Washington State
Health Care Authority

Reentry Initiative Policy and Operations Guide

A guide to prepare carceral facilities for participation in the Reentry Demonstration Initiative.

Medicaid Transformation Project (MTP 2.0)

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1. Introduction

On June 30, 2023, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver, called Medicaid Transformation Project 2.0 (MTP 2.0). This approval makes Washington the second state to receive federal approval to offer a pre-release of Medicaid services to youth and adults in state prisons, county jails, youth facilities (including juvenile rehabilitation and juvenile detention centers), and tribal jails, up to 90 days before their release. The Reentry Demonstration Initiative is the work HCA is implementing with carceral facilities (facilities) to fulfill the MTP 2.0 waiver.

1.1 Reentry Demonstration Initiative overview

What is the start date for the Reentry Demonstration Initiative (the Initiative)?

The first group of participating facilities – Cohort 1 – will launch in Washington State beginning on July 1, 2025. Facilities that have their Readiness Assessment approved by HCA may begin billing Apple Health for the limited Reentry Initiative benefit services as early as July 1, 2025.

There are three cohorts participating in the Initiative; each cohort has a different go-live or start date.

What are the goals of the Initiative?

Through this Initiative, we aim to:

- Prepare people for a successful transition and reentry into their community and help them live their healthiest life.
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- Support substance use disorder and recovery and target infectious diseases like Hepatitis C and HIV before a person's release.
- Stabilize and treat other conditions before a person's release, so they can reenter their community as healthy as possible.

What services are included and paid for through the Initiative?

The Initiative will support and pay for the delivery of a limited set of Reentry Initiative benefit services for Apple Health-eligible adults and youth in state prisons, jails, and youth facilities. Participating facilities are required to support all **mandatory services**. The remaining services are optional, and facilities may implement one or more of the services.

Mandatory services:

1. **Reentry Targeted Case Management (rTCM)***
2. **Reentry SUD: Evaluation of and medication for substance use disorder (SUD), including opioid use disorder and alcohol use disorder**
3. **Reentry Pharmacy: Medications at release**
4. **Pre-adjudication CAA-eligible clients: Apple Health benefits***
5. **Post-adjudication CAA-eligible clients: Clinical assessment and evaluation***

Optional services:

6. Clinical assessment and evaluation for adults
7. Reentry Pharmacy: Pre-release medications (medications during the pre-release period)
8. Laboratory services
9. Radiology services
10. Services by providers with lived experience
11. Medical equipment and supplies at release

*Per the Consolidated Appropriations Act of 2023 (CAA), additional benefits affect facilities that house youth under age 21 and foster care alumni up to age 26. Those benefits are:

- Provide rTCM and clinical assessment and evaluation services during post-adjudication
- Provide Apple Health benefits during pre-adjudication beyond those listed under the Initiative

By offering a limited set of health care benefit services, the Initiative aims to bridge the gap between facility settings and community reintegration. This ensures that individuals have the necessary support to lead healthy, productive lives after their release.

Which facilities are eligible to participate in the Initiative?

The following types of facilities are eligible to participate after completing the necessary steps (milestones):

- State prisons operated by the Department of Corrections (DOC)
- City, county, and regionally operated adult jails
- Tribal jails
- Juvenile Rehabilitation Centers operated by the Department of Children, Youth and Families (DCYF)
- City, county, and regionally operated youth correctional facilities
- Juvenile detention centers

To be fully eligible, facilities must opt to participate (Milestone 1), complete the Capacity Building Application (Milestone 2), and pass the Readiness Assessment (Milestone 3).

What are the key steps to participating in the Initiative?

Facilities will go live with one of three cohorts, based on their readiness. Facilities must complete the following steps as part of participation:

1. **Milestone 1:** Submit an Intent to Participate form, which includes the facility's cohort selection.
2. **Milestone 2:** Complete a Capacity Building Application (CBA), which includes a set of attestations outlining the requirements of the Initiative and a detailed budget that:
    a. Covers planned expenses
    b. Requests capacity building funding
3. **Milestone 3:** Complete a Readiness Assessment describing the facility's current and/or planned readiness to support Reentry Initiative benefit services.
4. **Milestone 4:** Submit Interim Progress Report on initial implementation progress.
5. **Milestone 5:** Submit Final Progress Report on overall implementation progress and outcomes.

Correctional agencies that oversee multiple facilities (e.g., DOC) may complete each milestone at the agency level on behalf of all facilities they oversee; or may opt to submit milestones for individual facilities if not all the facilities they oversee are participating in the Initiative.

Other relevant resources and information are available at:

- Reentry webpage
- Invitation to Participate
- Reentry Initiative overview document

1.2 Purpose of this guide

The Reentry Initiative Policy and Operations Guide outlines the process and provides detailed instructions for implementing the requirements of the Initiative. The guide clarifies the policy design and operational processes for facilities, county behavioral health agencies, providers, community-based organizations (CBOs), local health jurisdictions, Accountable Communities of Health (ACHs), and managed care organizations (MCOs). As the Initiative progresses and as CMS refines its guidance, HCA will update the Reentry Initiative Policy and Operations Guide to reflect new policy decisions and operational requirements.

Key objectives of this guide include:

1. **Establish clear policies:** Define the eligibility criteria for reimbursable services; clarify the scope of services; and describe the roles and responsibilities of providers involved in the Initiative.
2. **Standardize procedures:** Develop standardized procedures for the identification, enrollment, and delivery of services to eligible individuals.
3. **Promote coordination:** Foster collaboration and coordination among facilities, health care providers, CBOs, and other Initiative partners to facilitate seamless transitions.
4. **Ensure accountability:** Implement monitoring and evaluation mechanisms to assess the effectiveness of the Initiative and ensure compliance with established policies and procedures.
5. **Support continuous improvement:** Provide ongoing feedback and continuous improvement to enhance the quality and impact of the Reentry Initiative services provided.

The Initiative promotes a holistic approach to health, addressing not just the immediate health and health-related needs of clients upon release, but also the longer-term supports necessary for sustained health and well-being.

Key components of the Initiative include:

- **Medicaid enrollment and eligibility:** Ensure individuals have access to essential health care services by facilitating Medicaid enrollment prior to release, thus reducing gaps in care.
- **Pre-release Reentry Health Screening:** Conduct screenings to identify physical and behavioral health needs, such as substance use disorders (SUD) and other critical health conditions that require ongoing management.
- **Reentry Initiative benefits:** Implement mandatory and/or optional health care services within facilities to prepare individuals for successful reentry, including the following:
  - **Reentry Targeted Case Management (rTCM):** Provide personalized support through dedicated care managers who coordinate care and connect individuals to community resources.
  - **Reentry SUD:** Administer evidence-based treatments for SUD, including medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD), to support recovery and reduce the risk of relapse.
  - **Reentry Pharmacy: Medication at release:** Ensure individuals leave a facility with necessary medications, enhancing continuity of care and reducing immediate health risks.
  - **Clinical assessment and evaluation:** Offer visits from health care professionals to manage complex physical and behavioral health conditions.
  - **Providers with lived experience:** Leverage the insights and experiences of individuals who have successfully navigated the reentry process to provide peer support and mentorship.
  - **Lab and radiology:** Ensure access to essential diagnostic services to monitor and manage health conditions.
  - **Medical equipment and supplies**: Ensure individuals leave a facility with necessary medical equipment.

1.2.1 About this guide

Information in this guide supersedes earlier guidance from HCA training decks. Unless otherwise specified, the information described in this guide is governed by the rules found in Chapter 182-563 WAC.

HCA is committed to providing equal access to our services. If you need accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

If a link within this guide is broken notify us at askmedicaid@hca.wa.gov.

