
- Authorized by the Apple Health payer (a client's managed care organization or HCA if the client or service is covered fee-for-service), if any type of authorization is identified for the service to be provided (e.g., prior authorization)
- Documented in the client's record per Chapter [182-502 WAC](#) and meet the Department of Health's (DOH's) requirements in WAC [246-817-305](#) and WAC [246-817-310](#)
- Within accepted health care practice standards
- Consistent with one or more of the client's documented diagnoses
- Reasonable in amount and duration of care, treatment, or service
- Consistent with coverage limitations, if any are identified for a specific service
- Not duplicated with another Apple Health paid service (e.g., Community Health Workers billed within the Reentry Initiative may not also bill for the service within the Community Care Hubs health-related social needs services.)
- Documented with the appropriate place-of-service code, where the place of service code on the submitted claim form matches the setting where the service is performed. Providers may use the following additional place-of-service code when participating in the Reentry Initiative to provide care occurring within the carceral setting (see the following table). Care delivered outside a carceral setting to incarcerated clients (e.g., provider office) should be billed using the corresponding place-of-service code. HCA may audit claims with an incorrect place-of-service code and payment may be recouped.

Note: When billing for reentry services occurring within a carceral facility, **use place of service code 09 (carceral facility)**.

- The claim includes use of a special claims indicator (SCI) for reentry services. Providers must add "SCI=RE" in the *Claim Note* section of the electronic professional claim when either of the following:
 - Working with [facilities](#) that are participating in the Reentry Initiative
 - Working with a CAA-eligible client in a nonparticipating facility

Note: When using SCI entries, everything following the "=" symbol is read as part of your indicator. Do not enter any additional data after that or ProviderOne will not recognize your entry. Do not put any spaces in the entry or the information will not be recognized when processed.

- Provided in facilities that have gone through a readiness process and have been approved by HCA to bill for services

HCA follows the National Correct Coding Initiative (NCCI) policy. For more information about HCA's policy to follow NCCI rules, see the National correct coding initiative section of the [Physician-related services/health care professional services billing guide](#).

Consolidated Appropriation Act of 2023 (CAA)

The CAA requires states to cover a limited set of services for eligible juveniles. The CAA requirements are met by carceral facilities participating in the Reentry Initiative by delivering mandatory services.

What is the purpose of sections 5121 and 5122 of the CAA?

The purpose of the CAA is to provide reentry services to CAA-eligible clients to:

- Improve reentry into the community
- Reduce recidivism (when clients reoffend and are rearrested)
- Reduce unnecessary emergencies and crisis services postrelease
- Promote healthy recovery and health care engagement

Who is eligible for the CAA?

To be eligible for services covered under the CAA, a client must be incarcerated in a jail, prison, juvenile detention, or juvenile rehabilitation facility and must be either of the following:

- An Apple Health (Medicaid or CHIP)-eligible client age 20 or younger
- Apple Health (Medicaid)-eligible clients age 18 to 26 who aged out of foster care on or after their 18th birthday.

What services are covered under the CAA?

HCA covers all the following services when care is medically necessary and clinically appropriate for an incarcerated individual:

- Full Apple Health benefits for CAA-eligible clients—preadjudication
- Clinical assessment and evaluation for CAA-eligible clients—postadjudication
- Reentry Targeted Case Management (rTCM). CAA-eligible clients are eligible to receive rTCM for the entirety of the preadjudication period and for 30 days prerelease and postrelease postadjudication. See [rTCM coverage](#) for coverage information.

See [Appendix](#) for a comparison of CAA and Reentry Initiative benefits.

Apple Health benefits for CAA-eligible clients preadjudication

Apple Health benefits, beyond those described in this guide, are mandatory for all facilities that house CAA-eligible clients who are preadjudication (clients who are awaiting disposition of charges).

Scope of Apple Health benefit for CAA-eligible clients preadjudication mandatory benefit

Description	Related resources
<p>Facilities are required to provide access to needed Apple Health benefits beyond those described in this guide for CAA-eligible clients who are preadjudication. Apple Health benefits are defined by a client’s program benefit package according to the client’s Apple Health eligibility (see WAC 182-501-0060). While the Apple Health benefit package is available, facilities are required to support access to those services that are both:</p> <ul style="list-style-type: none"> • Medically necessary • Clinically appropriate for incarcerated clients <p>Not all benefits in the Apple Health benefit package will be appropriate to provide while incarcerated. Prioritization of services should address screening for conditions, immediate care needs (such as SUD or mental health), and engagement in care and recovery.</p>	<ul style="list-style-type: none"> • Provider Billing Guides and Fee Schedules • Service Encounter Reporting Instructions (SERI)

Clinical assessment and evaluation for CAA-eligible clients postadjudication

Clinical assessment and evaluation are mandatory benefits for all facilities that house CAA-eligible clients who are postadjudication.

Scope of clinical assessments & evaluations for CAA-eligible clients mandatory benefit

Description	Related resources
<p>Facilities that house CAA-eligible clients must provide access to clinical assessment and evaluation services in the 30 days before release and no later than 7 calendar days postrelease. These services may be provided as early as 90 days prerelease for MTP 2.0-participating facilities.</p>	<ul style="list-style-type: none"> • Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List • Substance Use Disorder Billing Guide

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Description	Related resources
<p>For clients age 20 and younger, services must be delivered in accordance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). See WAC 182-534-0100. The next wellness exam and immunizations for clients ages 20 and younger must occur before release, be scheduled within 7 calendar days of release, or as soon as practicable. These services are intended to support the creation of a comprehensive and successful Reentry Care Plan and include:</p> <ul style="list-style-type: none"> • Diagnosis, stabilization, and treatment in preparation for release • Recommendations or orders for needed medications, medical equipment, and supplies that will be needed upon release • Consultation with the care manager. <p>Clinical assessment and evaluation services include the following:</p> <ul style="list-style-type: none"> • Age-appropriate screening (to include well-child checkups; vaccinations; physical, behavioral, and dental screenings), assessment, and evaluation of health conditions, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling. • Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis. • Provide treatment, as appropriate, in order to ensure stability and control chronic conditions (e.g. to suggest medication changes or to prescribe appropriate medical supplies, equipment, or appliances for postrelease). • Recommendations for referrals to other prerelease providers for additional evaluation or treatment services (e.g., specialty provider). • Recommendations for postrelease treatment and services, identifying potential areas for further assessment or diagnosis in support of postrelease treatment plan development (e.g., residential level of care). <p>Services may be delivered by a client’s established treating provider (e.g., primary care provider or specialist) or may be an initial consultation with a new provider (e.g., who may determine further visits are required with a specialist for follow-up).</p> <p>While section 5121 of the CAA allows for the payment of screening and diagnostic services, it does not allow for the payment of treatment services while the eligible youth is still incarcerated. After the eligible youth is released from the</p>	<ul style="list-style-type: none"> • Service Encounter Reporting Instructions (SERI) • Physician-Related Services/Health Care Professional Services Billing Guide • Mental Health Services Billing Guide • Outpatient Hospital Services Billing Guide • Additionally, for children and youth through age 20: Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide

