

Readiness Assessment Form

Milestone 3 of the Medicaid Transformation Project (MTP 2.0) Reentry Initiative

To successfully fill out this form, first save it to your computer — do not fill this form out in a web browser.

Instructions to Complete the Readiness Assessment

To complete this Readiness Assessment, HCA recommends that carceral facilities (CFs) work with a group of implementation partners, community members with lived experience, and subject matter experts (see the **Milestone 2: Introduction to the Capacity Building Application** (2)).

CFs must complete attestations and narrative responses for all sections below. For each attestation, CFs must indicate one of the following:

- CF currently meets requirement: Indicates that the CF already has the necessary capabilities and/or processes in place to satisfy the requirement.
- CF will meet requirement by/after go-live date: Indicates that the CF will meet the requirement by or after the go-live date, and includes a date at which the CF will meet the requirement.

Instructions to Return the Readiness Assessment

CFs must submit their completed Readiness Assessment to HCA via email to the **HCA Reentry Inbox** . CFs should aim to have their Readiness Assessment completed and turned into HCA three months prior to their intended go-live date. For CFs planning to go live on July 1, 2025, as a part of Cohort 1, their Readiness Assessment must be submitted by Friday, April 4. HCA will provide further guidance on future cohorts' submission deadlines at a later time.

Technical Assistance

When completing the Readiness Assessment, CFs are encouraged to reference information on HCA's **Reentry from a carceral setting webpage** and any additional guidance provided by HCA. For additional support prior to submission, CFs should submit questions and requests for assistance completing the Readiness Assessment to the **HCA Reentry Inbox**.

CFs may indicate a need for assistance in their narrative responses and in Section 2.

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Mandatory Requirements

Please complete all attestations, provide responses to all narrative questions, and include any requested attachments for sections 1.1 - 1.7.

Section 1.1: No cost to individuals

Attestations

Please confirm whether your CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided.

1. CF (and any contractors) provide reentry services¹ and activities at no cost to the client, including not allowing balance billing for Apple Health eligible clients.²

Narrative questions

There are no narrative questions for section 1.1

HCA 05-0007 (03/25) Page 1 of 21

¹ Activities include verifying Apple Health eligibility; support in applying for Apple Health coverage by submitting an enrollment application; provision and receipt of medical care, prescription drugs, case management, labs and radiology, medical equipment and supplies; and communication in any form (e.g., emails, phone calls, mail, copies of medical records, etc.).

² Health care providers include community-based physical health, behavioral health, and health-related social needs providers such as community health workers and recovery coaches, Accountable Communities of Health (ACHs,) and Managed Care Organizations (MCOs).

Section 1.2: Staffing and governance structure

Attestations

Please confirm whether the CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided.

1. CF has a staffing structure to meet all mandatory requirements.

2. CF has a defined governance structure for decision-making and working with key partners (e.g., internal and external providers, MCOs, Community/Native Hubs).

3. CF ensures appropriate space, technology, and privacy for all appointments, whether in-person or via telehealth or in facility or out of facility.

4. CF ensures appropriate staffing capacity to provide timely engagement to all eligible Apple Health clients, clinical oversight and documentation of any delegation from the qualified health care provider to supporting team members, and processes for staffing assignment based upon reentry health screening.

Narrative questions

Please summarize the CF's processes and approach for the requirements listed below. If your facility indicated that you do not currently meet the requirement, please describe your plans for meeting the requirement by that go-live date (200-word maximum response per question).

Staffing and governance structure

5. Critical Factor: Provide an attached organizational chart and list accountable leader(s) for working with key partners (including the incumbent's name, job title, reporting structures, key responsibilities/functions, and contact information). Identify any healthcare providers that are employed by your facility. Please use the following file naming convention for attached documentation: 1.2-org-chart-facilityname-year.month.day.

| 6. | Describe processes for coordinating with key partners (e.g., meeting structure, communication pathway). |
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| 7. | Critical Factor: Describe how your facility will have sufficient staffing to ensure that all Reentry Initiative requirements are met, including oversight of partner organizations (e.g., community-based providers delivering reentry services in the facility). Identify any community providers in section 1.4, question 3. |
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| 8. | Critical Factor: Describe or attach your governance structure for making decisions on the Reentry Initiative. Please use the following file naming convention for attached documentation: 1.2-gov-chart-facilityname-year.month.day |
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Section 1.3 Apple Health eligibility, application support, incarceration and release date notification

Attestations

Please confirm whether your CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided.