1.3 Acronyms and abbreviations

Acronym	Meaning
ABP	Alternative Benefit Plan
ACA	Affordable Care Act
ACES	Automated Client Eligibility System
AHPDL	Apple Health Preferred Drug List
AI/AN	American Indian/Alaska Native
APCD	All-Payer Claims Database
AREP	authorized representative
AUD	alcohol use disorder
BH	behavioral health
BSP	benefits service package
CBH	community behavioral health
CBO	community-based organization
CHIP	Children's Health Insurance Program
CI	correctional industries
CLID	Client Identification (ID) Number in ACES
CM	care manager
CMS	Centers for Medicare & Medicaid Services
CN	categorically needy
DCYF	Department of Children, Youth and Family Services
DEA	Drug Enforcement Administration
DOH	Department of Health
DSA	data sharing agreement
DSHS	Department of Social and Health Services
EA-Z	Eligibility A-Z Manual
EFT	electronic funds transfer
EHR	electronic health record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FAQ	frequently asked questions
FFS	fee-for-service
FMAP	Federal Medical Assistance Percentage
FPL	federal poverty level

FY	fiscal year
HCA	Health Care Authority
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HPF	Washington Healthplanfinder
LEP	limited English proficiency
MCO	managed care organization
MEDS	Medical Eligibility Determination Services
MH	mental health
MHW	Molina Healthcare of Washington, Inc.
MMIS	Medicaid Management Information Systems
MN	medically needy
MOUD	medication for opioid use disorder
NHOPI	Native Hawaiian and other Pacific Islanders
OTA	Office of Tribal Affairs (HCA division)
OTC	over the counter (medications)
OUD	opioid use disorder
PCP	primary care provider
PHI	protected health information
PMPM	per member per month
RAC	Recipient Aid Category
RCW	Revised Code of Washington
RDA	Research and Data Analysis (DSHS administration)
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder
TPA	third-party administrator
UHC	UnitedHealthcare Community Plan
WAC	Washington Administrative Code
WAH	Washington Apple Health

1.4 Glossary of terms

Term	Definition
HCA designee	Any entity expressly designated by the HCA to act on its behalf.
American Indian/Alaskan Native	A person whose lineage is American Indian, Alaska Native, Inuit, or Aleut, or any combination thereof. The term also includes any person who is regarded as an Alaska Native by the Alaska Native Village or group of which he or she claims to be a member and whose father or mother is (or, if deceased, was) regarded as an Alaska Native by an Alaska Native Village or group. The term includes any Alaska Native as so defined, either or both of whose adoptive parents are not Alaska Natives.
ancillary services	Additional services ordered by the provider to support the core treatment provided to the patient. These services may include, but are not limited to, laboratory services, radiology services, drugs.
Apple Health	An umbrella term or "brand name" for all Washington State medical assistance programs, including Medicaid. Apple Health is a shortened name from Washington Apple Health.
Apple Health Preferred Drug List	A list of medications covered by Apple Health for various acute and chronic conditions.
Apple Health provider	An institution, organization, agency or person that is licensed, certified, accredited, or registered according to Washington state law, who is enrolled with/participates in Washington Apple Health (WAH), and has: a) A signed core provider agreement or contract with HCA or their designee, and is authorized to provide health care, goods, and services to WAH clients; or b) Authorization from a managed care organization (MCO) that contracts with HCA or their designee to provide health care, goods, and services to eligible WAH clients enrolled in the MCO plan.
application	An application, or application program, is a software program that runs on a computer. Web browsers, email programs, word processors, and specialized business software are examples.
authorized representative	A person may designate an authorized representative (AREP) to act on his or her behalf in eligibility-related interactions with the HCA by completing the HCA's Authorized Representative Designation Form (DSHS 14-532). See the HCA authorized representatives webpage for more information.
benefit package	The set of health care service categories included in a client's health care program. See WAC 182-501-0060.
billing code	A code used by a group health plan or health insurance issuer or its providers to identify health care items or services for the purposes of billing, adjudicating, and paying claims for a covered item or service.

billing provider	Billing provider means an institution, agency, or person that is licensed, certified, accredited, or registered according to HCA, and meets the definition below of (a), or (b), or (c): a) Has a signed core provider agreement or contract with the HCA or the HCA's designee, and is authorized to provide health care, goods, and services to WA State clients, and submit claims and receive payment from the HCA. b) Has an agreement with a managed care organization (MCO) that contracts with the HCA or the HCA's designee to provide health care, goods, and services to eligible WA State clients enrolled in the MCO plan and submit claims and receive payment from the MCO. c) Has an agreement with a behavioral health administrative services organization (BHASO) that contracts with the HCA or the HCA's designee to provide crisis and behavioral health services and support to WA State residents and submit claims and receive payment from the BHASO
Categorically Needy Income Level	The standard used by the HCA to determine eligibility under a categorically needy program.
Categorically Needy Program	The standard used by the HCA to determine eligibility under a categorically needy program.
Centers for Medicare & Medicaid Services (CMS)	The branch of the United States Department of Health and Human Services (DHHS) responsible for the federal requirements of the Medicaid and CHIP programs.
client	The client is an individual who seeks, currently has, or previously had benefits through HCA.
confidentiality	Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information. [44 U.S.C., SEC. 3542]
contracted entity	A managed care organization, behavioral health administrative services organization, or any other contractor or subcontractor who is paid a capitated rate for providing benefits or services to Apple Health clients.
Core Provider Agreement	A written contract that's terms and conditions bind each provider in the fee-for-service program to applicable federal laws, state laws, and the HCA's rules, provider alerts, billing guides, and other sub regulatory guidance. See WAC 182-502-0005. The core provider agreement is a unilateral contract.
county of residence	The county in which a person resides.
covered entity	A covered entity is a health plan, a health care clearinghouse, or a health care provider who transmits information electronically in connection with a HIPAA transaction (see 45 CFR 160.103). As defined in 45 CFR 164.103, HCA is a Hybrid Entity that has designated programs as Health Care Components within the

	administrations/divisions as provided on HCA Administrative Policy 10-05. HCA is a Hybrid Entity with only its Health Care Components (including BAOUs) subject to the HIPAA Rules.
covered services	A health care service contained within a "service category" that is included in a WAH benefits package described in WAC 182-501-0060. For conditions of payment, see WAC 182-501-0050(5). A noncovered service is a specific health care service (for example, cosmetic surgery), contained within a service category that is included in a WAH benefits package, for which the HCA or the HCA's designee requires an approved exception to rule (ETR) (see WAC 182-501-0160). A noncovered service is not an excluded service (see WAC 182-501-0060).
diagnosis	The process of identifying a disease, condition, or injury from its signs and symptoms.
disclosure	The release, transfer, provision of access to, or divulgence of individually identifiable health information outside HCA.
dual-eligible client	An eligible Medicaid client who is also a Medicare beneficiary. This does not include a client who is only eligible for a Medicare savings program as described in chapter 182-517 WAC.
electronic health record (EHR)	An electronic (digital) collection of medical information about a person that is stored on a computer. An electronic health record includes information about a patient's health history, such as diagnoses, medicines, tests, allergies, immunizations, and treatment plans. Electronic health records can be seen by all health care providers who are taking care of a patient and can be used by them to help make recommendations about the patient's care. Also called EHR and electronic medical record.
electronic signature	A signature in electronic form attached to or associated with an electronic record including, but not limited to, a digital signature.
emergency medical condition	The sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: a) Placing the patient's health in serious jeopardy; b) Serious impairment to bodily functions; or c) Serious dysfunction of any bodily organ or part.
facilities	In this guide, facilities refers to carceral facilities that are eligible to participate in the Reentry Initiative.
fee-for-service (FFS) program	The program which pays for services furnished to Apple Health clients for services not covered in a managed care plan.
Health Insurance Portability and Accountability Act (HIPAA)	HIPAA is the federal Health Insurance Portability and Accountability Act of 1996 as amended. The term as used in this policy also includes, as applicable, the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination

	Act. The term as used in this policy also includes the implementing regulations in parts 160 and 164 of title 45 CFR. All references are to the laws or rules as amended from time to time and as effective at the relevant time.
managed care organizations (MCO)	An organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA enrollees under HCA managed care programs.
managed care program	A comprehensive health care delivery system that includes preventive, primary, specialty, and ancillary services. These services are provided through a managed care organization.
Medicaid	The federal medical aid program under Title XIX of the Social Security Act that provides health care to eligible people.
Medicaid Transformation Project (MTP 2.0)	The demonstration waiver granted to Washington State by the federal government under section 1115 of the Social Security Act. Under this demonstration, the federal government allows the state to engage in a five-year demonstration to support health care systems, to implement reform, and to provide new targeted Medicaid services to eligible clients with significant needs.
MTP-participating facilities	Facilities in Washington State that opted to participate in and successfully passed the readiness assessment for the Reentry Demonstration Initiative.
medical assistance	The term HCA uses to mean all federal or state-funded health care programs, or both, administered by HCA or its designees. Medical assistance programs are referred to as Washington Apple Health.
medical condition	A term that refers to a person's state of health. For example, a patient's condition in the hospital may be described as good, stable, or serious. Condition may also refer to a normal state regarding one's health, such as pregnancy, or to a disease, disorder, illness, or injury.
medically necessary	A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all. See WAC 182-501-0050.
medical record	The file created by a health care provider for a clinical episode of care. A separate record of each episode of care is combined into a personal medical record.
mental health	According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her ~~their~~