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Description	Related resources
<p>carceral facility, they are eligible to receive any treatment services found to be medically necessary.</p> <p>Timing of Services: For youth in the community, EPSDT preventive services should be provided annually. Therefore, screening and diagnostic services provided within 12 months before a youth’s scheduled release date may be used to fulfill the requirements of section 5121 of the CAA, whether they occurred in the community or institution. For any services delivered before the 30-day prerelease period to count toward fulfilling CAA requirements, they must be documented in the institutional medical record with a date of service. Some screening and diagnostic services may be repeated more frequently than annually, as clinically appropriate.</p> <p>Carceral facilities must not delay an individual’s release for the purpose of meeting the requirements of section 5121 of the CAA. Any requirements not met due to the individual’s release date or an inability to provide the screening(s) at the institution should be arranged to be provided in the community as soon as practicable after release. Arrangements and referrals to obtain required services after release should be recorded in the institutional medical record with an accompanying brief explanation for why the screening or diagnostic service was not performed before release.</p>	

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Inpatient Hospitalization

Inpatient hospitalization benefits are available to incarcerated Apple Health clients without regard to the Reentry Initiative or CAA and continue to be covered by Apple Health when inpatient hospital admissions last 24 hours or more.

Scope of inpatient hospitalization benefit

Description	Related resources
Apple Health covers inpatient hospitalization services for incarcerated individuals when hospital admissions last 24 hours or more, including inpatient care and any associated professional or outpatient claims during the hospitalization.	Inpatient Hospital Provider Billing Guide

Reentry Targeted Case Management (rTCM)

Purpose of rTCM

rTCM is vital for the successful transition of clients reentering the community after incarceration. Reentry care managers play a significant role in supporting those leaving a carceral setting. Reentry care managers:

- Assess a person's health care needs
- Develop [Reentry Care Plans](#)
- Support access to treatment, including but not limited to, SUD treatments of Medications for Opioid Use Disorder (MOUD) and Alcohol Use Disorder (MAUD)
- Facilitate referrals and transportation to treatment following reentry
- Connect clients to available health-related social needs (HRSN) services, including Apple Health-covered HRSN services

Goals of rTCM

The intent of rTCM is to:

- Improve care transitions upon reentry into the community
- Increase continuity of health coverage
- Prevent unnecessary disruptions in care
- Reduce emergency department visits and inpatient hospital admissions
- Reduce decompensation, suicide-related deaths, overdoses, overdose-related deaths and all-cause deaths
- Lead to improved health outcomes in general

rTCM uses a whole-person approach, addressing physical, behavioral health, and HRSN. rTCM focuses on addressing health conditions which are prevalent in the individuals who are incarcerated. In particular, rTCM focuses on the following health conditions:

- Substance use disorders (SUDs), to include Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD)
- Mental health conditions
- Infectious diseases, including Hepatitis C and HIV

rTCM is voluntary for clients and is not a prerequisite to accessing other reentry prerelease services or Apple Health benefits.

Client eligibility for rTCM

Clients must meet Apple Health eligibility criteria to receive rTCM through either of the following:

- Reentry Initiative services before release from incarceration. See the [Reentry Initiative Policy and Operations Guide](#) for more information.
- CAA

Provider eligibility for rTCM

Who may provide rTCM services?

rTCM must be delivered by a qualified professional, referred to as a Reentry Care Manager, acting within their scope of practice. See the following table. The clinician may operate in a team-based model, delegating services within their scope of practice to other rTCM team members, which may include individuals with lived experience (e.g., certified peer counselors, community health workers [CHWs], etc.). When hiring staff, providers are encouraged to be mindful of the increased background checks required by carceral facilities for professionals coming into the facility.

The following health care professional types may be a Reentry Care Manager:

- The following behavioral health clinicians:

Type of behavioral health clinician	Taxonomy
Licensed independent clinical social worker (LICSW)	104100000X
Licensed independent clinical social worker associate (LSWAIC)	104100000X 101Y00000X
Licensed mental health counselor (LMHC)	101YM0800X
Licensed mental health counselor associate (LMHCA)	101Y00000X 101YM0800X
Licensed marriage and family therapist (LMFT)	106H00000X
Licensed marriage and family therapist associate (LMFTA)	101Y00000X 106H00000X
Certified agency-affiliated counselor (MCO only)	101Y99995L
Licensed agency-affiliated counselor (MCO only)	101Y99996L

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- Other practitioners working within health care facilities (e.g., carceral facility enrolled as an Apple Health provider, federally qualified health center [FQHC], rural health clinic [RHC], Indian health care provider [IHCP], or managed care organization [MCO]). Reentry Care Managers in these settings must have licensure that allows all rTCM components, including assessment and care planning for medical and behavioral health needs (e.g., registered nurse). Additionally, providers may submit claims to MCOs using the RN taxonomy (163W00000X).

rTCM provider requirements

Providers of rTCM must:

- Meet the general provider requirements in Chapter [182-502 WAC](#).
- Be enrolled as a provider with Medicaid, meeting all the following:
 - Have an individual national provider identifier (NPI)
 - Be enrolled in ProviderOne
 - Have a signed core provider agreement with HCA.
- Have the licensure to provide all the core elements of rTCM services. For core elements of rTCM, see [What are the mandatory requirements to provide rTCM](#).
- Bill HCA using only the allowed procedure codes published within this billing guide.
- Ensure appropriate clinical oversight is applied when required by the scope of practice for the licensure type and when a service is delegated to another rTCM team member (e.g., certified peer counselors, CHWs, etc.).
- Ensure duplicate billing does not occur. The activities performed by any rTCM team members who are Community Health Workers (CHWs), if billed to HCA, may not duplicate billing under the CHW services Apple Health benefit. rTCM providers may refer clients to Community Care Hubs for community supports and services. However, services delivered by Community Care Hubs within the MTP 2.0 HRSN Initiative are not billable as rTCM.
- Perform eligibility verification and reentry health screening. Carceral facilities are required to conduct an eligibility verification and application in addition to screenings for unmet care needs as early as possible. This is called a Reentry Health Screening. For more information, see the [Reentry Initiative Policy and Operations Guide](#).

rTCM delivery system organizations

Providers billing for these services may be working as a community provider (e.g., an FQHC, native-serving organization or Indian Health Care Provider, community practice, etc.) or working within specific organizations (i.e., a carceral facility [referred to as embedded staff able to serve as Apple Health providers], an Apple Health MCO, or the HCA-contracted Reentry third-party administrator/TPA). In the pre and postrelease period, a specific entity is responsible for ensuring which

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entity is to provide access to rTCM. The entity providing rTCM is identified by the responsible entity listed in the [delivery system tier structure table](#).

