Welcome!

The webinar will begin momentarily.

Your microphone will be muted while presenters are speaking.

Use the chat throughout the presentation to ask questions. We will get to them during the Q&A.

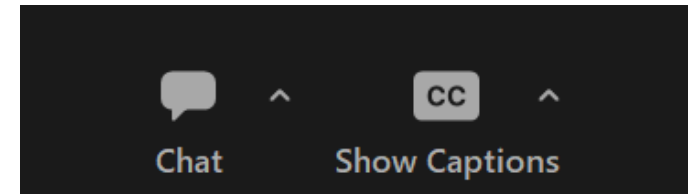Please keep your video off during the presentation to avoid distractions.

The webinar is being recorded and will be posted on the HCA website within a week.

Reentry Initiative Cohort 3 welcome webinar

Jul 16, 2025

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Welcome

- We're recording this webinar and have muted all attendees.
  - ▶ Turn on live captioning with the "Show Captions" button.
- There will be time at the end for Q&A.
  - ▶ Submit comments through the "Chat" function.
  - ▶ We will hold all questions until the Q&A portion.
- HCA does not permit Artificial Intelligence (AI) note taking apps.
- Slide deck and webinar recording will be available at:
  - ▶ https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/reentry-carceral-setting

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Webinar objectives

Welcome and introductions

Milestones overview

Capacity Building Application requirements

Q&A

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Reentry Initiative milestones

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Reentry Initiative Milestones

	Milestone 1: Intent to Participate form	Milestone 2: Capacity Building Application	Milestone 3: Readiness Assessment	GO LIVE	Milestone 4: Interim Progress Report	Milestone 5: Final Progress Report
Cohort 1	June 1, 2024	October 1, 2024	March 1, 2025	July 1, 2025	May 1, 2026	October 1, 2026
Cohort 2	November 1, 2024	April 1, 2025	Sept 1, 2025	January 1, 2026	December 1, 2026	May 1, 2027
Cohort 3	May 1, 2025	October 1, 2025	March 1, 2026	July 1, 2026	May 1, 2027	October 1, 2027

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Milestones 2 and 3

- ▶ **Milestone 2:** Each attestation question in the Capacity Building Application (CBA) is a requirement for program participation.
  - ► Requires facilities to complete a capacity building and an optional IT infrastructure budget template.
  - ► Our learning webinar series and [Reentry Initiative Policy and Operations Guide](#) walks facilities through each requirement in the Reentry Initiative.

- ▶ **Milestone 3:** To pass the Readiness Assessment, facilities will need to demonstrate – in writing – how they achieved each requirement in the CBA.
  - ► Requires facilities to complete an IT infrastructure budget template that was optional in Milestone 2
  - ► Important: Facilities must pass the Readiness Assessment to go live.

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Capacity Building Application requirements

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Capacity Building Application (CBA)

CBA sections
No cost to individuals
Staffing, governance, and resources structure
Apple Health eligibility, application support, incarceration and release date notification
Apple Health provider enrollment and billing
Reentry Targeted Case Management (rTCM)
Support for medications
Services for CAA-eligible clients
Additional services – optional
Infrastructure and IT budget

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Section 1: No cost to individuals

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No cost to individuals

▶ To participate in the Reentry Initiative, a carceral facility (CF) and any contractors, must provide reentry services* and activities at no cost to the client, including not allowing balance billing for Apple Health eligible clients**.

  ▶ * Activities include screening for 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.)

  ▶ **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)

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Section 2: Staffing, governance, and resources structure

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Staffing, governance, and resources structure

- The CF must establish a staffing, governance, and resource structure to support planning and decision-making for the Reentry Initiative.
  - CF establishes a staffing structure to support each program requirement.
  - CF has a defined governance structure for decision-making and working with key partners (e.g., internal and external providers, MCOs, ACHs).
    - In Milestone 3, HCA will require an organization chart.
  - CF ensures appropriate space, technology, privacy for all appointments, whether in-person or via telehealth or in facility or out of facility, and interpreter services for those who are unable to communicate in spoken English (by non-custody staff).