	own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."
medications for opioid use disorder	Medications specifically used to treat opioid use disorder
medications for alcohol use disorder	Medications specifically used to treat alcohol use disorder
non-billing provider	A health care professional enrolled with the HCA only as an ordering, referring, prescribing provider for the Washington Apple Health (Medicaid) program and who is not otherwise enrolled as an Apple Health (Medicaid) provider with the HCA.
over-the-counter (OTC) drugs	Medications available without a prescription
opioid treatment program	Licensed by the Department of Health (DOH) and use medications for opioid use disorder (OUD) that are approved by the U.S. Food and Drug Administration in combination with counseling and behavioral therapies, to provide a "whole patient" approach to individuals diagnosed with OUD.
patient	An individual who interacts with a clinician either because of real or perceived illness or for health promotion and disease prevention.
prescribing provider	A health care professional authorized by law or rule to prescribe drugs to Apple Health clients.
primary care provider	A physician, naturopath, nurse practitioner, physician assistant, or other health professional licensed or certified in Washington State whose clinical practice is in primary care.
prior authorization	The requirement that a provider must request, on behalf of a client and when required by rule or HCA billing instructions, the HCA or the HCA's designee's approval to provide a health care service before the client receives the health care service, prescribed drug, device, or drug-related supply. The HCA or the HCA's designee's approval is based on medical necessity. Receipt of prior authorization does not guarantee payment. Expedited prior authorization (EPA) and limitation extension are types of prior authorization.
provider	An organization or person that is licensed, certified, accredited, or registered to practice health-related services or otherwise practicing health care services according to Washington State law.
ProviderOne	Washington States's Medicaid Management Information Payment Processing System (billing system) used by Apple Health providers for billing and insurance coverage checking by Apple Health.
ProviderOne client ID	A system assigned number that uniquely identifies an individual client within the ProviderOne system
provider type	A category that defines providers who share similar attributes and is contained in the first two positions of the taxonomy code. Provider

	type is an element of specialization in provider enrollment and maintenance.
Reentry Demonstration Initiative	The work being done under the MTP 2.0 demonstration waiver that serves Apple Health-eligible individuals within facilities prior to release. Also referred to as the Reentry Initiative and the Initiative.
Reentry Initiative benefits	The benefit package available to Apple Health clients of any age under the Reentry Demonstrative Initiative.
Reentry Targeted Case Management (rTCM)	A person-centered, recovery-focused approach to address the health of justice-involved Apple Health enrollees. Care manager staff play a significant role in supporting those leaving a carceral setting by providing these core elements of service: 1) Reentry Health Assessment when screening identifies an unmet care need 2) Reentry Care Plan developed according to reentry health assessment 3) Coordination according to the reentry care plan. Includes scheduling, linkages to services, monitoring and follow up activities to ensure Reentry Care Plan is effectively being implemented and needs are being addressed. Coordination requires routinely communicating with the enrollee and others, including discussions with the enrollee at a minimum of once per month via face-to-face interaction in person or telemedicine; additional activities may occur throughout the month to support the minimum requirements. 4) Warm handoff required if care manager is changing (e.g., during pre-release period, pre- to post-care manager change such as to MCO care coordinator, health home).
referring provider	A health care provider (or individual) who directed the client for care to the provider rendering the services being reported. Examples include, but are not limited to, primary care provider referring to a specialist; physician referring to a physical therapist.
State Plan	An official document describing the nature and scope of a program that uses federal funds and requires a State Plan. Without a State Plan, Washington would not be eligible for federal funding for providing services under those programs. A State Plan is Washington's agreement that it will conform to federal requirements and DHHS official issuances.
State Plan Amendment (SPA)	How the State makes changes to (amends) the State Plan.
Special Terms and Conditions	Specific guidelines and requirements outlined for the services provided.
Title XIX (Title 19)	The portion of the federal Social Security Act, 42 U.S.C. 1396 et seq., that authorizes funding to states for health care programs. Title XIX is also called Medicaid.
Title XXI (Title 21)	The portion of the federal Social Security Act, 42 U.S.C. 1397aa et seq., that authorizes funding to states for the children's health insurance program (CHIP).
telemedicine	The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client

	at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services: • Email and facsimile transmissions, • Installation or maintenance of any telecommunication devices or systems, • Purchase, rental, or repair of telemedicine equipment, or • Incidental services or communications that are not billed separately, such as communicating laboratory results.
Tribal member	To receive benefits from a Tribe or the federal government, most American Indians must be enrolled members of one of the 317 federally recognized Tribes. Each Tribe has its own rules for membership, usually outlined in their constitution and approved by the U.S. Bureau of Indian Affairs. Once enrolled, members receive an official tribal ID card or number confirming their status as part of the Tribe.
Washington Administrative Code	State agencies' regulations (rules') specifying the rights, privileges, benefits, limitations, restrictions, and sanctions of the programs they administer. A WAC carries the legal weight of administrative law.

2. Provider enrollment

This section covers how to meet the following program requirement as mentioned in **section 4, question 1** of the Capacity Building Application (CBA):

> **Carceral facility's reentry services providers, including pharmacies and in-facility staff, are enrolled with the Health Care Authority (ProviderOne).**

Facilities that intend to bill for Reentry Initiative benefits or are considering billing for Reentry Initiative benefits must be enrolled with the Health Care Authority (HCA). Facilities and providers must complete HCA enrollment through Washington's ProviderOne system.

Facilities are responsible for ensuring that their providers are enrolled with HCA through ProviderOne. All service providers, including pharmacies and in-facility staff, participating in the Initiative must be enrolled as Apple Health providers in order to bill Apple Health for Reentry Initiative benefits. Enrolled providers may include, but are not limited to:

- Facility providers and pharmacies
- Facility contractors that deliver health care within a facility
- Community-based health care providers and pharmacies, including Tribal health providers
- Providers employed by other external entities (e.g., Medicaid managed care organizations (MCOs), third-party administrator)

If a facility will not bill Apple Health for reentry services (e.g., if their health care vendor/contractor will provide all reentry services), the facility does not need to enroll as an Apple Health provider.

2.1 ProviderOne

ProviderOne or "P1" is the Medicaid Management Information System (MMIS) used by HCA to pay providers (including facilities) for Apple Health (Medicaid)-covered services. ProviderOne is the system facilities and providers will use to submit reimbursable Reentry Initiative services claims. ProviderOne also allows facilities to track their Apple Health payments and confirm an individual's Apple Health eligibility. Every facility that intends to bill for Reentry Initiative services must complete the provider enrollment process through ProviderOne.

2.2 National Provider Identifier (NPI)

Before enrolling in ProviderOne, facilities and providers must have a National Provider Identifier (NPI). An NPI is a unique 10-digit number issued by CMS to identify health care providers in Medicaid claims transactions. CMS requires all Medicaid providers to have an NPI to ensure accurate processing of claims and secure electronic submissions. HCA links your NPI to your ProviderOne enrollment profile to accurately track payments and services.

There are two types of NPIs through CMS:

- Type 1: Individual health care providers (e.g., physicians, nurses)
- Type 2: Facilities/Organizations/Agencies/Institutions (e.g., carceral facilities, clinics, pharmacies)

In order to obtain an NPI, facilities and providers must submit an application online through the National Plan and Provider Enumeration System (NPPES) website. It can take approximately 2-3 weeks to receive an NPI.

- For providers who wish to submit their application by mail or via an electronic file interchange organization, please visit CMS's website on how to apply for an NPI for detailed instructions.

Facilities and providers can check to see if they already have an NPI using the NPPES NPI Registry.

2.3 Apple Health (Medicaid) provider enrollment

To bill for Reentry Initiative benefits, facilities and/or their providers must also be enrolled as an Apple Health provider. To enroll as an Apple Health provider, facilities and/or their providers must submit an application in ProviderOne.

2.3.1 Check providers' current Apple Health enrollment status

The first step is for facilities to contact their health care providers and confirm they are enrolled in Apple Health. Providers already enrolled in Apple Health do not need to take further action to bill for Reentry Initiative services. Providers not enrolled in Apple Health who plan to bill for Reentry Initiative services must submit an application in ProviderOne.

To check whether a provider is enrolled as an Apple Health provider, contact HCA at **1-800-562-3022, ext. 16137, Tuesday and Thursday, 7:30 a.m. to noon and 1:00 p.m. to 4:30 p.m.** Be sure to have the facility or provider's NPI number ready when calling.