In the prerelease period, carceral facilities are responsible for ensuring all eligible clients have access to rTCM. Carceral facilities that choose not to serve in this role with their own qualified staff or via a community provider must notify HCA with a 90-day notice of the need for MCO or TPA support. MCOs are available to support rTCM for their own enrollees and the TPA is available to support FFS clients.

In the postrelease period, the responsible entity varies by the delivery system in which the client is engaged: the MCO is responsible to ensure all eligible managed care enrollees have access to medically necessary rTCM and the TPA is responsible for fee-for-service (FFS) client access.

An HCA-contracted MCO may serve enrollees receiving care in the following programs: Apple Health Integrated Managed Care, Apple Health Integrated Foster Care (IFC), and Behavioral Health Services Only (BHSO).

Delivery system tier structure table

Provider Organization	Prerelease – For All Apple Health Clients	Postrelease for MCO Enrollees	Postrelease for FFS Clients
Carceral Facility	Responsible Entity*	If the entity is identified by and contracted with the MCO	If the entity is identified by the TPA
Community provider	If the entity is identified by the carceral facility and contracted with the MCO and TPA	If the entity is identified by and contracted with the MCO	If the entity is identified by the TPA
MCO	If the entity is identified by the carceral facility, it may serve the MCO's enrollees	Responsible Entity*	If the entity is identified by the TPA and the contract mutually agreed upon
TPA	If the entity is identified by the carceral facility, it may serve FFS clients	If the entity is identified by and contracted with the MCO	Responsible Entity*

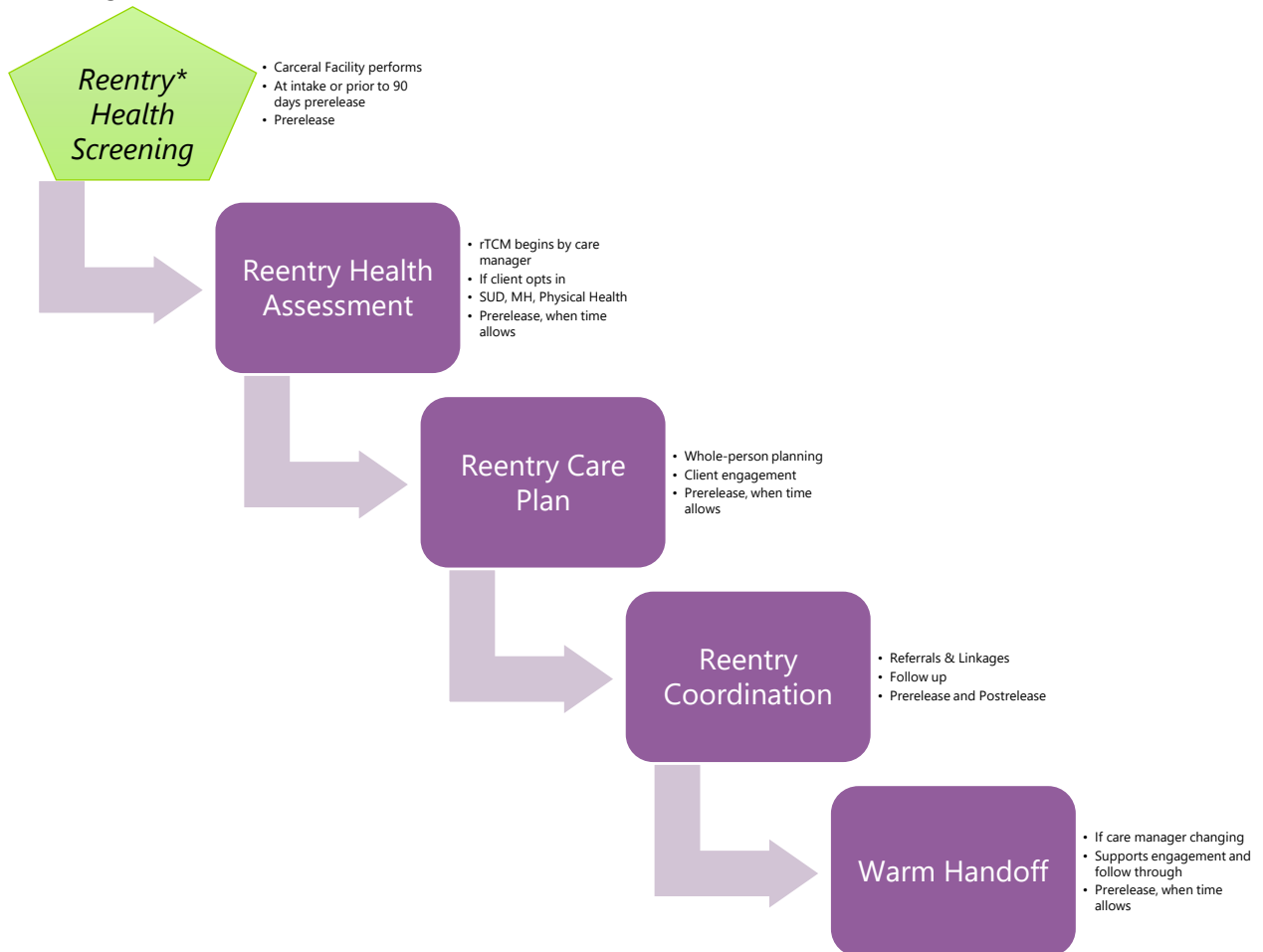
* *Responsible entity role - The organization required to identify the rTCM organization as available for the population served and facilitate communications accordingly. TPA is available for technical assistance.*

rTCM coverage

What is covered?