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Section 3: Apple Health eligibility, application support, incarceration and release date notification

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Apple Health eligibility and application support

- CFs must be able to verify Apple Health eligibility for clients and assist individuals without coverage to apply for Apple Health by submitting an application.
  - ► For short incarcerations (jails and juvenile detention facilities), CF must **verify** Apple Health coverage for individuals within 24 hours of intake.
    - ➤ Not required if individual is incarcerated for fewer than 24 hours
  - ► For short incarcerations (jails and juvenile detention facilities), CF must **submit an application** for Apple Health within two (2) business days of an individual's intake.
    - ➤ Can be achieved by partnering with navigators.
    - ➤ CF staff may complete eligibility training and become assisters to submit Apple Health applications.

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Incarceration and release date notification

- **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.

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Section 4: Apple Health provider enrollment and billing

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Apple Health provider enrollment

- CF's providers, (pharmacies, facility-based staff, and/or community providers) must be enrolled in ProviderOne which includes a signed submission and approval of the Core Provider Agreement with Apple Health.
  - This may take up to **2 months.**
- For each mandatory service, the CF has identified providers to serve all Apple Health clients regardless of their managed care organization (MCO). Serving managed care clients requires being contracted and credentialed with their MCO.
  - Contracting/credentialing with MCOs can take up to **3 months.**
    - There is a separate process for each MCO.
  - Community-based providers must also be contracted/credentialed with MCOs.
  - CFs with facility-based medical staff receive a grace period for credentialing only and can complete this step within one year of go live.

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Apple Health billing

- The pharmacy/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).
  - ▶ Please note: The Reentry Initiative does not reimburse CFs for stocked medications.
- For facility-based providers (providers who are employed by the CF directly or via contract), the CF can bill ProviderOne and MCOs for Reentry Initiative services directly or work with the third-party administrator (TPA) claims clearinghouse to bill.
  - ▶ HCA is offering TPA support to assist with billing. Please indicate in the "technical assistance section" if your facility is interested in this service.

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Section 5: Reentry Targeted Case Management (rTCM)

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Reentry Targeted Case Management

- Reentry Targeted Case Management (rTCM)
  - **Reentry Health Assessment*** to identify unmet health needs for substance use disorder, physical health, behavioral health, health related social needs, and others.
  - **Reentry Person-Centered Care Plan*** for health stability at and after release and directed towards client health goals.
  - **Reentry Coordination** to link clients to physical, behavioral and social services
  - **Warm handoff** to post release care manager

- Some components of rTCM must be administered by a licensed rTCM care manager as certain functions require a licensed clinician to perform (see asterisk* above). Other rTCM functions may be delegated to non-licensed providers according to the clinician's licensure and must have clinical oversight.
  - Licensed rTCM providers may include: clinical social workers, mental health counselors, marriage and family therapists, registered nurses, and others.

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rTCM continued

- CF must ensure a client receives a reentry health screening to identify clients needing rTCM within 24 hours of booking or, for longer stays, before the 90 days pre-release period begins.

- CFs must ensure clients have access to pre-release rTCM, including identifying the delivery system organization.
  - CFs may choose to perform rTCM with qualified clinicians or have a relationship with another qualified entity (e.g., community provider, MCO).

- The reentry care manager must provide a warm handoff from the outgoing care manager (e.g., pre-release) to the incoming care manager (e.g., post-release).
  - For example: From pre-release to post-release, if the care manager assignment changes.

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Section 6: Support for medications

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Support for medications

- CFs are **required** to provide the following support for medications:
    1) Substance use disorder (SUD) medications for 90 days pre-release
    2) 30-day supply of medications at the time of release

- The CF must be able to dispense medications using an on-site pharmacy or through relationship with an off-site pharmacy.
    - The pharmacies must dispense medications in individual-specific packaging.
    - CF must transfer any refills on active prescriptions to the client's community pharmacy of choice, upon a client's release, as clinically appropriate.
    - CF must provide a 30-day supply of all prescribed medications, (including SUD medications) in hand upon release with exception, such as clinically inappropriate to do so or prohibited by regulations.