Eligibility verification

- 1. CF has processes that screen and verify eligibility for clients entering facility for Apple Health coverage using ProviderOne or OneHealthPort, including:
 - Conducting an intake within 24 hours for short incarcerations, jails, and juvenile detention facilities.

 Note: CF is encouraged but not required to screen individuals for eligibility if they are in a facility for few than 24 hours.
 - At least 90 days prior to release for longer incarcerations (e.g., prisons and Juvenile Rehabilitation Administration [JRA] facilities).

Apple Health Application support

2. CF provides Apple Health application support to individuals to assist in completing and submitting an Apple Health application by mail or online, and answering Apple Health eligibility questions. This requirement can be achieved by working with community-based Apple Health navigators or assisters, or training staff to assist internally.

3. CF obtains a signature on each Apple Health application. In-person, mailed, emailed, faxed, dropped-off, scanned, or over the phone applications must be signed to be processed. Telephonic signatures are accepted through the HealthPlanFinder customer support center. For online submissions, submitting is considered signing and no further signature is needed.

4. CF submits an application for Apple Health within two (2) business days of a client's intake, based on a client's ability and willingness to provide appropriate information.

This requirement can be achieved by working with community-based Apple Health enrollment navigators or assisters. Apple Health applications should be completed and submitted at or as close to intake as possible.

5. CF shares mailed Apple Health information with incarcerated clients, including documentation from MCOs (e.g., renewal packets, benefits card), when received.

6. CF makes updates to post-release address and/or contact information on a client's application, as needed.

7. CF provides support, space, and staffing for incarcerated clients to request and participate in HCA and MCO fair hearings, as needed (i.e., processes to schedule virtual hearings; appropriate space and IT to participate in virtual hearings; and processes to transport clients to a location where they can conduct their virtual hearing, as needed).

8. CF provides contact information for Apple Health support to clients upon their release.

9. CF provides information on Medicaid applications for other states to those clients who will be released into another state (e.g., relevant Medicaid agency website, relevant printed paper application).

Incarceration and release date notification

10. For jails and prisons: CF inputs booking and release information into their jail management system (jails) or OMNI (DOC) within 24 hours of an intake or release. (Juvenile detention facilities do not need to meet this requirement and should leave this row blank. HCA will work on separate plans with these facilities.)

11. For juvenile detention facilities: CF will work with HCA to establish a process to share booking and release information with HCA within 24 hours of a client's booking or release. (If your facility is not a juvenile facility, leave this row blank.)

12. For Tribal facilities: CF will work with HCA to establish a process to share booking and release information with HCA within 24 hours of a client's an intake or release. (*If your facility is not a Tribal facility, leave this row blank.*)

13. CF shares estimated release dates with pre-release case manager, when available.

14. CF shares estimated release dates with post-release case manager, when available.

Narrative questions

Please summarize the CF's processes and approach for the requirements listed below. If your facility indicated that you do not currently meet the requirement, please describe your plans for meeting the requirement by that go-live date (200-word maximum response per question).

Application support

- **15. Critical Factor:** Describe your facility's current or planned process to complete and submit client Apple Health applications. Description should identify:
 - a. roles of carceral facility staff and/or community-based partners, as relevant
 - b. type of submission (i.e., paper application, digital application)
 - c. workflow and timing
 - d. if support is available in other languages than English
 - e. processes for troubleshooting applications.

