

# Reentry Initiative

## FAQ for carceral facilities

This document answers frequently asked questions from carceral (incarceration) facilities interested in or participating in the Reentry Initiative. Questions are grouped by topic.

### Billing

**1. How will facilities bill for provided services?**

Facilities and providers will bill the state for services provided to fee-for-service (FFS) Medicaid clients. Facilities will bill managed care organizations (MCOs) for services provided to managed care clients. A third-party administrator (TPA) will be available to assist facilities and providers with billing the state and MCOs.

**2. Will credentialing or licensure be needed for facilities and providers to bill for services?**

The Health Care Authority (HCA) is currently identifying licensure and/or credentialing requirements for providers who serve incarcerated clients. HCA plans to implement a team-based approach to providing holistic care that will include both licensed and unlicensed staff.

**3. How will facilities receive reimbursement for FFS clients?**

HCA will reimburse facilities' FFS Medicaid clients with Apple Health (Medicaid).

**4. When will a detailed list of covered services and the associated fee schedule be available? Which provider credentials will be required to bill for a certain service?**

HCA will provide additional details on the targeted pre-release services covered by this initiative in winter 2024. Detailed information will include the provider types that are eligible to bill for each service.

**5. Can facilities bill for the time that nurses spend administering medications, particularly buprenorphine?**

HCA is currently working on guidance for facilities regarding reimbursement for facility-specific medication administration scenarios.

**6. What would the billable service look like for community health workers (CHWs) who often perform a variety of tasks?**

HCA is currently developing a separate billing code for CHWs.

**7. If a facility currently has contracts with external agencies to provide medical care, how will payments work?**

Facilities that currently hold contracts with external agencies must work with those providers to determine the reimbursement process and rate for services. There are two main options:

- Facilities may bill Medicaid directly, receive the reimbursement, and then pay providers at the same or a different rate using Medicaid and local funds.
- Facilities can structure a contract with external agencies such that providers bill Medicaid directly and are paid the Medicaid rate. Providers who bill Medicaid directly may be reimbursed by the jail in addition to the Medicaid rate. These types of arrangements will need to be worked out contractually between facilities and providers, using local dollars.

**8. What services will be reimbursable under this initiative?**

The following targeted set of pre-release services will be reimbursable via Medicaid, with more information coming in winter 2024:

- Case management
- Medications for alcohol and opioid use disorder
- 30-day supply of medications and medical supplies at release
- Medications during the pre-release period
- Lab and radiology
- Services by community health workers with lived experience
- Physical and behavioral clinical consultations

## Technology & electronic health records (EHRs)

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### 1. When will HCA provide IT infrastructure funding to facilities?

Facilities will receive 100 percent of IT infrastructure funds after submission and acceptance of **Milestone 3: Readiness Review**, which includes an IT Infrastructure budget. Facilities may, but are not obligated to, request IT infrastructure dollars as a part of **Milestone 2: Capacity Building Application**.

### 2. What is HCMACS and will all facilities be able to access it?

Health Care Management and Coordination System (HCMACS) is a statewide electronic health record (EHR) service funded by HCA that all facilities, regardless of type, may be able to access.

### 3. What are the EHR requirements of participating facilities?

HCA's goal is for every facility to have an EHR, including a Medicaid billing module. For facilities that have an existing EHR, IT infrastructure funds can support the implementation of a Medicaid billing module.

### 4. Is there a list of EHR software programs that work for Medicaid billing?

Facilities should reach out to HCA's [Reentry Initiative team](#) to discuss options for implementing a Medicaid billing module.

## Pharmacy, treatment, & services

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### 1. The guidelines say that “services must be provided to every releasing Medicaid client”—but does this mean every Medicaid client booked into the jail—or people who meet certain criteria?

The suite of pre-release services must be made available to every **Medicaid-eligible individual** prior to release. Not all services will be medically appropriate for each member. Certain services, such as case management, may be. MCOs and the TPA are responsible for assisting facilities in developing their provider networks and providing services to clients.

### 2. Are facilities required to provide 90 days of services? What if a client is released prior to 90 days?

Services will begin upon incarceration for most individuals. There is no punitive action for not providing a full 90 days of services to a client; however, the goal is to:

- Provide 90 days of services for individuals who will be in a facility for more than 90 days.
- Start services upon arrival when an individual may have a stay of less than 90 days.
- Provide a minimum set of services depending on an individual's length of stay.

### 3. If a person is booked into a facility and released the same day, how will facilities meet programmatic requirements?

HCA will release more guidance on this scenario in winter 2024. HCA expects that a more limited set of services will be provided to individuals experiencing short stays.

**4. Which pre-release services are mandatory for facilities to offer as part of the initiative?**

Mandatory services include:

- Case management
- Medications for alcohol use disorder (AUD) and OUD
- 30-day supply of medications and medical supplies at release

**5. Which pre-release services are optional for facilities to offer as part of the initiative?**

Optional services include:

- Medications during the pre-release period
- Lab and radiology
- Services by community health workers with lived experience
- Physical and behavioral clinical consultations

**6. Is there a list of services that Medicaid will reimburse, such as suboxone?**

The full suite of Medicaid-reimbursed medications is available under this initiative. HCA will provide additional details on the targeted pre-release services covered by this initiative in winter 2024.