Reentry targeted case management (rTCM) is covered prerelease and postrelease when medically necessary, as defined in [WAC 182-500 0070](#), and the [minimum requirements \(core elements\)](#) are provided. The amount of time rTCM is available prerelease depends on the client's eligibility for the service. For clients incarcerated in facilities participating in the reentry initiative, rTCM is available 90 days prerelease. For CAA-eligible clients incarcerated in other facilities, rTCM is available 30 days prerelease. When billing HCA, providers must follow the instructions in this guide.

Pathway to coordination

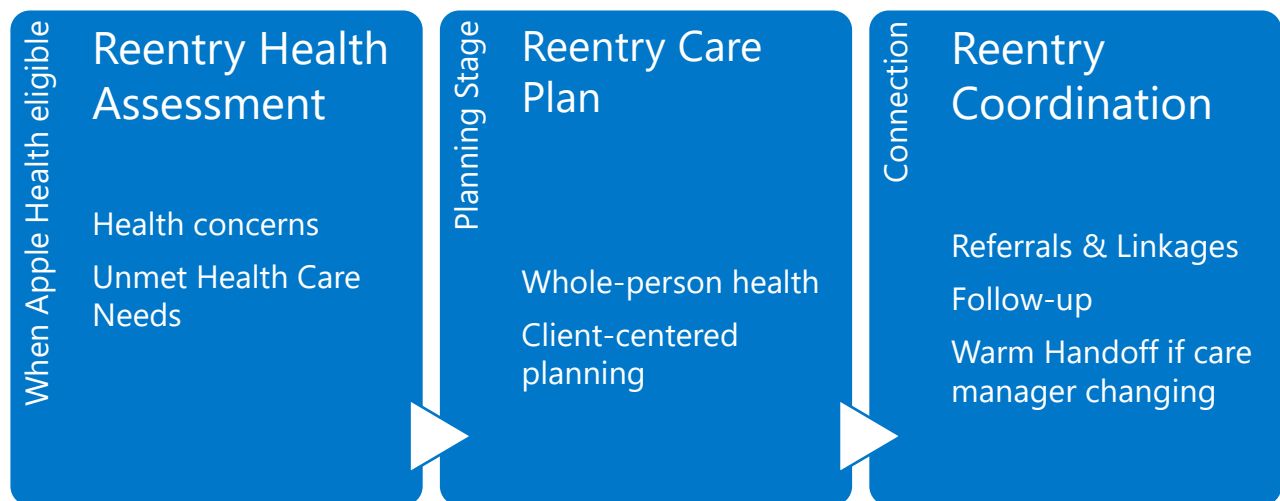


**The Reentry Health Screening (green box) is a carceral facility requirement and is not payable as rTCM. The remaining boxes in purple are rTCM requirements.*

Mandatory requirements (core elements) of rTCM

Mandatory requirements (core elements) of rTCM include the following:

- **Reentry Health Assessment** to identify unmet care needs
- **Reentry Care Plan** developed according to Reentry Health Assessment
- **Reentry Coordination** according to the Reentry Care Plan. Includes scheduling, linkages to services, monitoring and follow-up activities to ensure the Reentry Care Plan is effectively implemented and needs are being addressed. Reentry Coordination requires routinely communicating with the client and others, including discussion with the client at a minimum of once per month in person, via audio-visual telemedicine, or via audio-only telemedicine. Additional activities may occur throughout the month to support the minimum requirements.
- **Reentry Warm Handoff** required if the Reentry Care Manager is changing (e.g., during prerelease period, pre to post Reentry Care Manager change such as to an MCO care coordinator or to a Health Home, etc.).



Medical necessity criteria

HCA considers rTCM to be medically necessary for an Apple Health Medicaid or CHIP-eligible client, or a client who would otherwise be eligible for CHIP if not for their incarceration status, has a diagnosis that corresponds with one of the ICD codes listed in the [appropriate diagnosis codes](#) table, and who meets one of the following requirements:

- Is an inmate of a public institution, as defined in [42 CFR 435.1010](#), and is incarcerated in a state prison, tribal facility, county or city jail, or youth correctional facility
- Was released from incarceration from a public institution, as specified by [42 CFR 435.1010](#), and was incarcerated in a state prison, tribal facility, county or city jail, or youth correctional facility within the last 12 months

For clients eligible for CAA (eligible juveniles), medically necessary rTCM is not limited to a Reentry Initiative-participating facility or by release date.

Continue postrelease rTCM for as long as medically necessary, which is typically 30 days after release and no longer than 12 months after release; most postrelease coordination needs are addressed within 12 months. The discharge criteria provide a basis for when rTCM is no longer medically necessary and rTCM must end.

Note: Services may be initiated postrelease whether or not the client was able to engage with rTCM during incarceration (e.g., short incarceration, client opted out of rTCM).

Discharge criteria

Discharge criteria include any of the following:

Component	Description
rTCM no longer medically necessary	<p>The client no longer requires rTCM expertise for stabilization in the community, (i.e., expertise on reentry transitions and health impacts from incarceration are no longer needed to attain health goals) such as when the following components are completed:</p> <ul style="list-style-type: none"> • Reentry Health Assessment • Discussion of health goals and development of Reentry Care Plan • Client informed of appropriate follow-up care • Providers identified and appointments scheduled • Coordination between carceral facility health care system and community providers <p>Reentry Warm Handoff, if appropriate (e.g., transition to another coordinator)</p>

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Component	Description
<p>Client transitioned to another coordinator</p>	<p>Examples include when the client:</p> <ul style="list-style-type: none"> • Is eligible for and opts to enroll in, or is already enrolled in, a health home • Is eligible for and receiving another targeted case management service • No longer requires rTCM expertise (i.e., expertise on reentry transitions and health impacts from incarceration are no longer needed to attain health goals) and another coordination function is appropriate <p>Postrelease coordinators available through Apple Health include but are not limited to:</p> <ul style="list-style-type: none"> • The MCO for a managed care enrollee (including integrated managed care, IFC, and BHSO enrollees) • Targeted Case Management for specific populations (e.g., HIV case management) • American Indian client’s Primary Care Case Management (PCCM) provider or Indian Health Care Provider for either an MCO enrollee or FFS client <p>Health Homes coordinator for either an MCO enrollee or FFS client</p>
<p>Client ineligible</p>	<p>Client is ineligible for Apple Health entirely or rTCM is not included in the Apple Health client’s program benefit package.</p>
<p>Client choice</p>	<p>Client chooses to discharge from rTCM or is not able to be contacted</p>

Note: HCA considers the client as “not able to be contacted” when there is an inability to contact the client after three attempts on three different days, times, and methods.