2.3.2 Enroll as an Apple Health provider

If a facility or provider is not currently enrolled in Apple Health, they must complete the following steps:

- Step 1: Determine the appropriate provider type for Apple Health enrollment.
- Step 2: Complete the supplemental paperwork.
- Step 3: Complete the enrollment application in ProviderOne.

Step 1: Determine provider type

Prior to starting the Apple Health provider enrollment application in ProviderOne, facilities and providers should determine their appropriate provider type. **Facilities and providers of Reentry Initiative services will fall into one of two provider types:**

- Billing provider: This provider type application process is for facilities.
- Health care professional practicing under a group or facility: This provider type application process is for in-staff providers practicing under a facility. When selecting this enrollment type, the group or facility under which a provider practices must be enrolled with HCA as a billing provider.

Step 2: Supplemental documentation

To complete the Apple Health provider enrollment application in ProviderOne, facilities and providers must submit the required documents listed below.

 Required Information:

- Federal Employer Identification Number (EIN) or Social Security Number (SSN)
- UBI (Unified Business Identifier)
- Business License (dates, license number)
- Banking information (routing number & account number) for direct deposit

Required documents:

- Core Provider Agreement (signature required)
- Debarment Statement (signature required)
- Copy of Internal Revenue Services (IRS) Form W-9 (signature required)
- Practice-specific supporting documents

Step 3: Complete enrollment application in ProviderOne

Once a facility or provider has determined their provider type, they can then start an application in ProviderOne. In ProviderOne, a provider will need to match their provider type with an enrollment type.

Use this chart to match the provider type with the enrollment type options in ProviderOne.

Provider type	Select the following enrollment type option in ProviderOne	Example
Billing provider (general facilities)	Facility/Agency/Organization/Institution	All facilities will enroll as a billing provider under the Facility/Agency/ Organization/Institution enrollment type.
Billing provider (Tribal facilities)	Tribal Health	All facilities will enroll as a billing provider under the Facility/Agency/ Organization/Institution enrollment type.
Health care professional practicing under a group or facility (In-Staff providers)	Individual	A licensed provider (e.g., RN, MD) employed by a facility enrolls under the health care professional practicing under a group or facility enrollment type.

2.4 Step-by-step ProviderOne enrollment process

This section provides a walk-through of the Facility/Agency/Organization/Institution Provider One enrollment process.

- Start a new ProviderOne application.
- Select Fac/Agncy/Orgn/Inst.
- Click submit.

Step 1: Basic Information

- Select **HCA** from the available agencies then the Billing type will default to **BL-Billing**.
    - See Instructions for adding Billing Type and Available Agencies
- Under Provider Name (Organization Name): Enter the legal name that is registered with the Internal Revenue Service (IRS).
- Enter your FEIN and your business name (this will display at the top of your domain and application).
- Select **Yes** for required to have an NPI, enter NPI number. Select relevant W-9 entity type.
- For other organizational information select **Government**.
- **Use an email that is monitored frequently.** (HCA will use this to contact your facility. Your application ID number is also sent here.)
- Do not enter enrollment effective date and click **next**.
- You will then receive your application ID number.
    - **Important:** Ensure you save your Application ID (provided on-screen and sent via email). HCA cannot provide your Application ID number if it is lost.

Step 2: Locations

- Click the **add** button, then a screen will show a locations list starting with physical location. Select **NPI base location** under location type.
- Under physical location, enter the address of your facility.
- Add information to the mailing address and the pay-to sections of the locations list. If they are the same as your physical location, you can check the box: same as location address.
- Click the **Ok** button to save. If no additional location addresses are needed, click **close**.

Step 3: Add specializations

- For location select **All**.
- For Administration, select **Health Care Authority**.
- For provider type select **19-Group**.
- For specialty, select **32-multi-specialty**.
- You can leave the end date blank.
- This will open the Available Taxonomy Codes loaded in ProviderOne.
- Use the arrows to move the taxonomy code, **26 Ambulatory Heath Care Facilities, 1Q Clinic/Center, P2400X Prison Health** from the Available Taxonomy Codes box to the Associated Taxonomy Codes box
- Click the **Ok** button to save the information and close the window.

Step 4: Add Ownership & Managing/Controlling Interest Disclosures

- To add a new record, click **add**.
- Under disclosure category, select **owner**.
- Under disclosure type, select **organization**.
- Enter the facilities FEIN (no dashes).
- Fill out the disclosure start date (first day of ownership); ownership percentage and the facilities address.
- Click **Ok**, then **add** a new record.
- Under disclosure category, select **Managing employee**.
- Under disclosure type, select **Individual**.
- Enter the managing employee SSN (no dashes).
- Under first name, last name, DOB, add the information of a managing employee.
- Fill out the disclosure start date; ownership percentage and the address section can be filled out using the facility's address.
- Click **Ok** and then **close**.

Step 5: Add licenses and certifications

- All facilities must enter a **business license**. Use the Location dropdown to add a license or certification to a specific provider location. Only select All if the license pertains to every location.
- Using the dropdowns, select the License/Certification Type, the License/Certification #, State of Licensure, and enter the Effective Date and the End Date.
- Click **Ok** to save the information and close the window or cancel to close the window without saving.
- ProviderOne validates the information entered and saves and returns to the License/Certification List.

Steps 6–8: Optional

Step 9: ProviderOne will display already-entered information

- Review and confirm.

Steps 10-14: Optional

Step 15: Add Payment Details and Remittance Advice Information

- To add a new record, click **add**.
- If using electronic funds transfer, select **EFT**.
- Input relevant banking information.
- Under account type, select **corporate**.
- If using paper check, select **paper check** and input relevant information.
- After making your changes, click **Ok** to save.

Step 16: Complete Provider Checklist questions

- Answer relevant questions, specifically focus on any federal or state actions taken against the facility.
- If you answer yes to any questions, add detail in the comment section and upload relevant documents during step 17.

Step 17: Final enrollment instructions

- Prior to the final submission of the enrollment application, facilities must submit the required documentation by using the **Upload Attachments** button.
    - See How to upload attachments in ProviderOne
- These documents include: the Core Provider Agreement, Debarment Statement, W-9, and Trading partner agreement (if a third party is doing billing for the entity).
- When naming the file, do not use punctuation or characters.
- The system only allows one document to be uploaded at a time.
- Ensure that the above forms are completed using the same information as listed in steps 1-16.
- Once all documents are uploaded, click **close**.
- Click **Submit Enrollment**. (Changes cannot be made once the application is "In Review" status)

2.4.1 Apple Health enrollment approval

HCA strives to process ProviderOne enrollment applications within 30 days from when they are received. HCA recommends that applications are submitted proactively to allow time for processing and for the resolution of any issues.

Once an application is approved, HCA will mail a welcome letter to both the facility and health care professional practicing under a group or facility. Facilities will receive a separate letter with instructions to gain access to ProviderOne.

2.5 Provider enrollment resources

2.5.1 General Resources

Website: Visit the HCA Learn ProviderOne webpage.

Email: Facilities may e-mail the Reentry Initiative Inbox for individual technical assistance.

Phone: Facilities may call HCA at 1-800-562-3022, ext. 16137

- Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)
- Phones are closed: Mondays, Wednesdays, and Fridays.

Video: A recording of the Reentry Initiative: Provider enrollment learning series webinar held on January 8, 2025, is available on the MTP YouTube playlist and the Reentry Initiative webpage.

2.5.2 ProviderOne links

Link to start a new provider enrollment application:
https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

Link to resume or track an enrollment application:
https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

2.5.3 Enrollment manuals

The following manuals provide step-by-step instructions for completing a ProviderOne application:

- Facility/Agency/Organization/Institution
- Tribe
- Attending/servicing provider

3. Client eligibility and enrollment

Coming soon.

4. Billing and claiming

4.1 General provider requirements

Facilities can use in-house correctional health care providers (referred to as facility-based providers) or community-based health care providers to provide care as part of the Reentry Initiative. A facility may opt to provide and bill for the covered Reentry Initiative benefit services once it has met the requirements as an Apple Health provider as listed below. (Also, please refer to 2. Provider enrollment for more information.)