| v fi i i | Critical Factor: For clients with no estimated release date (ERD) who are expecting a short stay, describe how your facility will ensure that the client is assessed for Apple Health eligibility and has an Apple Health application submitted within the irst two (2) business days of incarceration, based on a client's ability and willingness to provide appropriate nformation. Describe processes to ensure that the facility receives consent for an Apple Health application to be submitted, from all clients incarcerated for between two to three business days, as relevant. |
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| 17. | |
| 17. L | Describe your process for sharing all Apple Health-related documentation with Apple Health eligible clients. |
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| p | Describe your process for ensuring access for clients requesting and participating in virtual fair hearings, including processes for scheduling virtual fair hearings; processes to ensure access to space and appropriate IT to participate in virtual hearings; and processes to transport clients to a location where they can participate in their virtual hearing, as needed. |
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| 19. | Critical Factor: Describe your process for ensuring all clients receive contact information for Apple Health support upon release. (Please see the Reentry health care resources document on the Reentry webpage ☑ for more information). |
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| Inco | arceration and release date notification |
| | arceration and release date notification Describe your facility's current or planned process to inform the Reentry Targeted Case Management (rTCM) care manager of anticipated release dates. |
| Se | ection 1.4 Apple Health provider enrollment and billing |
| Ple | cestations ase confirm whether the CF meets the requirements listed below (check one box per row). If you check the box for "CF will et requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided. |
| 1. | CF reentry service health care providers, including pharmacies and in-facility staff, must be enrolled in ProviderOne, including signed submission and approval of the Core Provider Agreement with Apple Health. |
| | CF currently meets requirement |
| 2. | For each mandatory service, the CF has identified health care providers who: |

b. Are able to serve all Apple Health eligible clients (meaning enrolled in Apple Health and credentialed and contracted

c. Can serve clients in each of the contracted MCOs (e.g., two separate providers where together, any Apple Health client

CF will meet requirement by/after go-live date:

a. Have a single case agreement with MCOs to provide services

with each MCO), or

could be served).

CF currently meets requirement

3. The pharmacy (or pharmacies) used by the CF can individually label medications (meaning client-specific labels) and bill Apple Health at the pharmacy point-of-sale (i.e., individual billing rather than bulk or facility-wide).

4. For any embedded CF providers, the CF has the ability to bill ProviderOne and MCOs for reentry services directly or work with the TPA claims clearinghouse to support provider billing.

Narrative questions

There are no Narrative questions for section 1.4.

Section 1.5: Reentry Targeted Case Management

Carceral facilities should complete the relevant sections of the attestations depending on the case management model they select.

Attestations

Please confirm whether the CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided. All facilities should complete these attestations regardless of whether you plan on using an in-house rTCM model or an in-reach rTCM model.

Reentry Targeted Case Management (rTCM) requirements (All facilities must complete these attestations.)

1. CF has identified a network of rTCM providers (either in-facility providers or external providers) that has sufficient capacity to deliver rTCM services to the anticipated volume of clients.

2. CF staff provides a reentry health screening to identify clients needing rTCM with a warm handoff to the rTCM care manager after a client has been determined eligible for Apple Health and within 24 hours of booking or before the 90 days pre-release period begins.

3. For any client refusals for rTCM, CF documents and tracks client refusal and reoffers rTCM when a new need is identified or as requested.

4. CF provides hearing and/or language interpretation services to clients accessing medical services, as needed and when requested by the client.

5. CF is able to share relevant information (including reentry health screening, reentry health assessment, health records, and reentry care plan) with the rTCM care manager (whether pre-release or post-release), including release by any embedded care manager to relevant entities (post-release providers, MCOs, TPA, etc.) in accordance with federal and state law and the consent of the client.

In-house facility-based rTCM (Complete if your facility will use in-house rTCM.)

6. The reentry care manager conducts a reentry health assessment of required topics, including physical, behavioral health, and health-related social needs, leveraging available information such as the reentry health screening, existing medical records, etc.

7. CF ensures that the reentry care manager provides a warm handoff (e.g., from reentry care manager to post-release, if the care manager assignment changes), including sharing of relevant records, inclusion of the client, and role clarification for coordination to occur by the pre-release (outgoing) care manager to the post-release (incoming).

8. CF will have a process in place for the care manager to develop a reentry care plan, including engagement with the client, with input from other providers as appropriate, reentry care plan documentation form or template.

9. CF has processes for the care manager to refer clients to Accountable Communities of Health Hubs (ACHs), and/or the Native Hub or other health-related social needs organizations in the community. These relationships will help the care manager connect clients to health-related social needs screenings and referrals after their release (such as employment, housing, or nutrition support).

10. CF has processes for the care manager to perform care coordination, including documentation expectations, role clarification for working with any delegated team identified, recovery-oriented model, whole-person care model, identification and connection to post-release appointments, reentry care plan monitoring and updates, dose verification with community pharmacies and/or providers, and knowledge building for social services or community-based organizations.

In-reach community-based rTCM (Complete if your facility will use in-reach rTCM care managers.)

