

# Memorandum of Understanding

**Between the Health Care Authority and [name of facility] who will be assisting inmates with enrollment into the Washington Medicaid system of record using WA Healthplanfinder. This agreement may also cover Medicaid enrollment for inmates admitted to a hospital for inpatient medical treatment.**

## **I. Purpose**

The purpose of this Memorandum of Understanding (MOU) is to document the agreement between the Health Care Authority (HCA) and [name of facility] regarding enrolling individuals into Medicaid upon their release and/or applying for Medicaid benefits when the inmate is admitted to a hospital for inpatient medical care.

## **II. Scope of Work**

When facility staff identify an inmate who has no health insurance coverage and wishes to apply for Medicaid staff may assist the inmate to apply for Medicaid using the Healthplanfinder (HPF) internet application. The facility, or their application agent, agrees to the following guidelines:

1. A Medicaid application may be initiated and submitted (signed in HPF) while an inmate is incarcerated no earlier than 30 days prior to anticipated release;
2. Facilities operating under this MOU may use a streamline application if approved by HCA (such as the form HCA 18-006 or the DOC worksheet);
3. If an application is submitted and Medicaid is approved on behalf of an inmate and the individual is not released to the community or the release is delayed beyond the 30<sup>th</sup> day the facility must submit a change of circumstances to the eligibility system (HPF) as soon as possible that results in HPF closing the Medicaid case;
4. If an inmate is admitted for inpatient hospital care while incarcerated, the facility will use the same application process (written or online) to apply for Medicaid coverage for the inmate's inpatient hospital stay. This type of application requires the facility to also notify designated staff at Health Care Authority to process the retro eligibility segment. Facility staff will go back to HPF the day after Medicaid is approved and update the case to close out Medicaid for future months. Hospital stays that cross over to a second or next month should be acted upon as soon as is practical to insure the second month of Medicaid eligibility is present in HPF and closed for future months.

Inmates who are screened by the facility as not eligible for Medicaid or who will be applying to join a medical assistance unit containing other members (i.e. their family) or whom the facility does not assist for any other reason will be provided with information about how to apply for health insurance using Washington Healthplanfinder when they are released from the facility. If they need additional help inmates will be referred to an In-Person Assister (also referred to as Navigators) in the community where they are releasing.

**III. Roles and Responsibilities**

- A. In accordance with the guidance outlined in Section II of this agreement signers agree to the following:
1. HCA will support the facility's efforts to enroll inmates into Medicaid as follows:
    - a. Providing training and materials on Medicaid eligibility and how to use the Healthplanfinder web application;
    - b. Linking the facility with local In-Person Assister organizations;
    - c. Offering technical assistance to the facility with respect to the Medicaid enrollment process and managed care assignment.
  2. The facility agrees to secure the required documentation listed below. This documentation will be retained for no less than seven years following submission of an inmate's Medicaid application.
    - a. Written verification that the inmate applied for Medicaid knowingly;
    - b. Proof that the inmate was informed of his/her rights and responsibilities as a Medicaid applicant, including the inmate's attestation that all information provided in the Medicaid application is true to the best of his/her knowledge and that he/she will report changes to the HealthPlanFinder timely.

**IV. Duration**

This agreement will continue until terminated or amended by either party. The party requesting the termination or amendment will provide the other party with at least thirty (30) days' notice or less if mutually agreed upon. This agreement starts with applications submitted to the HPF for coverage starting in January 2014.

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Laura Wood  
Contracts Administrator  
Health Care Authority

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Date

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