To be reimbursed for Reentry Initiative benefit services, providers are required to:

- Meet the general provider requirements in Chapter 182-502 WAC
- Be enrolled with ProviderOne, which includes: 1) possession of an individual National Provider Identifier (NPI), 2) submission of a signed core provider agreement with HCA, and 3) approval from HCA's Provider Enrollment team
- Be certified, licensed, and/or bonded, if required, to perform the services billed to HCA
- Have the ability to provide all the core elements of each specific service
- Furnish – upon HCA or MCO request – documentation of proof of service
- Bill HCA or the applicable MCO using only the allowed procedure codes published within the billing guide or related documentation. Providers are responsible for identifying the appropriate information for billing, including their NPI, taxonomy (e.g., 261QP2400X = Ambulatory Health Care Facilities – Clinic/Center – Prison Health), etc.
- Ensure appropriate clinical oversight is applied, when required, by the scope of practice for the licensure type and when a service is delegated to another

4.2 Conditions for HCA to pay for covered reentry-related services

HCA pays for Reentry Initiative benefits when the services are:

- Included in the eligible client's Washington Apple Health program as a benefit
- Medically necessary as defined in WAC 182-500-0070
- Listed as covered in this guide with the specific code listed in the Reentry Initiative Procedure Code List. See the Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List on HCA's Provider Billing Guide and Fee Schedule page. In addition, use the appropriate program documents (e.g., billing guide, fee schedule) for coverage details (e.g., any coverage limitations such as age, quantity) and HCA's payment rates.
- Authorized by the Apple Health payer (a client's managed care organization or the HCA if the client or service is covered Fee-For-Service), if any identified for the service to be provided (e.g., prior authorization)
- Documented in the client's record per Chapter 182-502 WAC and meet the Department of Health's (DOH) requirements in WAC 246-817-305 and WAC 246-817-310
- Within accepted health care practice standards
- Consistent with one or more of the client's documented diagnoses
- Reasonable in amount and duration of care, treatment, or service
- Consistent with coverage limitations, if any identified for a specific service
- Not duplicated with another Apple Health paid service (e.g., Community Health Workers billed within the Reentry Initiative may not also bill for the service within the Community Care Hubs health-related social needs services.)
- Documented with the appropriate place-of-service code, where the place of service code on the submitted claim form matches the setting where the service is performed. The following additional place-of-service code is covered for providers participating in the Reentry Initiative to support care occurring

within the carceral setting (see the table below). Care delivered outside a carceral setting to incarcerated clients (e.g., provider office) should be billed using the corresponding place-of-service code. HCA may audit claims with an incorrect place-of-service code and payment may be recouped.

Place-of-service code for care in carceral facilities

Place-of-service code	Setting
09	Carceral facility

HCA follows the National Correct Coding Initiative (NCCI) policy. For more information about the HCA's policy to follow NCCI rules, see the National correct coding initiative section of the Physician-related services/health care professional services billing guide.

4.3 Check client eligibility and enrollment status

As further described in section 3 of this guide, clients must be enrolled in Apple Health for providers to receive Apple Health payment for Reentry Initiative services (e.g., 90 days pre-release). To submit billing to the appropriate payer, providers must first check an individual's Apple Health eligibility and enrollment status. This allows providers to know if a client is 1) enrolled in Apple Health and 2) enrolled with a managed care organization (MCO) or is served through Apple Health without a managed care plan, called fee-for-service (FFS). For more information, refer to HCA's ProviderOne Billing and Resource Guide.

4.3.1 Third-party liability (TPL)

Third-party liability (TPL) is a term used in billing to describe when another entity (a third party) pays for health care services (e.g., private health insurance). Medicaid is required to be the payer of last resort, which means it pays for medical costs only after other sources of payment have been used.

If the client has other health coverage, follow their rules for any required authorization. For more information on TPL, refer to HCA's Coordination of benefits page and ProviderOne Billing and Resource Guide.

4.4 Filing claims and understanding rates for covered reentry-related services

After a provider completes a service, the provider files the claim, which may be with the assistance of a third-party administrator (TPA), as needed.

HCA procured a TPA to support facilities and providers with the billing process (with the exception for pharmacy billing, which must be claimed at point-of-sale). This TPA service, called a claims clearinghouse, is optional and covered free of charge to participating Reentry Initiative facilities. A claims clearinghouse is defined as a service or platform that acts as an intermediary between health care providers and payers to facilitate the processing of claims. It helps streamline claims submissions by improving the efficiency of the health care billing process and support providers in receiving timely payments for their services.

If a facility chooses not to work with the TPA, claims are required to be filed with the appropriate Apple Health payer directly, either to the assigned MCO for an MCO-enrolled client or to HCA through the ProviderOne portal if the client or service is covered FFS.

For FFS clients or services: Use the ProviderOne Billing and Resource Guide to walk through the claims process.

For MCO enrollees: Contact the MCO for questions about billing an MCO directly or for MCO billing requirements.

Facilities can contact the TPA, free of charge, for billing questions regardless of Apple Health payer.

5. Reentry Initiative benefit services delivery

Under the Reentry Initiative, participating carceral facilities must ensure access to benefits identified as **mandatory** Apple Health Reentry Initiative benefits and may elect to provide access to additional, **optional** Reentry Initiative benefits that may be reimbursed by Apple Health. Reentry Initiative benefits are in addition to the existing Apple Health benefit covering inpatient hospitalization stays for incarcerated individuals who are admitted for 24 hours or more. While facilities are required to provide access to the benefits, clients have the right to choose whether to engage in health care services. All regulations governing privacy and security that typically apply to reentry services also apply to Reentry Initiative services delivered in the carceral setting (e.g., HIPAA, 42 CFR Part 2).

Under the Consolidated Appropriations Act (CAA) of 2023, Apple Health clients who are CAA-eligible may receive certain services pre-adjudication, post-adjudication, and post-release. CAA-eligible clients are eligible Apple Health (Medicaid) beneficiaries ages 20 and younger or individuals aged 21 up to age 26 years who aged out of foster care on or after their 18th birthday (alumni). CAA services can be found in the following sections below: Reentry Targeted Case Management (rTCM), Clinical Assessment & Evaluation for CAA-Eligible Clients, Reentry Pharmacy (vaccinations), and Apple Health Benefits for CAA-Eligible Clients. MTP-participating facilities must ensure access to CAA services.

This section includes a summary of the Reentry Initiative package benefit, screening requirements, details about mandatory and optional benefits, existing benefit information, timeframe guidelines on how to apply the benefits for short- and long-term incarcerations, and additional policy and context for two areas: pharmacy and substance use disorder (SUD). A list of resources is available for relevant benefit information existing in other documents.

5.1 Apple Health Reentry Initiative benefits summary

The tables below detail the Reentry Initiative benefit package that may be paid by Apple Health when the care is medically necessary as defined in WAC 182-500-0070 and the service is identified within this document. The following subsections provide further details on each service. The tables note that Apple Health benefits are available for eligible clients post-release, upon notification that the individual has been released from custody.

Mandatory Reentry Initiative benefits and service delivery timing

Key: ☐ = Mandatory Benefit

Mandatory benefits	Incarcerated pre-adjudication	Incarcerated 90 days pre-release	At release	Post-release
Reentry Targeted Case Management (rTCM)	Mandatory (90 days prior to release)	Mandatory	Mandatory	Mandatory (at least 30 days)
Reentry SUD: Evaluation and medications	Mandatory (90 days prior to release)	Mandatory	N/A	Apple Health benefits available
Reentry Pharmacy: Medications at release	N/A	N/A	Mandatory	N/A

Mandatory benefits	Incarcerated pre-adjudication	Incarcerated 90 days pre-release	At release	Post-release
Apple Health benefits for CAA-eligible clients **pre-adjudication**	Mandatory (during pre-adjudication period only)	N/A	N/A	N/A
Clinical assessment and evaluation for CAA-eligible clients **post-adjudication**	N/A	Mandatory (30 days prior to release)	N/A	Mandatory (no later than 7 days post-release)

Optional Reentry Initiative benefits and service delivery timing

Key: ☐ = Optional Benefit (recommended)

Optional benefits	Incarcerated pre-adjudication	Incarcerated 90 days pre-release	At release	Post-release
Clinical assessment and evaluation for adults	N/A	Optional	N/A	Apple Health benefits available
Reentry Pharmacy: Pre-release medications	N/A	Optional	N/A	Apple Health benefits available
Laboratory services	N/A	Optional	N/A	Apple Health benefits available
Radiology services	N/A	Optional	N/A	Apple Health benefits available
Services from providers with lived experience	N/A	Optional	N/A	Apple Health benefits available
Medical equipment and supplies at release	N/A	N/A	Optional	Apple Health benefits available

5.2 Facility's role in eligibility and health screening

Carceral facilities participating in the MTP 2.0 Reentry Initiative are required to perform an eligibility check and conduct a reentry health screening as early as possible upon intake in a facility. In addition, facilities must provide a handout upon release with contact information for Apple Health, emergency, and crisis services, such as HCA's **Reentry Resources for Apple Health (Medicaid) After Release from Incarceration**.