11. CF provides oversight to ensure that in-reach community-based case managers provide all required components of reentry case management, including an assessment of physical, behavioral health, and social needs; developing a care plan, supporting access to pre- release health care services, and establishing connections to care post-release.

CFs are required to ensure in-reach community providers are aware of and able to provide all required reentry components and are not responsible to oversee the clinical practice of community-based providers. Licensed, registered, certified, or otherwise appropriately credentialed or recognized practitioners under Washington state scope of practice statutes shall provide services within their individual scope of practice and, as applicable, receive supervision required under their scope of practice laws.

12. CF verifies that community based care management providers meet documentation standards described in the Apple Health reentry services billing guide, such as documenting each individual contact, actions, care plan development, individual choice.

CFs are not responsible for overseeing the clinical documentation of community-based providers. Licensed, registered, certified, or otherwise appropriately credentialed or recognized practitioners under Washington state scope of practice statutes shall provide services within their individual scope of practice and, as applicable, receive supervision required under their scope of practice laws.

13. CF has a process in place to assign a care manager to an eligible incarcerated client and processes to support scheduling an initial appointment, including sharing of the reentry health screening and relevant records.

Narrative questions

Please summarize the CF's processes and approach for the requirements listed below. If your facility indicated that you do not currently meet the requirement, please describe your plans for meeting the requirement by that go-live date (200-word maximum response per question).

| In-house case management (Complete if your facility will use in-house case managers) | | | |
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| 14. | Critical Factor: Describe your process for providing and documenting an assessment of physical, behavioral health, and social needs. Describe the process by which the assessment will be shared with relevant providers (in accordance with state and federal law, and with the consent of the client). | | |
| | Critical Factor: Describe your process for case managers developing and documenting the care plan in partnership with the client and input from other providers as appropriate and sharing the care plan with relevant community providers (in accordance with state and federal law, and with the consent of the client). | | |
| 16. | Describe how you will meet documentation standards described in the Apple Health billing guides, such as documenting each client contact, actions, care plan development, individual choice. | | |

| In-reach community-based case management (Complete if your facility will use in-house case managers) | | | |
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| 17. Describe how an in-reach case manager will be assigned to new clients. | | | |
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| 18. Critical Factor: Describe how your facility will support access to clients for in-reach community-based providers (i.e., support for scheduling in-person or telehealth appointments; processes to share needed medical records with the case manager; processes to ensure collaboration between the carceral facility staff and care team and the in-reach case manager). | | | |
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| 19. Critical Factor: Describe your process for ensuring that in-reach, community-based case managers provide and document an assessment of physical, behavioral health, and social needs. Describe how your facility will ensure these providers share the assessment with relevant providers (in accordance with state and federal law, and with the consent of the individual | | | |
| client). | | | |
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20. Critical Factor: Describe your process for ensuring that in-reach, community-based case managers develop and document a care plan in partnership with the client and input from other providers as appropriate and share the care plan with relevant community providers (in accordance with state and federal law, and with the consent of the client).

Supporting documentation

Please provide the following required and/or optional documentation related to case management to provide further information on your facility's readiness. Please use the following file naming conventions for attached documentation:

- 1.5-org-chart-facilityname-year.month.day
- 1.5-care-plan-facilityname-year.month.day

Required:

- Organizational chart for facility-based in-house case managers.
- If the facility will not leverage any in-house staff, this document is not required.

Optional:

Care plan template

Section 1.6: Support for medications

Attestations

Please confirm whether the CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided.

Support for medications

1. CF has an on-site pharmacy and/or relationships with offsite pharmacies (e.g., local community pharmacy, mail-order carceral specialty pharmacy, other) to dispense medications.

2. CF ensures safe and secure storage of medications that align with requirements for controlled substances.

3. The pharmacy(ies) the CF uses can dispense medication in individual-specific packaging during the 90-day pre-release period.

4. CF collects information from clients, MCOs, or providers about a client's existing medications at intake.

Support for substance use disorder (SUD) medications

5. CF supports access to SUD medication.

6. CF provides medication treatment options for SUD, including MOUD and MAUD, and makes available at least one opioid agonist – preferably buprenorphine – and at least two FDA-approved medications for AUD.

7. CF's qualified treatment provider will determine and initiate treatment for clients who screen positive for SUD or later report SUD-associated cravings, symptoms of withdrawal, or who self-report a need.

