



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

April 3, 2025

Dear Tribal Leader:

SUBJECT: Medicaid State Plan Amendment 25-0013 Managed Care Update to Add Reentry Services for Incarcerated Juveniles

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Health Care Authority (HCA) hereby seeks your advice on the following matter.

Purpose

The federal Consolidated Appropriation Act of 2023 (CAA, 2023) amended section 1902(a)(84) of the Social Security Act (42 U.S.C. 1396a) to require states to provide specific screening and diagnostic services and targeted case management (TCM), including referrals, in the 30 days prior to release from incarceration, and TCM, including referrals, for at least 30 days post release for eligible juveniles incarcerated in a public institution following the final outcome of charges.

Eligible juveniles include individuals who are under 21 years of age and former foster care children age 18 to age 26 who are determined to be eligible for Medicaid immediately before incarceration in a public institution or while incarcerated in a public institution. A public institution includes such correctional institutions as prisons, jails, detention facilities, and other penal settings such as boot camps or wilderness camps.

On January 28, 2025, HCA informed you of the intent to submit SPA 25-0003 to add TCM services for incarcerated juveniles to the Medicaid State Plan. In connection with that effort, HCA also intends to submit SPA 25-0013 to add these services to the managed care section of the Medicaid State Plan. This SPA is anticipated to be effective July 1, 2025.

Anticipated Impact on Indians/Indian Health Programs/Urban Indian Organizations

HCA does not anticipate this SPA to have an impact that is specific to American Indian/Alaska Native Medicaid applicants or enrollees, Indian Health Programs, or Urban Indian Health Organizations. However, HCA would appreciate any input or concerns that Tribal representatives wish to share, including whether this SPA will have disproportionate impact on American Indian/Alaska Native Medicaid applicants or enrollees, Indian Health programs, or Urban Indian Health Organizations.

Copy Attached

A copy of the draft SPA is attached.

Comments and Questions

HCA would appreciate any input or concerns that Tribal representatives wish to share regarding this SPA. To return any comments or questions, please send an email to HCAReentryDemonstrationProject@hca.wa.gov, with a courtesy copy to Ann Myers, State Plan Coordinator, at ann.myers@hca.wa.gov by May 5, 2025.

Please contact Aren Sparck, Tribal Affairs Administrator, via email at aren.sparck@hca.wa.gov if you have tribal affairs-related questions or concerns.

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink that reads "Charissa Fotinos MD, MSc".

Charissa Fotinos, MD, MSc
Medicaid and Behavioral Health Medical Director

cc: Rachel Favret-Kocian, Occupational Nurse Consultant, MPD, HCA
Nicole Murphy, Occupational Nurse Consultant, MPD, HCA
Aren Sparck, Tribal Affairs Administrator, OTA, HCA
Ann Myers, State Plan Coordinator, DLS, HCA

APPLE HEALTH MANAGED CARE

Home health	3.1-A	3, 15, 22, 23, 24	7, 4.b.5, 7,
Hospice	3.1-A	7, 59, 59a, 59b	18
Inpatient services	3.1-A	11	1
Laboratory, radiology, imaging	3.1-A	1, 12	3
Medical examinations, including wellness exams for adults & EPSDT for children; adult exams not in Plan	3.1-A (EPSDT)	14	4.b
Medication for Opioid Use Disorder (formerly known as Medication Assisted Treatment (MAT))	3.1-A	18.b <u>Supplement 4</u>	5.a (12)
Nutritional counseling	3.1-A	13.b, 23	
Nursing facility services	3.1-A	13, 13a – 13d	4.a
Outpatient mental health	3.1-A	18	5.a (8)
Pediatric concurrent care - see EPSDT hospice			
Pediatric palliative care - see EPSDT hospice			
Private duty nursing for children age 17 and younger	3.1-A	3, 25	
<u>Reentry Targeted Case Management (rTCM)</u>	<u>3.1-A</u> <u>3.1-M</u>	<u>Supplement 5</u> <u>1, 2</u>	<u>NA</u> <u>NA</u>
Renal failure treatment	3.1-A	26	9.a
Respiratory care	3.1-A	8, 61	22
Screening, brief intervention, & referral to treatment (SBIRT)	3.1-A	35, 36	13.c
Tobacco cessation counseling services for pregnant women	3.1-A	1, 16.d	4.d
Telemedicine	4.19-B	45	XX
Transplants	3.1-E	1 – 6	
Therapies – occupational, speech, physical	3.1-A	4, 29	11
Pharmacy – prescriptions	3.1-A	30 – 32b	12.a
Vision care	3.1-A	20	6.b
EPSDT services			
Oral health exams and services	3.1-A	14	4.b.1
Eye exams, refractions, eyeglasses	3.1-A	14	4.b.2
Hearing aids and other hearing devices	3.1-A	15	4.b.3
Outpatient mental health	3.1-A	18	5.a (8)
Outpatient physical therapy, occupational therapy, speech therapy	3.1-A	15	4.b.4
Home health	3.1-A	15	4.b.5
Hospice/palliative care	3.1-A	16	4.b.6
School-based health care	3.1-A	16	4.b.7