Apple Health Eligibility: If an individual does not have active Apple Health coverage, a facility is required to support the individual in applying. See more information in section 3.

Reentry Health Screening: Reentry Health Screenings should be used to identify client needs, inform the development of the Reentry Care Plan, and connect the client to the benefits described below. Screening includes the identification of unmet care needs in medical, mental health, and SUD domains of care and client interest in rTCM. Facilities must conduct the Reentry Health Screening for all Apple Health individuals entering their facility within 24 hours of intake and prior to the 90-day pre-release time frame (e.g., for longer incarceration). Facilities are encouraged but not required to screen individuals if they are in a facility for less than 24 hours. Reentry Health Screening should be provided to a client who previously refused screening and then indicates interest, or when health needs arise.

Reentry Health Screenings can be completed by non-clinical staff. If the client screens positive, a facility is required to offer rTCM services. rTCM is voluntary for the client. Any refusal of services must be documented in the patient health record. If the client is released before rTCM occurs, then rTCM services may start post-release. Facilities may utilize a data collection tool of their choosing, but it must cover all required elements. The completed Reentry Health Screening should be shared with the Reentry Care Manager for improved coordination and outcomes. The Reentry Health Screening is not a rTCM billable service as the function is separate and distinct from rTCM. The following tools may be used to meet these requirements:

- The **Intake Screening Form** produced by Washington Association of Sheriffs & Police Chiefs (WASPC) meets the intent of the Reentry Health Screening when the client's interest in rTCM is also documented
- HCA form 05-0005 called **Reentry Health Screening Form**
- HCA form 13-0141 called **Authorization and Information Sharing Consent Form - Reentry Targeted Case Management**

5.3 Mandatory Reentry Initiative benefits: Descriptions and resources

The following sections provide information on the definitions for each mandatory benefit, along with the relevant Apple Health Billing Guide and related documentation which describes the scope of each service. See the **Reentry Initiative Covered Procedure Code List** (within the Reentry Services section) for the list of covered codes and the related resources listed in the tables below. The covered Reentry Initiative codes are procedure codes called Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT), which are used with the corresponding International Classification of Diseases (ICD-10) code. Services may be delivered in-person or via telehealth according to the Apple Health telemedicine policy.

5.3.1 Reentry Targeted Case Management (rTCM)

rTCM is a **mandatory** service for facilities to support access to care and is a person-centered, recovery-focused approach to address the health of justice-involved Apple Health clients. The intent of rTCM is to prevent morbidity and mortality post-release by identifying health needs, supporting client engagement in health care services to address identified needs, and facilitating services that assess and meet an individual's health needs. Chronic conditions and infectious diseases are of focus for rTCM, such as:

- Substance Use Disorders (SUD), to include Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD)
- Mental Health conditions
- Hepatitis C
- HIV
- Syphilis

rTCM services are to be provided by rTCM care managers during the pre-release period (90 days prior to release) and the post-release period (at least 30 days post-release and longer as medically necessary). CAA-eligible clients are eligible to receive rTCM pre-adjudication and for 30-days pre- and post-release; this requirement is met by delivering rTCM services under the Reentry Initiative for participating facilities. Qualified providers for rTCM can be identified in the **Apple Health rTCM Billing Guide**.

Scope of rTCM mandatory benefits

Mandatory Benefit	Description	Related Resources
Pre-Release rTCM	**Facilities must ensure access to the minimum requirements for rTCM services in the 90 days prior to release. F**acilities are responsible for ensuring clients have access to pre-release rTCM as clinically appropriate. Pre-release rTCM must be initiated by the timeframes listed unless it would be clinically inappropriate to do so (e.g., no identified release address when needed for post-release care connection, high probability release date will be at least 90 days from booking, estimated release date (ERD) likely to be delayed). Minimum requirements for the rTCM service **are described in the Apple Health rTCM Billing Guide and** include: **Reentry Health Assessment (RHA)** to assess the pre- and post-release health care needs of the individual and inform the development of a reentry person-centered care plan. The RHA is required if an individual has an unmet care need identified by the Reentry Health Screening. RHA tools must meet the minimum requirements under the Reentry Initiative, as defined in the Apple Health rTCM Provider Billing Guide, such as a comprehensive assessment covering physical, mental health, SUD, and health-related social needs. **Reentry Care Plan** developed with the individual and informed by the RHA. Reentry Care Plans may be created in one or multiple client interactions and must address the minimum required components, as defined in the Apple Health rTCM Provider Billing Guide, such as presenting diagnoses, action plans, and management of barriers. **Reentry Coordination** according to the Reentry Care Plan, including scheduling, linkages to pre- and post-release services, and monitoring and follow-up activities to ensure the Reentry Care Plan is effectively implemented and needs are being addressed. Reentry Coordination requires routinely communicating with the client and others, including discussion with client at minimum of once per month; additional activities may occur throughout the month to support the minimum requirements. **Warm Handoff** is required if the Reentry Care Manager changes (e.g., if the individual transitions to post-release care manager that is different from the pre-release care manager). The Apple Health rTCM Provider Billing Guide defines minimum requirements for a warm handoff, such as convening a meeting with the individual and both care managers and sharing the reentry care plan and appropriate documents with the care manager who is new to the client. The warm handoff should occur at least 14 days prior to release or no later than 7 days post-release.	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Apple Health Reentry Targeted Case Management Provider Billing Guide

Post-Release rTCM	**Post-release services are available at least 30 days post-release and longer when medically necessary as described in the Apple Health rTCM Billing Guide and must include:** • **Reentry Health Assessment (RHA)**, if not completed previously • **Reentry Care Plan**, if not completed previously • **Reentry Coordination**, including scheduling, linkages to services, monitoring, and follow-up activities to ensure Reentry Care Plan is effectively implemented and needs are being addressed. Coordination requires routinely communicating with the client and others • **Warm Handoff**, if the Reentry Care Manager changes **Providers may bill for rTCM services post-release regardless of whether pre-release rTCM was initiated while the client was incarcerated.** rTCM must be available to CAA-eligible clients at least 30 days post-release. MCOs are responsible to ensure MCO enrollees have access to post-release rTCM. The HCA's contracted Third Party-Administrator is responsible to ensure clients without a managed care organization (referred to as Fee-for-Service or FFS) have access to post-release rTCM.	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Apple Health Reentry Targeted Case Management Provider Billing Guide

5.3.2 Reentry substance use disorder (SUD)

The Reentry SUD benefit is a **mandatory** service that all participating facilities must ensure access to and includes: 1) evaluations and clinical assessment for SUD[1]; and 2) medications for SUD including medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD). Reentry SUD requirements apply for all carceral setting types and align with specific requirements within the agency's MOUD in Jails program; see **MOUD & MAUD in Jails: Standard of Care Guidelines**. See the Reentry Pharmacy Policy Requirements and the Reentry SUD Policy Requirements sections of this document for more information.

Scope of Reentry SUD mandatory benefits

Mandatory Benefit	Description	Related Resources
SUD Evaluation & Assessment	**Facilities must provide access to qualified providers who can evaluate, assess, diagnose, and prescribe treatment for SUD** (e.g., correctional health care provider, primary care provider), also referred to as clinical assessment and evaluation. For clients who have verbalized recent use of substances or show symptoms of withdrawal, clinical screening and evaluation should be prioritized to support timely and safe access to treatment. These services are intended to support the access to medications for SUD treatment, including MOUD and MAUD. The clinician should give priority to prescribing the medications available within the Reentry Pharmacy benefits (e.g., MOUD medications covered). As soon as	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Substance Use Disorder Billing Guide Service Encounter Reporting Instructions (SERI)

[1]This benefit is distinct from the mandatory CAA Clinical Assessment & Evaluation for CAA-eligible clients benefit described in 5.3.4 and the optional Clinical Assessment & Evaluation for Adults benefit described in 5.4.1.

	possible, begin medication dosing (daily dosing or more frequently as prescribed, or weekly or monthly for long acting injectables). **SUD Evaluation and Assessment services include Screening, Evaluation, and Diagnosis** • Screening, assessment, and evaluation of health conditions, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling. • Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis. • Provision of treatment, as appropriate to treat the identified issue (e.g., medication administration). • Recommendations for pre-release treatment and services, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider). • Recommendations for post-release treatment and services, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care). Services may be delivered by a client's established treating provider (e.g., primary care provider, specialist) or may be an initial consultation with a new provider (e.g., who may determine further visits are required with a specialist for follow-up).	Physician-Related Services/Health Care Professional Services Billing Guide Mental Health Services Billing Guide Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide Outpatient Hospital Services Billing Guide

Reentry SUD Medications	**Facilities must provide access to appropriate SUD medications 90 days pre-release as medically necessary,** according to the Apple Health Preferred Drug List (AHPDL) and related Clinical Policies.
	