8. CF ensures assessment and provision of medication continuation withdrawal management are available daily to prevent gaps in care that can unnecessarily precipitate or sustain withdrawal. CF ensures care is monitored and delivered at the frequency prescribed.

9. CF provides SUD medications as soon as possible (and in alignment with clinical indications), especially in the presence of withdrawal symptoms.

10. CFs are required to ensure access to timely (same or next day) continuation of all FDA-approved medications for the treatment of SUD the client was previously taking.

CF provides continuity of care for existing SUD medication therapy for 90 days prerelease as clinically appropriate or until client can transition to preferred Apple Health covered drug a cover medication following CF verification or receipt of clinically appropriate documentation or pre- authorization from SUD provider.

11. CF provides all medically necessary medication, dosages, and treatment duration in accordance with treatment plan.

12. CF provides specialized treatment services to pregnant and post-partum clients to reduce health risks.

13. CF trains staff on SUD, identifying risks and emergencies related to SUD, how to administer opioid overdose reversal medications

14. CF works with a community-based Opioid Treatment Program (OTP), has an OTP accreditation, or is registered by the DEA as a hospital/clinic, to meet relevant requirements and provide services, as appropriate.

An OTP must have a Behavioral Health Agency (BHA) license and also work with an Accrediting Body approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) for their OTP accreditation. The following are criteria would trigger the need for a BHA licensure:

- If the facility intends to open and operate their own Opioid Treatment Program. This requires both a BHA license and certification from SAMHSA.
- If the agency utilizes Agency Affiliated Counselors and the facility is not exempt by their facility type (e.g., a government entity).
- If the agency intends to bill for BHA services as an entity rather than billing through individual providers.
- If the agency provides court ordered services.

CF currently meets requirement

CF will meet requirement by/after go-live date:

Support for supply of medications upon release

15. CF transfers any refills on active prescriptions to the client's community pharmacy of choice, upon a client's release, as clinically appropriate. Note: rTCM case manager can support this activity.

16. CF complies with Apple Health's prior authorization and utilization management (PA/UM) requirements.

17. CF provides an appropriate supply of take-home SUD medication upon a client's release, which may include a greater than 30-day supply of medications, when appropriate to meet a client's need from the time of their release to transitioning to a community provider.

A 30-day supply is the mandatory length of fill for all medications at release, except the following:

- Where directed by HCA policy;
- Prohibited by law; or,
- Clinically inappropriate.

Narrative questions

Please summarize the CF's processes and approach for the requirements listed below. If your facility indicated that you do not currently meet the requirement, please describe your plans for meeting the requirement by that go-live date (200-word maximum response per question).

Support for medications

| 18. | Critical Factor: List the pharmacy(ies) your facility will use and the type of pharmacy they are (e.g., facility-based pharmacy |
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| | community pharmacy, mail-order pharmacy), including whether the pharmacy is enrolled with Apple Health. If your facility |
| | uses multiple pharmacies, specify the circumstances in which each pharmacy is used (including how the facility meets the |
| | needs of short-stay clients) and the types of medication they provide. |

19. Critical Factor: For facilities with embedded providers, including pharmacy and prescriber: Summarize your facility's approach for complying with Apple Health's Prior Authorization/Utilization Management requirements, including prescribing and dispensing according to the Apple Health Preferred Drug List and associated Clinical Criteria.

| 20. Critical Factor: Summarize your facility's processes for providing medications at release, which are dispensed in patient-specific packaging. |
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| 21. Describe your facility's process for collecting information on a client's medication history and needs. |
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| Support for SUD medications 23. Identify whether in heaves and/or community beard providers will excipt with CUD evaluation and medications. |
| 22. Identify whether in-house and/or community-based providers will assist with SUD evaluation and medications. |
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| 23. Critical Factor: Describe the medication treatment options you have available for SUD (MOUD/MAUD), including the li mandatory SUD medications described in the Policy & Operations Guide and according to Apple Health Preferred Drug (AHPDL) clinical policies. | st of |
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| 24. Describe any specialized treatment services provided to pregnant and post-partum clients to reduce health risks. | |
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| 25. Critical Factor: Describe your process for providing timely continuation of any SUD medication prescribed in the community for the duration of incarceration. | |
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| 26. Critical Factor: Summarize your facility's process for ensuring a qualified treatment provider (e.g., carceral facility provider, PCP) evaluates clients who screen positive for an SUD need for appropriate treatment. |
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| 27. Critical Factor: Describe the training required for facility staff to understand SUD and related treatments (MAUD/MOUD, naloxone use), including frequency and content of training. |
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| Support for 30-day supply of medications upon release 28. Critical Factor: Summarize your facility's process for ensuring a client has a full supply of clinically appropriate medications in hand upon release, including medications for SUD, with a prescription for refills, as clinically appropriate. |
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| 29. Critical Factor: Describe your facility's process for providing rapid reversal medication for opioid overdose upon rewhen medically necessary. | | | | | |
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Section 1.7: Services for CAA-eligible clients