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Support for medications continued

- CF must provide medication treatment options for SUD, including medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD).
  - CF ensures access to timely (same or next day) continuation of all existing FDA-approved medications for the treatment of SUD the client was previously taking.
  - CF is required to provide specific medications for SUD detailed in the Reentry Initiative Policy and Operations Guide (section 5).
  - CF ensures access to evaluation and initiation of new medications for the treatment of SUD within 24 hours of confirmation of enrollment in Apple Health.
- CF ensures access to SUD treatment as medically necessary by:
  - Using a community-based Opioid Treatment Program (OTP)
  - Having an OTP accreditation
  - Being registered by the DEA as a hospital/clinic

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Section 7: Services for Consolidated Appropriations Act (CAA)-eligible clients

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Consolidated Appropriations Act (CAA), 2023

- CF must identify and provide mandatory services to CAA-eligible juveniles in adult and juvenile facilities.
- Eligible juveniles include those who qualify for Apple Health and are:
  - Age 20 and under, or
  - Age 18 or older but under age 26, who aged out of foster care on or after their 18th birthday.
- CAA clients receive certain mandatory benefits under sections 5121 and 5122 of the CAA, 2023.
  - Post-adjudication (5121):
    - Clinical assessment and evaluation services, and
    - Reentry Targeted Case Management (rTCM)
  - Pre-adjudication (5122):
    - Medically necessary services consistent with the client's benefit package, which are appropriate to be provided in a carceral setting

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Section 8: Additional services – optional

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Additional services – optional

- The following billable services are optional for facilities to provide:
  - Clinical assessment and evaluation for adults
  - Reentry Pharmacy: medications during the pre-release period
  - Laboratory services
  - Radiology services
  - Medical equipment and supplies at release
  - Services from providers with lived experience

Section 9: IT and infrastructure budget

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IT and infrastructure budget

- Infrastructure budget allowable expenses:
  - Hiring of staff and training
  - Development of protocols and procedures
  - Additional activities to promote collaboration
  - Planning
  - Other activities to support an environment appropriate for provision of reentry services

- IT budget allowable expenses:
  - Electronic interfaces to support enrollment/suspension, purchase of billing systems
  - Enhancements to existing IT systems to support reentry navigation services
  - Adoption of certified electronic health record (EHR) technology
  - Installation of audio-visual equipment or other technology

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Milestones	Capacity building funding	IT funding	Timing for Cohort 3
Planning milestones BEFORE go live with Reentry benefit services			
1) Intent to Participate form submission	**10% of total capacity building funding upon submission:** • Tier 1 (1-49): $100,000 • Tier 2 (50-249): $125,000 • Tier 3 (250-1,000): $150,000 • Tier 4 (more than 1,000): $175,000	N/A	**Due date:** May 1, 2025
2) Capacity Building Application submission and approval[5]	**Up to 40% of total capacity building funding upon approval:** • Tier 1 (1-49): Up to $400,000 • Tier 2 (50-249): Up to $500,000 • Tier 3 (250-1,000): Up to $600,000 • Tier 4 (more than 1,000): Up to $700,000	Up to $500,000 upon approval of the application	**Due date:** October 1, 2025
3) Readiness Assessment submission and approval	**Up to 40% of total capacity building funding upon approval:** • Tier 1 (1-49): Up to $400,000 • Tier 2 (50-249): Up to $500,000 • Tier 3 (250-1,000): Up to $600,000 • Tier 4 (more than 1,000): Up to $700,000	Up to $500,000 upon approval of Readiness Assessment	**Due date:** March 1, 2026

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Q & A

Please continue to submit your questions via the Reentry Inbox.

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Resources

- [HCA Reentry Initiative webpage](#)
  - ▶ Links to milestone documents
  - ▶ Learning series webinar slide decks and recordings
  - ▶ Additional resources
- [Reentry Initiative overview](#)
- [Reentry Initiative Policy and Operations Guide](#)
- [Consolidated Appropriations Act (CAA) of 2023](#) handout
- Reentry Initiative [inbox](#)

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