	Reentry SUD Medications include:
	
	• All formulations of buprenorphine;
	• An opioid antagonist for those requesting it, including long acting naltrexone;
	• Other opioid agonists (e.g., methadone) for MOUD;
	• At least two MAUD medications (e.g., naltrexone oral, acamprosate);
	• Naloxone (available in the facility to administer); and
	• At least two medications, where multiple medications are listed below, should be available to treat each of the following withdrawal-associated symptoms:
	   ○ Pain (e.g., acetaminophen, ibuprofen, ketorolac, gabapentin)
	   ○ Nausea (e.g., ondansetron, prochlorperazine, metoclopramide)
	   ○ Agitation or anxiety (e.g., hydroxyzine, lorazepam, olanzapine, ziprasidone, haloperidol)
	   ○ Abdominal cramping (i.e., dicyclomine)
	   ○ Hypertension/tachycardia (i.e., clonidine)
	
	Professional Administered Drugs (e.g., medication injections). Providers may submit professional claims for administration of the
		Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List
		
		Prescription Drug Program Billing Guide
		
		Professional Administered Drug
		
		Apple Health Preferred Drug List
		
		Apple Health (Medicaid) Drug Coverage Criteria

medication/drug and for the medication/drug itself; or submit claims separately for the administration of the medication/drug by the facility and the cost of the medication/drug by the pharmacy.

Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as non-preferred on the AHPDL.

During incarceration and during release planning, educate individuals on treatment choices and the process for continuation of access to treatment (e.g., MOUD).

Continuity of Care for SUD Medications

Timely (same or next day) continuation of all FDA-approved medications for the treatment of SUD the individual was previously taking (i.e., prior to incarceration for shorter incarcerations, prior to 90-day period for longer incarcerations), including any agonist medication prescribed in the community (including full-agonists, such as methadone, and partial-agonists, such as buprenorphine). Provision of existing medication therapy for continuity of care should occur for the 90-day pre-release period as clinically appropriate. If a transition to a covered medication is necessary, any prior authorization is addressed for Apple Health coverage. Facilities are required to ensure the client receives the next scheduled dose, unless otherwise ordered by a prescriber.

5.3.3 Reentry Pharmacy: Medications at Release

Reentry Pharmacy: Medications at Release is a **mandatory** service for all participating facilities, including at least a 30-day supply when appropriate. Reentry Pharmacy: Medications At Release includes:

- AHDPL prescriptions, over-the-counter drugs, and supplies; and,
- Professional Administered Drugs, including vaccinations and medication administration.

See the Reentry Pharmacy Policy Requirements section for more information. See the Medical Equipment and Supplies section for medical supplies services covered outside the pharmacy point-of-sale (POS) system (e.g., adult incontinence supplies).

Scope of Reentry Pharmacy: Medications at Release mandatory benefit

Description	Related Resources
Facilities must ensure access to a supply of medications at release, for clients who are incarcerated two business days or longer. The Reentry Initiative: Medications at Release requirement includes at least a 30-day supply in hand when appropriate, except as described below (e.g., one-time injection). This benefit includes: - Apple Health Preferred Drug List (AHPDL) covered prescriptions, over-the-counters drugs (OTC) and pharmacy-supplied medical supplies covered at the pharmacy point of sale, and - Vaccines, and other professional administered drugs, administered at release. This refers to medication administration required to be performed by a clinical provider (e.g., injectables, vaccines) with coverage of the medication administration and the medication/drug	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Prescription Drug Program Billing Guide Pharmacy Special Services, Vaccine Administration, and Compliance packaging Professional Administered Drug

itself. Providers may submit professional claims for administration of the drug and for the drug itself; or submit claims separately for the administration of the drug by the facility and the cost of the drug by the pharmacy.

Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as non-preferred on the AHPDL.

A 30-day supply is the mandatory length of fill for all medications at release, except the following:

- Where directed by HCA policy (e.g., oral contraceptives);
- Prohibited by law (e.g., more than 28 days of methadone for OUD); or,
- Clinically inappropriate (e.g., one-time fill of 14 days of antibiotics, vaccination, injection schedule).

5.3.4 Apple Health benefits for CAA-eligible clients pre-adjudication

Apple Health benefits, beyond those described in this document, are **mandatory** for all facilities that house CAA-eligible clients who are **pre-adjudication**, meaning clients who are awaiting disposition of charges.

Scope of Apple Health benefit for CAA-eligible clients pre-adjudication mandatory benefit

Description	Related Resources
Facilities are required to provide access to needed Apple Health benefits beyond those described in this document for CAA-eligible clients who are pre-adjudication. Apple Health benefits are defined by a client's program benefit package according to the client's Apple Health eligibility (see **WAC 182-501-0060**). While the Apple Health program benefit package is available, facilities are required to support access to those services that are: - Medically necessary - Appropriate for incarcerated clients. Not all benefits in the Apple Health benefit package will be appropriate to provide while incarcerated. Prioritization of services should address screening for conditions, immediate care needs (such as SUD or mental health), and engagement in care and recovery.	Provider Billing Guides and Fee Schedules **Service Encounter Reporting Instructions (SERI)**

5.3.5 Clinical assessment & evaluation for CAA-eligible clients post-adjudication

Clinical assessment and evaluation are **mandatory** for all facilities that house CAA-eligible clients who are **post-adjudication**. See the Reentry SUD section for Clinical Evaluation and Assessment related to SUD and the Clinical Assessment and Evaluation for Adults section for additional, optional services available.

Scope of clinical assessments & evaluations for CAA-eligible clients mandatory benefit

Description	Related Resources
Facilities that house CAA-eligible clients must provide access to clinical assessment and evaluation services in the 30 days prior to release and no later than 7 calendar days post-release. These services may be provided as early as 90 days pre-release for MTP-participating facilities. For clients ages 20 and	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List

younger, services must be delivered in accordance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Further, the next wellness exam and immunizations for clients ages 20 and younger must occur prior to release or, be scheduled within 7 calendar days of release or as soon as practicable. These services are intended to support the creation of a comprehensive and successful Reentry Care Plan, including diagnosis, stabilization, and treatment in preparation for release; providing recommendations or orders for needed medications, medical equipment, and supplies that will be needed upon release; and consulting with the care manager.

Clinical assessment and evaluation services include Assessment, Evaluation, and Diagnosis

- Age-appropriate screening (to include well-child checkups; vaccinations; physical, behavioral, and dental screenings), assessment, and evaluation of health conditions, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling.
- Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis.
- Provide treatment, as appropriate, to ensure stability and control chronic conditions (e.g. to suggest medication changes or to prescribe appropriate medical supplies, equipment, or appliances for post-release).
- Recommendations for referrals to other pre-release providers for additional evaluation or treatment services (e.g., specialty provider).
- Recommendations for post-release treatment and services, identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care).

Services may be delivered by a client's established treating provider (e.g., primary care provider, specialist) or may be an initial consultation with a new provider (e.g., who may determine further visits are required with a specialist for follow-up).

Substance Use Disorder Billing Guide

Service Encounter Reporting Instructions (SERI)

Physician-Related Services/Health Care Professional Services Billing Guide

Mental Health Services Billing Guide

Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide

Outpatient Hospital Services Billing Guide

5.4 Optional Reentry Initiative benefits: Descriptions and resources

Participating facilities may opt to select one or more optional services to implement in addition to the mandatory services that are required under the Reentry Initiative. Facilities choosing to provide the optional benefits may provide access to these services throughout the 90-day pre-release period as clinically appropriate, except for medical equipment and supplies which are available at release. Facilities may support access to optional services upon approval of the facility's Reentry Initiative Readiness Assessment.

The following sub-sections provide further information on the definitions for each optional service, along with the relevant Apple Health Provider Billing Guide and related documentation further describing the scope of each benefit. See the **Reentry Initiative Covered Procedure Code List** for the list of covered HCPCS and CPT codes and the related resources listed in the tables below. Services may be delivered in-person or via telehealth according to the Apple Health telemedicine policy.