Reentry Health Assessment (RHA)

The RHA is a requirement for providing rTCM and assesses the needs of the client to inform development of a Reentry Care Plan and is intended to support identification of service needs pre and postrelease. The RHA includes all available information, including information from the screening and any other sources. If information becomes available after the initial RHA, the Reentry Care Manager must continue to seek information to inform the Reentry Care Plan development. The focus of the Reentry Care Plan is to address physical, behavioral health and

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HRSN, but should also consider social, educational, and other underlying needs, such as vocational services or employment.

The Reentry Care Manager may choose any data collection tool, but it must cover all the required components (see [Required components of the Reentry Health Assessment](#)). Clients have the right to refuse to participate in the entirety of the assessment without declining rTCM entirely. If a client refuses to participate in the entirety of the assessment, document the client's refusal. The [WASPC Intake Screening form](#) meets the intent of the majority of the RHA when completed or reviewed by a Reentry Care Manager. The missing element is the mental health assessment which must be included to meet the RHA component of rTCM.

HCA's rTCM Assessment Addendum form ([HCA 05-0006](#)) may be used to support the WASPC Intake Screening form. If this form was completed by a carceral facility staff member who is not licensed as or supervised by an rTCM provider (e.g., correctional officer), it should be shared with the Reentry Care Manager along with a rTCM referral so the details may be considered as part of the Reentry Health Assessment as documentation to support the comprehensive rTCM clinical assessment.

A key function of the Reentry Care Manager is to perform a comprehensive assessment by gathering and assimilating information from an array of sources, such as documents in multiple systems and across different formats, to ascertain the health needs of an incarcerated individual.

The assessment may include any past medical history; medical records; other assessments; screenings; diagnostic services; information available from the corrections system; interviews with the client; and information from health plans, state Medicaid agencies, providers, and other sources that may be available to the Reentry Care Manager.

Required components of the RHA

The required components of the RHA are:

Component	Description
Comprehensive, whole-person assessment	<p>Covers physical health, mental health, SUD, and HRSN, including:</p> <ul style="list-style-type: none"> • Any acute or chronic illnesses • Substance use (drugs, alcohol), current and historical use • Mental health, including risk of self-injury • Physical health, including: <ul style="list-style-type: none"> ○ Screening for infectious disease, including Hepatitis C, Tuberculosis, and HIV ○ Physical limitations and any ADA accommodations ○ Oral health • Current medications, any medications the client has been prescribed but is not taking, and any medical supplies in use

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Component	Description
	<ul style="list-style-type: none"> Allergies HRSN, including housing, employment, transportation, education, and financial stress <p>The need for or use of supportive services and resources</p>
Identification of individual needs included in the Reentry Care Plan	<p>Includes the determination of the need for any medical, education, social or other services, such as the following:</p> <ul style="list-style-type: none"> DSHS' Home and Community Living Administration (HCLA) Program models to support individuals when released into the community, such as Wraparound for Intensive Services (WISe), New Journeys, or Program for Assertive Community Treatment (PACT)
Assessment of client's level of engagement	Includes assessment of client's stage of change and readiness to engage in treatment
Periodic reassessment of individual needs	Done upon significant change or as clinically indicated

Reentry Care Plan

The Reentry Care Plan is a requirement for providing rTCM and includes Reentry Care Plan development and periodic revision. The Reentry Care Plan is an actionable person-centered tool that engages the client at the center of decision-making to:

- Support early identification and diagnosis of health conditions
- Connect to care and services
- Improve health stability postrelease and beyond

The reentry care plan is created with the client, based on the client's goals and priorities, and based on the information collected from treating clinicians and through needs identified in the Reentry Health Screening, Reentry Health Assessment, and any subsequent rTCM activities. When created in the prerelease period, the Reentry Care Plan is created with input from the following:

- The treating clinician for prerelease services
- The carceral facility's reentry planning team, such as awareness of criminal legal obligations

The extent of the Reentry Care Plan depends on the health and social complexity of the client. The Reentry Care Manager must decide the extent of detail required in the Reentry Care Plan for each client.

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The Reentry Care Plan may be created within one client interaction or in multiple interactions. The Reentry Care Manager must update the Reentry Care Plan when:

- There is a significant health change
- The client is released from incarceration (required within 30 days of release)
- New information is identified in an RHA reassessment review
- As clinically indicated

The Reentry Care Manager may choose any care planning tool, but it must cover all the required components (see [Required components of the Reentry Care Plan](#)).

Carceral facilities assist with the following:

- Get clients to participate in rTCM
- Obtain informed consent for rTCM
- Develop the Reentry Care Plan
- Identify needed referrals and appointments
- Discuss any impact for changes in release date

Required components of the Reentry Care Plan

The required components of the reentry care plan are:

Component	Description
Identified Health Conditions	<p>A presentation of the diagnosis(es) and health conditions that does the following:</p> <ul style="list-style-type: none"> • Addresses physical health, behavioral health, and HRSN. It must examine past needs and services, and document and facilitate current and future needs and services. • Includes known treating providers • Addresses social, educational, and other underlying needs, such as vocational services or employment • Prioritizes the health conditions being focused on
Action Planning	<p>An action plan, including:</p> <ul style="list-style-type: none"> • Health goals developed with the client • Services identified pre or postrelease to support goals achievement. Document and facilitate services to be provided either prerelease or postrelease to diagnose health conditions and provide treatment, as appropriate. When created in the prerelease period, the plan:

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Component	Description
	<ul style="list-style-type: none"> ○ Addresses the use of prerelease and postrelease services to assess and address physical health and behavioral health needs and identified HRSNs ○ Ensures that prerelease benefit packages are provided to eligible clients, and attempts to coordinate receipt of services • A referral to the appropriate Community Care Hub to address HRSN needs, if needed, such as housing, transportation, food, finance, education, and employment • The support of client SUD treatment engagement and counseling via the following: <ul style="list-style-type: none"> ○ Choice counseling using shared decision-making tools and discussion of options and risks ○ Assessment of the stage of change and the readiness to engage in treatment ○ Use of motivational interviewing to help the client progress further in readiness to engage in treatment • Referral to an appropriate provider for diagnosis and prescription of medication for opioid use disorder (MOUD)/medication for alcohol use disorder (MAUD) if appropriate, including clinical determination for the amount of SUD medication supply to have in hand to take home at release to meet the need between release and the transition to a community provider.
Supports Planning	A plan for engagement of identified supports for the client (e.g., family, friends, probation/community corrections officer, and other community supports as identified)
Barriers	The identification, monitoring, and management of barriers

Reentry Coordination

Reentry Coordination is a requirement for providing rTCM. Reentry Coordination is provided in alignment with the [Reentry Care Plan](#). Coordination of care is necessary to ensure that the Reentry Care Plan is implemented and adequately addresses the client's health care journey for success postrelease.