**7. How will facilities access medications for opioid use disorder (MOUD) and mental health services?**

Facilities are responsible for identifying a provider network for their facility. Facilities will need to work with a community-based opioid treatment program to meet certain SUD-related requirements, especially for access to medications. HCA is hiring a third-party administrator (TPA) that will be available to assist facilities in identifying an appropriate provider network.

**8. Do covered services include mental health treatment?**

Yes. Behavioral health services, including mental health services, are eligible for reimbursement through this initiative. More information on specific covered services is coming in winter 2024.

**9. Does the Reentry Initiative replace MOUD programs in jails?**

No, the initiative will build on existing programs and will not replace the existing MOUD programs in jails.

**10. What happens if there isn't a pharmacy available 24/7 in a facility?**

Facilities are not expected to host a pharmacy in-house. Facilities must identify a way to comply with mandatory requirements for providing medications for AUD and OUD and a 30-day supply of medications and medical supplies at release. Facilities should work with opioid treatment programs, external pharmacies, including mail-in and community-based providers, to meet these mandatory requirements. Given the unpredictable nature of release dates, HCA is working with providers across the state to identify best practices for providing a 30-day supply of medications upon release.

**11. Does “pharmacy for everyone upon release” mean all incarcerated individuals?**

Yes, it means providing a full-pharmacy benefit for all Medicaid-eligible individuals, not just those with AUD or OUD.

**12. How can a facility provide pharmacy services when a person's release time doesn't match the time pharmacies are open?**

HCA understands this is a challenge for facilities across the state and is working with providers to identify solutions and provide guidance. Facilities may work with mail-in and community-based providers to meet medication requirements.

**13. Can community providers offer targeted pre-release services within carceral facilities or via telehealth?**

Absolutely. HCA encourages carceral facilities to work with community-based providers to offer these services. Facilities will need to work with community-based providers to identify how clients receive provision of care, either in-person or virtually.

**14. Is there any flexibility for the targeted pre-release services to include non-emergency medical transport to see a health care provider?**

No, non-emergency medical transportation is not an authorized benefit under this initiative.

## Funding

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**1. What type of funding is used for this initiative?**

The Reentry Initiative is funded using an 1115 waiver. In an 1115 waiver, which is different than a grant, the federal government allows states to pay for services Medicaid would usually not cover and provides states with federal matching dollars to do so.

**2. Can facilities use Reentry Initiative waiver funding to supplant current city or county monies that fund similar activities in the facility?**

Yes. Waiver funding, including reimbursement you receive from HCA for the provision of health care services, can be used to replace funding from a local jurisdiction or the state.

**3. Is there a minimum amount of funding for which facilities can apply?**

There is no minimum funding amount. Funding is divided into three tiers based on a facility's average daily population. The funding tier breakdowns can be found on HCA's [Reentry Initiative website](#). Reach out to the [Reentry Initiative team](#) to discuss your facility's needs and budget.

**4. Is there an estimate of the amount of funding a facility could receive?**

HCA is currently working on a fee schedule and will have more information by early 2025.

**5. Can facilities use capacity building funds for reconstruction?**

No, facilities cannot use capacity building funds for building, construction, or refurbishment. However, facilities can use capacity building funds to support accommodations for service delivery (e.g., movable walls, desks/chairs).

**6. What is the CFDA number for the program?**

Because the funding for the Reentry Initiative is part of an 1115 waiver and not a grant, the federal government does not issue a CFDA number. Instead, CMS issues a project number as referenced in the approval letter (Project Number: 11-W-00304/0 and 21-W-00071/0).

## Operations & general questions

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**1. When does the Reentry Initiative end?**

The Centers for Medicare & Medicaid Services (CMS) approved the Reentry Initiative as part of the Medicaid Transformation Project (MTP), Washington State's Section 1115 Medicaid demonstration waiver. The state has funding to pay for targeted pre-release services through **June 30, 2028**. After that, the state will need to identify a new funding solution to continue to pay for these services.

**2. Are individuals incarcerated in a Washington State facility but not state residents counted as part of the daily population? Would these individuals be eligible to receive pre-release services?**

A facility's daily population is a rough estimate, and individuals who are not eligible for pre-release services can be counted for this estimate. However, a facility cannot receive reimbursement for pre-release services provided to individuals who are not eligible for Apple Health. For a carceral facility to

be reimbursed, a person must be receiving targeted pre-release services as a state resident enrolled in or eligible for Apple Health.

**3. If a Washington State facility contracts with out-of-state facilities for some of their populations, will those contracted facilities be eligible for pre-release services?**

These facilities may participate in the Reentry Initiative if they join a cohort and meet readiness criteria.

**4. Will HCA provide individual contracts to facilities to review before signing a final participation contract?**

Yes, HCA is currently in the process of executing individual contracts with each participating facility.

**5. Can a facility submit an Intent to Participate form even if they aren't ready for Cohort 1, which launches July 1, 2025?**

Yes, facilities should submit an Intent to Participate form, regardless of selected cohort.

**6. What if a facility signed up for Cohort 1, but after reviewing the Capacity Building Application, needs more time?**

HCA is moving to a rolling deadline for the Capacity Building Application requirements. While the first submission date was set at **October 1, 2024**, facilities can now submit the Capacity Building Application once they have all the information they need to complete it. There is no penalty for submitting after October 1, but doing so will delay receipt of 40 percent of the funding.

**7. Are there penalties for moving to a different cohort?**

No, there are no penalties or consequences for shifting between cohorts. Please email the [Reentry Initiative team](#) to change cohorts.