Intent to Participate form

Call for carceral facility participation in the Reentry Initiative

This Intent to Participate form expresses a carceral facility’s commitment and intent to participate in the Reentry Demonstration Initiative (Reentry Initiative).

Under this initiative, participating facilities are responsible for:

* Meeting cohort milestones
* Ensuring that a client receives targeted pre-release services
* Adopting an electronic health record (EHR) that supports communication with community providers and Medicaid billing

Once the Health Care Authority (HCA) receives a facility’s completed Intent to Participate, we will release capacity building funding to the facility. We will work collaboratively with participating facilities to help complete their unique implementation plans and readiness assessments.

Please note: Once submitted, this document completes Milestone 1. For more information, [read our overview](https://www.hca.wa.gov/assets/program/reentry-overview-facilities.pdf).

**Instructions:** Complete each section below (in the Word document) and print the form. Provide a signature at the end and scan and email to [**HCAReentryDemonstrationProject@hca.wa.gov**](mailto:HCAReentryDemonstrationProject@hca.wa.gov)at your earliest convenience.

## Part 1: Facility information

|  |  |
| --- | --- |
| Legal name of the facility: |  |
| DBA (doing business as), if different |  |
| Physical address: |  |
| Mailing address: |  |
| What city (cities), county (counties), jurisdiction, or Native American Tribe(s) does this facility primarily serve? |  |
| Facility type: | State prison  City or county jail  Tribal jail  Youth correctional facility, including juvenile rehabilitation centers and juvenile   detention facilities  Other (please specify): |
| Maximum allowed capacity of individuals in facility: |  |
| Average daily population, as of March 2024: | 1-49  50-249  250-1,000  More than 1,000 |

## Part 2: Cohort selection

|  |  |
| --- | --- |
| Which cohort will your facility go-live with? | Cohort 1, go-live July 1, 2025  Cohort 2, go-live January 1, 2026  Cohort 3, go-live July 1, 2026  ****Facilities that want to launch/go-live on July 1, 2025, should submit their Intent to Participate to HCA by June 1, 2024.**** |

## Part 3: Submitter’s contact information

|  |  |
| --- | --- |
| First and last name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Name of facility director  (or equivalent): |  |
| Person or entity authorizing participation  (if different than the director or equivalent): |  |

## Part 4: IT information (if applicable)

|  |  |
| --- | --- |
| Does your facility currently use an electronic health record (EHR) platform? | Yes  No |
| If yes, what is the name of the platform and the current version number  (if known)? |  |
| IT contact first and last name: |  |
| IT contact title: |  |
| IT contact phone: |  |
| IT contact email: |  |

## Part 5: Financial contact information\*

|  |  |
| --- | --- |
| Taxpayer Identification Number (TIN) |  |
| Financial contact first and last name: |  |
| Financial contact title: |  |
| Financial contact phone: |  |
| Financial contact email: |  |

\*Submitting this Intent to Participate also allows HCA to set up an account where participating facilities can access their capacity building funds.

## Part 6: Facility health care information (if applicable)

|  |  |
| --- | --- |
| Does your facility currently have staff to perform health care services? | Yes  No |

Signature of the person or entity authorizing participation in the Reentry Initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_