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Required components of Reentry Coordination

The required components of Reentry Coordination are:

Component	Description
Motivational interviewing	Supports client progress in readiness/engagement in care and recovery. During incarceration and in release planning, providers educate clients on treatment choices and the process for continuation of access to MOUD/MAUD, as appropriate
Referral and linkages to services prerelease or postrelease (such as scheduling appointments for the client)	<p>Helps the client obtain needed services, including activities that help link the client with medical, social, and educational providers or other programs that can provide needed services to address identified goals specific in the reentry care plan. The following are included:</p> <ul style="list-style-type: none"> • Identification of the client’s primary care provider. Providers ensure alignment of the identified primary care provider assigned through an enrollee’s MCO and the Patient Review & Coordination (PRC) program, as applicable. If needed, providers initiate a primary care provider change to ensure appointments and information are shared with the appropriate provider. • Identification and scheduling of appointments for necessary health care services, including but not limited to diagnostic, family planning, primary care, specialty, mental health, substance use, dental, or other services. Providers make appointments for primary and specialty care according to the Reentry Care Plan, addressing both prerelease and postrelease services to ensure stabilization and continuity of care during the transition into the community. • Providers schedule the next wellness exam and immunizations for clients age 20 and younger within one week of release or as soon as practicable. • Linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups • Referrals for appropriate long-term services and supports (LTSS), community service, and HRSN (e.g., nutrition, housing, transportation, etc.) as available • Coordination between prescribers and pharmacies, such as: <ul style="list-style-type: none"> ○ Fills or refills of prescribed medications ○ Assuring active prescriptions are available such as transferring prescription from home pharmacy to carceral facility pharmacy

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Component	Description
	<ul style="list-style-type: none"> ○ Supporting resolution of any prescription edits needed before release ○ Establishing next day availability of SUD medications whether prescribed or required to receive in-person ○ Supporting information about the client for the pharmacy (e.g., allergies) ○ Coordination with the Patient Review and Coordination (PRC) program ● At least a 30-day supply of prescribed medications at release. In addition to providing medications in hand upon release, the carceral facility must provide a prescription for any active medication to be refilled at a postrelease pharmacy as appropriate and feasible, so the client has access to refills.
Coordination of logistics	Includes addressing any prior authorizations, if necessary. Examples include coordinating nonemergency medical transportation and postrelease medications and supplies.
Frequent communication	<p>Includes communication with the client, treating providers, collateral contacts, and others necessary to support client engagement in treatment and progress in achieving the goals outlined in the Reentry Care Plan, including discussion with the client prerelease and postrelease at a minimum of once per month via in-person, audio-visual telemedicine, or audio-only telemedicine. Additional activities may occur throughout the month to support the Reentry Care Plan and rTCM minimum requirements such as:</p> <ul style="list-style-type: none"> ● Connecting with providers to share the Reentry Care Plan, unmet care needs, or appropriate records to support the Reentry Care Plan in accordance with the client’s informed consent and health care confidentiality regulations (e.g., HIPAA, 42 CFR Part 2). ● Obtaining informed consent, as appropriate, to furnish services or to share information with other entities to improve coordination of care ● Collaborating to assure continuation of care between prerelease and postrelease providers
Monitoring and follow up activities	Includes activities that are necessary to ensure that the Reentry Care Plan is effectively implemented and adequately addresses the needs of the client. This may be conducted as frequently as necessary with the client, family members, services providers, or other entities and include at least one annual monitoring activity to determine whether the following conditions are met:

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Component	Description
	<ul style="list-style-type: none"> • Services are being furnished in accordance with the client’s Reentry Care Plan • Services in the Reentry Care Plan are adequate • Changes in the needs or status of the client are reflected in the Reentry Care Plan. <div data-bbox="615 543 1256 739" style="background-color: #FFD700; padding: 10px; margin: 10px 0;"> <p>Note: Conducting follow up must ensure engagement with community-based providers, behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days after release.</p> </div>
Documentation	Documentation of appropriate coordination and follow-through in achieving goals is required.
Review and revision of the Reentry Care Plan	As appropriate every month, within 30 days after release, and as clinically indicated. See Discharge Criteria for guidance on the appropriate length of service

Reentry Warm Handoff

The Reentry Warm Handoff is a requirement for providing rTCM if the Reentry Care Manager changes. Warm handoffs include the incoming and outgoing care managers and client and may be required multiple times during a client’s rTCM service segment to preserve client trust and engagement and to support continuity of rTCM. The Reentry Warm Handoff also includes a review of the Reentry Care Plan and the next steps to ensure continuity of case management and follow-up needs for the client’s transition into the community.

Examples of when a warm handoff is required include the following:

- A transition of Reentry Care Managers, either during the prerelease period (e.g., jail to the Department of Corrections) or postrelease period (e.g., MCO enrollment change)
- Between pre and postrelease Reentry Care Manager (e.g., juvenile detention Reentry Care Manager to MCO or TPA Reentry Care Manager)
- Upon discharge from rTCM when continued coordination activities are clinically needed (e.g., postrelease Reentry Care Manager to MCO care manager, PCCM, or Health Home)

The Reentry Warm Handoff should occur:

- At least 14 days before release and when most clinically effective (e.g., after the Reentry Health Assessment and Reentry Care Plan have been developed if time allows)

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- Within 7 calendar days after release (e.g., if the client is released by court order earlier than expected or has a very short stay) if it is not possible for the Reentry Warm Handoff to occur before the client’s release

The outgoing reentry Care Manager (the current Reentry Care Manager who has been working with the client, such as the prerelease Reentry Care Manager) must initiate the Reentry Warm Handoff. Clients incarcerated for less time should be given an informational handout upon release with contact information for Apple Health and crisis services, such as HCA’s Reentry Resources for Apple Health (Medicaid) After Release from Incarceration (HCA 19-066).