Providing the benefits described in sections 5121 and 5122 of the Consolidated Appropriations Act of 2023 (CAA) to eligible clients, are requirements to participate in the Reentry Initiative. Note that not all benefits in the Apple Health benefit package will be appropriate to provide while incarcerated. Additionally, HCA will continue to work with CFs to provide technical assistance regarding these requirements. Please see the **Reentry Initiative Readiness Assessment Background and Rubric** document for more information on these requirements.

Attestations

Please confirm whether the CF meets the requirements listed below (check one box per row). If you check the box for "CF will meet requirement by/after go-live date," please list the anticipated date CF will meet the requirement in the space provided.

- 1. In compliance with Section 5121 providing medically necessary and appropriate services for post-adjudication for CAA-eligible clients: CF will ensure access to 1) clinical assessment and evaluation services and 2) rTCM. This will be consistent with the 90-day pre-release period and no later than seven days post-release, or as soon as practicable after release.
- 2. In compliance with Section 5122 of the CAA: CF will ensure access to appropriate and medically necessary benefits from the client's Apple Health benefit package for CAA-eligible clients in pre-adjudication status.

Narrative questions

Please summarize the CF's processes and approach for the requirements listed below. If your facility indicated that you do not currently meet the requirement, please describe your plans for meeting the requirement by that go-live date (200-word maximum response per question).

| Cli | Clinical assessment and evaluations for CAA-eligible clients | | | | |
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| 3. | Critical Factor: Describe CF's plan to identify CAA-eligible clients. | | | | |
| 4. | Critical Factor: In compliance with Section 5121 providing medically necessary and appropriate services for post-adjudication for CAA-eligible clients please describe CF's plan to ensure access to clinical assessment and evaluation services and rTCM. This shall be consistent with the 90-day pre-release period of the Initiative and no later than seven days post-release, or as soon as practicable after release. | | | | |
| 5. | Critical Factor: Describe CF's plan to ensure access to appropriate and medically necessary benefits from the client's Apple Health benefit package for CAA-eligible clients in pre-adjudication status. | | | | |

Describe any outstanding assistance needs related to any program requirements not already captured in responses above.

| Facility name | | | Date of Submi | ssion | |
|------------------------------------|---|---|---------------------------------------|-----------|--|
| Name of point of c | Name of point of contact at facility for Inquiries | | | | |
| Contact phone number Contact email | | | | | |
| Cohort (indicate w | nich one) | | | | |
| Cohort 1 | Cohort 2 Coho | ort 3 | | | |
| I certify that, as the conditions: | representative of the | carceral facility (CF) submitting this Re | adiness Assessment, I agree to the | following | |
| Readiness Assessm | All information provided in this Readiness Assessment is true and accurate to the best of my knowledge, and this Readiness Assessment has been completed based on a good faith understanding of Washington's Reentry Demonstration Initiative participation requirements. | | | | |
| I certify that, as the | representative of the | carceral facility submitting this Readir | less Assessment, the carceral facilit | y will be | |
| ready to go live wit | h reentry services by th | ne following date: | | | |
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| 4 | 4 Authorized representative signature | | | | |
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| To sign this for add your sign | | & Sign" function; instead, simply cli | ck in the appropriate signature fie | ld to | |
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| Signature of CF au | thorized representative | | Date | | |
| CF authorized repr | CF authorized representative name and title | | | | |
| Returning the Readiness Assessment | | | | | |

CFs must submit their completed Readiness Assessment to HCA via email to the **HCA Reentry Inbox**. Please reach out to HCA at the **HCA Reentry Inbox**. if you are struggling to complete the Readiness Assessment by your cohort's associated date and we will work with you to complete it on a timeline that works for your facility.