Required components of the Reentry Warm Handoff

The required components of the Reentry Warm Handoff are:

Component	Description
A person-to-person connection	To discuss the transition and status of the Reentry Care Plan, inclusive of both outgoing and incoming Reentry Care Managers. Person-to-person connection may be in person or via audio-visual or audio-only telemedicine.
Sharing the rTCM status with the incoming Reentry Care Manager	<p>Includes sharing the following:</p> <ul style="list-style-type: none"> • The completed consent, Reentry Health Screening, and Reentry Health Assessment forms • The Reentry Care Plan with follow-up provider information identified including name, phone number, and clinic address at minimum • The status of any outstanding needs or appointments <p>The Reentry Care Plan must be communicated to the client’s primary care provider and the enrollee’s MCO (if applicable) within 14 days before release if release data is known and no later than 7 calendar days after release.</p>
Communication within the health care team	To support seamless care handoff, following consent and data-sharing requirements

Billing for rTCM

General billing information

Prior authorization (PA) is not required to provide reentry targeted case management (rTCM). Any refusal of services by the client must be documented in the client’s health care record and communicated with their MCO, if applicable. Providers must follow standard coding practices when billing and follow applicable HCA and MCO rules.

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When billing for clients age 20 and younger, see HCA's [EPSDT Well-Child Program Billing Guide](#).

Carceral facilities must not charge Apple Health-eligible individuals or health care providers for any Reentry Initiative services or activities associated with those services nor may health care providers charge Apple Health-eligible individuals for Apple Health-covered services.

Location where services may be delivered

Providers may offer targeted prerelease services within carceral facilities, in the community, or via audio-visual or audio-only telemedicine. Reentry Care Managers must work with facilities to identify how clients will access providers either in-person or remotely for the provision of care.

Fee-for-service fee schedule information

Maximum allowable fees for all codes, including CPT® codes and selected HCPCS codes, are listed on the [rTCM fee schedule](#). Limitations or requirements detailed in HCA billing guides and Washington Administrative Code (WAC) remain applicable. HCA's fee schedules are available on HCA's [Professional billing guides and fee schedules](#) web page and [Hospital reimbursement](#) web page.

rTCM billing

When billing for rTCM services, submit the claim to HCA without any other services on the claim. Both rTCM entities participating in the warm handoff may bill for the month in which the handoff occurs when the care is moving from one rTCM Delivery System Organization to another.

Note: Each incarceration event may initiate rTCM.

Nonpayable rTCM

HCA does not pay for rTCM when the following other coordination services are engaged and providing services to the client. HCA considers this a duplication of services. Clients may choose to engage in rTCM or another service and a warm handoff should occur to support the transition at that time. HCA considers these coordination services to be duplicative of rTCM:

- Other targeted case management (available postrelease only) such as SUD Case Management and HIV/AIDS Case Management
- Health Homes (available postrelease only)

Note: HCA may pay for rTCM when the following services are involved, and HCA has determined no duplication of service exists:

- Primary Care Case Management (PCCM)
- Health-Related Social Needs (HRSN) case management provided by the Community Care Hub

Billing information to be included on the claim

When billing HCA, include the following on the claim:

- One of the rTCM-allowable HCPCS codes in the [Services procedure codes table](#) with the appropriate rTCM-allowable modifier in the [Modifiers table](#).
- The appropriate diagnosis code listed in the [Appropriate diagnosis codes table](#).
- When providing services via **audio-visual or audio-only** telemedicine, the HCPCS code plus the appropriate [reentry modifier](#). See HCA's [Telemedicine policy billing guide](#) for more information about telemedicine.
- When providing services via **audio-only** telemedicine, the appropriate audio-only telemedicine modifier. Refer to the following HCA resources to determine which modifier is appropriate:
 - [Physical Health Audio-Only Procedure Code List](#)
 - [Behavioral health Audio-Only Procedure Code List](#)

Note: HCA limits payment to one HCPCS code billed (or encountered) every 30 days when the minimum activities are completed according to the rTCM Timeline. Exceptions may apply when clinically appropriate. **For example:** A client is released and rebooked in the same month, requiring rTCM for both incarcerations.

Service procedure codes

HCPCS procedure code	Short description	Comments
T1023	Program intake assessment	<p>Initial Month, when Reentry Care Plan developed</p> <p>Includes Reentry Health Assessment</p> <p>Initial rTCM month for activities pre or postrelease in which completion of initial Reentry Care Plan is performed</p> <p>Warm Handoff completed; rTCM client interaction (in person or via audio-visual or audio-only telemedicine)</p> <p>May be billed once per client per incarceration</p>
T2023	Targeted case mgmt per month	<p>Initial Month, when only Reentry Health Assessment completed</p> <p>Initial month for rTCM activities pre or postrelease</p> <p>Warm Handoff completed; rTCM client interaction (in person or via audio-visual or audio-only telemedicine)</p> <p>May be billed once per client per incarceration</p>
T2022	Case management, per month	<p>Subsequent Month rTCM</p> <p>Subsequent month for rTCM activities pre or postrelease</p> <p>Warm Handoff completed; rTCM client interaction (in person or via audio-visual or audio-only telemedicine)</p>

Modifiers

Modifier	Modifier Description	Timeframe
QJ	Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (b)	Prerelease
TS	Follow-up service	Postrelease

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Appropriate diagnosis codes

ICD dx code	ICD dx code description	Timeframe
Z65.1	Imprisonment and other incarceration	Prerelease: Client incarcerated, and release anticipated within the next 90 days
Z65.2	Problems related to release from prison (Code can be used to reflect release from any incarcerated setting)	Postrelease: Client released from incarceration

rTCM timeline

HCA pays for rTCM when provided:

- **Prerelease:** Providers may bill for rTCM prerelease when a client's release from incarceration to the community is known or anticipated to be within 90 days. Initiate prerelease rTCM as soon as possible and as clinically appropriate to support and stabilize the client at reentry. For example:
 - **For clients without a known estimated release date (ERD),** timing is usually urgent to assess and coordinate unless other barriers exist (e.g., a high probability of the client remaining incarcerated greater than 90 days, a release date must be identified before release, a client's needs are causing a delay in release, etc.)
 - **For clients with a known ERD,** the Reentry Care Manager must intervene immediately or evaluate the urgency to determine when it is most clinically appropriate to initiate services. Other factors may impact the appropriateness of intervention such as known release address (when required), known legal decision maker, sentence timing and immediacy of ERD, and complexity of need, etc.
- **Postrelease:** Providers may bill for rTCM postrelease whether or not rTCM was initiated while the client was incarcerated. Postrelease services are available when medically necessary.

Timeframes for rTCM connections

The following activities are required to be performed no later than the following periods of time:

Length of time since Apple Health enrollment confirmed	Activities Required
Within 24 hours	<ul style="list-style-type: none"> • Reentry Health Screening • Reentry Resources Handout provided

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Length of time since Apple Health enrollment confirmed	Activities Required
Within 48 hours	<ul style="list-style-type: none"> • Reentry Care Manager assignment if positive screen and interested in rTCM • Warm Handoff, when Reentry Care Manager changes. Requirement can occur at any point before release and no later than 7 days postrelease.
Within 3 business days	<ul style="list-style-type: none"> • Reentry Health Assessment with needs identified
Within 4 business days	<ul style="list-style-type: none"> • Reentry Care Plan completed

General Billing Information

All claims must be submitted electronically to HCA, except under limited circumstances. For more information, see HCA's [ProviderOne Billing and Resource Guide](#) webpage and scroll down to *Paperless billing at HCA*. For providers approved to bill paper claims, visit the same webpage and scroll down to *Paper Claim Billing Resource*.

What are the general billing requirements?

Providers must follow HCA [ProviderOne Billing and Resource Guide](#).

These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments.
- What fee to bill HCA for eligible clients.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- Billing for clients eligible for both Medicare and Medicaid.
- Third-party liability.
- Record keeping requirements.

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers, providers, and partners](#) webpage. Under [Learn how to use ProviderOne](#), select [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) webpage.

Third-Party Administrator (TPA)

After a provider completes a service, the provider files the claim, which may be with the assistance of a third-party administrator (TPA), if requested.

HCA procured a TPA to support facilities and providers with the billing process (with the exception for pharmacy billing, which must be claimed at point-of-sale). This TPA service, called a claims clearinghouse, is optional and covered free-of-charge to participating Reentry Initiative facilities. For more information, refer to the [Reentry Initiative Policy and Operations Guide](#).

Appendix: CAA and Reentry Initiative Benefits Comparison

The table in this section summarizes benefit differences for CAA-eligible clients available within the following based on the carceral facility the client is incarcerated within:

- The Reentry Initiative
- CAA

Carceral facilities participating in the Reentry Initiative

If a CAA-eligible client is incarcerated in a carceral facility that is participating in the Reentry Initiative, see the column marked “Reentry Initiative.” For more details see the following:

- The [MTP 2.0 Reentry Demonstration Initiative \(Reentry Initiative\)](#) section in this guide
- For program details, HCA’s [Reentry Initiative Policy and Operations Guide](#)
- For Reentry Initiative-covered codes, the [Reentry Initiative Covered Procedure Code List](#) when included in the scope of services identified as available in the “Reentry Initiative” column.

Carceral facilities not participating in the Reentry Initiative

If a CAA-eligible client is incarcerated in a facility that has not chosen to participate in the Reentry Initiative, see the column marked “CAA only.” For more details, see the [Consolidated Appropriations Act of 2023 \(CAA\)](#) section in this guide.

CAA and Reentry Initiative benefits comparison table

Benefit	Details	Reentry Initiative (participating)	CAA only
Apple Health benefits for CAA-eligible clients	<p>Benefits covered within the scope of services in the client’s program benefit package (WAC 182-501-0060)</p> <ul style="list-style-type: none"> Addresses physical health, mental health, SUD, and pharmacy services, including screening and diagnostic services, vaccinations, and rTCM. Covered when medically necessary and clinically appropriate in an incarcerated setting 	Available	Available preadjudication
Reentry Targeted Case Management (rTCM): Prerelease	<p>rTCM prerelease is available both preadjudication and postadjudication, but the amount of time rTCM is available prerelease depends on the client’s eligibility for the service, whether the client is incarcerated in a facility participating in the reentry initiative or is a CAA-eligible client incarcerated in another facility.</p>	Available 90 days prerelease	Available postadjudication 30 days prerelease
Reentry Targeted Case Management (rTCM): Postrelease	<p>rTCM postrelease—Available 30 days postrelease and as medically necessary</p>	Available	Available postadjudication

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Benefit	Details	Reentry Initiative (participating)	CAA only
Clinical assessment and evaluation for CAA-eligible clients: Screening services	<p>The following age-appropriate screening services, including physical, mental health, and SUD screenings and preventive care, are available to all CAA-eligible clients:</p> <ul style="list-style-type: none"> • Well-child check-ups: Available for 20 years and younger. Refer to the EPSDT Billing Guide for details on required components. • Annual physical examinations: Available for 21 years and older, only when the client is enrolled in managed care through the MCO's value-added benefits. • Immunizations and vaccine administration • Physical screenings (e.g., sexually transmitted infections) • Behavioral health screenings, including SUD screening via medical provider (e.g., SBIRT) • Dental screenings and preventative care (e.g., fluoride varnish) 	<p>Available 90 days prerelease</p>	<p>Available postadjudication 30 days prerelease</p>
Clinical assessment and evaluation for CAA-eligible clients: Diagnostic services	<p>The following diagnostic services, including the assessment, evaluation, and diagnosis of health conditions, are available to all CAA-eligible clients:</p> <ul style="list-style-type: none"> • Behavioral health care assessment/evaluation (e.g., medical provider visit for substance use, MH intake, medication monitoring) • Physical health assessment/evaluation (e.g., provider exam, sleep evaluation) • Laboratory and radiology services for diagnosis (e.g., blood draw for Hepatitis C Virus infection) • Evaluation for use of medical equipment (e.g., prescribing and fitting by audiologist or optometrist) 	<p>Available 90 days prerelease</p>	<p>Available postadjudication 30 days prerelease</p>

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Benefit	Details	Reentry Initiative (participating)	CAA only
Clinical assessment and evaluation for CAA-eligible clients: Mandatory Reentry Initiative benefits only	<p>The following treatment services are available under the Reentry Initiative and are not covered under the CAA:</p> <ul style="list-style-type: none"> • Outpatient therapy and counseling, including SUD and MH counseling, physical therapy, occupational therapy, speech/language therapy • Professionally-administered drugs • Diabetes Education 	Available	Not available
Other mandatory Reentry Initiative benefits	<p>Mandatory Reentry Initiative benefits not covered under section 5121 of the CAA include:</p> <ul style="list-style-type: none"> • Reentry SUD: Medications (Note: SUD evaluation is covered under the CAA, but medications are not.) • Reentry pharmacy: Medications at release 	Available	Not available
Optional Reentry Initiative benefits	<p>Optional Reentry Initiative benefits not covered under section 5121 of the CAA include:</p> <ul style="list-style-type: none"> • Clinical assessment and evaluation for adults • Reentry pharmacy: Pre-release medications • Services from providers with lived experience • Medical equipment and supplies at release 	Available	Not available

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