5.4.1 Clinical assessment & evaluation for adults[2]

The clinical assessment and evaluation benefit is **optional** to provide during the 90-day pre-release period for adults who are incarcerated in participating facilities. However, as noted in this document, it is mandatory for all facilities to offer clinical assessments and evaluations for SUD 90 days pre-release (see Reentry SUD section) and to CAA-eligible clients during the 30 days prior to release (see Clinical Assessment & Evaluation for CAA-Eligible Clients section).

Scope of clinical assessment & evaluation for adults optional benefit

Description	Related Resources
Facilities may opt to provide access to clinical assessment and evaluation services for adults during the 90-day pre-release period. These services are intended to support the creation of a comprehensive and successful Reentry Care Plan, including diagnosis, stabilization, and treatment in preparation for release; providing recommendations or orders for needed medications, medical equipment, and supplies that will be needed upon release; and consulting with the care manager. Clinical assessment and evaluation services include Assessment, Evaluation, and Diagnosis • Screening, assessment, and evaluation of health conditions, including vaccination, needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling. • Diagnosis or provisional diagnosis with recommendation for additional evaluation to support diagnosis (e.g., psychological evaluation post-release). • Provision of treatment as appropriate to ensure stability and control chronic conditions (e.g., medication administration). • Recommendations for pre-release treatment and services, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider). • Recommendations for post-release treatment and services, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care). Services may be delivered by a client's established treating provider (e.g., primary care provider, specialist) or may be an initial consultation with a new provider (e.g., who may determine further visits are required with a specialist for follow-up).	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Substance Use Disorder Billing Guide Service Encounter Reporting Instructions (SERI) Physician-Related Services/Health Care Professional Services Billing Guide Mental Health Services Billing Guide Early and Periodic Screening, Diagnosis, and Treatment Well-Child Program Billing Guide Outpatient Hospital Services Billing Guide

5.4.2 Reentry Pharmacy: Pre-release medications

Pre-release medications are an **optional** benefit, in addition to the mandatory benefits for SUD medications (see Reentry SUD section) and a 30-day supply of medications at release (see Reentry Pharmacy: Medications at Release section). Reentry Pharmacy pre-release medications include:

• AHDPL prescriptions, over-the-counter drugs, and supplies; and,
• Professional Administered Drugs, including vaccinations and medication administration.

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[2] Adults in this benefit are defined as individuals not eligible for CAA (meaning they are 21 years and older or 26 years and older when foster care alumni).

See the Reentry Pharmacy Policy Requirements section for more information. See the Medical Equipment and Supplies section for medical supplies services covered outside the pharmacy point-of-sale (POS) system (e.g., adult incontinence supplies).

Scope of Reentry Pharmacy: Pre-release medications optional benefit

Description	Related Resources
Facilities may opt to provide access to pre-release medications during the 90-day pre-release period, in addition to the mandatory SUD medications and 30-day supply of medications at release. Reentry Pharmacy benefits include: • AHPDL prescriptions and over-the-counters drugs (OTC), including pharmacy-supplied medical supplies covered at the pharmacy point of sale. Prescribers must follow Apple Health rules regarding prior authorization and prescription of medications that are listed as non-preferred on the AHPDL list. • Professional Administered Drugs (e.g., vaccines, family planning medications). Providers may submit professional claims for administration of the medication/drug and for the medication/drug itself; or submit claims separately for the administration of the medication/drug by the facility and the cost of the medication/drug by the pharmacy. Continuity of Care for Pre-release Medications Facilities that opt to provide pre-release medications are required to ensure timely (same or next day) continuation of all FDA-approved medications that the individual was previously taking (i.e., prior to incarceration for shorter incarcerations, prior to 90-day period for longer incarcerations). Provision of existing medication therapy for continuity of care should occur for the 90-day pre-release period as clinically appropriate or transitioned to a covered medication, including with prior authorization verified or obtained for Apple Health coverage. Facilities are required to ensure the client receives the next scheduled dose, unless otherwise ordered by a prescriber.	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Prescription Drug Program Pharmacy Special Services, Vaccine Administration, and Compliance packaging Professional Administered Drugs

5.4.3 Laboratory services

The laboratory benefit is **optional** for participating facilities.

Scope of laboratory services optional benefit

Description	Related Resources
Facilities may opt to provide access to medically necessary laboratory services **during the 90-day pre-release period.** Examples include: • COVID-19 testing • Drug testing for SUD • Immunology testing (e.g., HIV and Hepatitis C screening, syphilis) • Organ and disease-oriented panels	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Physician-Related Services/Health Care Professional Services Billing Guide

5.4.4 Radiology services

The radiology benefit is **optional** for participating facilities.

Scope of radiology services optional benefit

Description	Related Resources
Facilities may opt to provide access to medically necessary radiology services **during the 90-day pre-release period.** Examples include: • Mammography • Diagnostic imaging (e.g., CT scans, MRIs) • Portable X-rays • Ultrasounds	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Physician-Related Services/Health Care Professional Services Billing Guide

5.4.5 Services from providers with lived experience

Providers with lived experience are an **optional** benefit for participating facilities and are intended to support engagement in health care services by qualified providers with lived experience, such as: peers, community health workers, and doulas.

Scope of providers with lived experience optional benefit

Description	Related Resources
Facilities may opt to provide access to services from **providers with lived experience during the 90-day pre-release period.** These providers have first-hand knowledge and insight gained from navigating challenges similar to those faced by the population served or self-identify as having a similar condition. They are trusted members of the community served and have a unique understanding of life circumstances experienced. This trusting relationship enables the provider to serve as a liaison or linkage between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Providers covered within this service are: • Community health workers (CHW) who are frontline public health workers who serve as an intermediary between health care and the community. The CHW benefit includes services from tribal-serving Community Health Representatives (CHR). • Birth doulas who are trained non-medical persons who provide emotional, physical, psychosocial, and informational support to pregnant, birthing, post-pregnancy people, and their families. • Certified peer counselors are certified to serve in this role and either self-identify as a person with lived experience with mental health or substance use services or are a parent or legal guardian of a minor child with lived experience with mental health or substance use services. Certified Peer Counselors draw upon their experiences to help their peers find hope and make progress toward recovery and wellness goals.	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Birth Doula Services Provider Billing Guide Community Health Worker Provider Billing Guide Service Encounter Reporting Instructions (SERI)

5.4.6 Medical equipment and supplies at release

Providing access to medical equipment and supplies is **optional** for participating facilities, in addition to the mandatory 30-day supply of pharmacy-supplied medical supplies at release (See the Reentry Pharmacy: Medications at Release section).

Scope of medical equipment and supplies at release optional benefit

Description	Related Resources
Facilities may opt to provide access to medical equipment and supplies at release**, which includes medically necessary equipment and supplies.** Examples include: • Medical equipment (e.g., wheelchairs) and supplies (e.g., adult incontinence supplies) • Vision and hearing hardware (e.g., eyeglasses for clients ages 20 and younger) • Prosthetics and orthotic devices (e.g., orthopedic footwear) • Sleep and respiratory devices (e.g., continuous positive airway pressure or CPAP devices) See the Reentry Pharmacy section for other medical supplies, which are covered within the pharmacy point-of-sale (POS) system (e.g., syringes, diabetes test strips). National Drug Codes (NDCs) which are considered as medical supplies submitted through the POS system are reimbursed at the medical equipment and supplies fee schedule associated with their HCPCS code.	Apple Health (Medicaid) Reentry Initiative Covered Procedure Code List Medical Equipment and Supplies Provider Billing Guide Vision Hardware Provider Billing Guide Hearing Hardware Provider Billing Guide Complex Rehabilitation Technology Billing Guide Prosthetic and Orthotic Devices Provider Billing Guide Respiratory Care Provider Billing Guide Sleep Centers Provider Billing Guide Home Infusion/Therapy Provider Billing Guide

5.5 Existing benefit: Inpatient hospitalization

Inpatient hospitalization benefits are available to incarcerated Apple Health clients without regard to the Reentry Initiative and continue to be covered by Apple Health when inpatient hospital admissions last 24 hours or more.

Scope of inpatient hospitalization benefit

Description	Related Resources
Apple Health covers inpatient hospitalization services for incarcerated individuals when hospital admissions last 24 hours or more, including inpatient care and any associated professional or outpatient claims during the hospitalization.	Inpatient Hospital Provider Billing Guide

5.6 Service delivery guidelines for short and long stays

Justice-involved individuals experience a wide variety of lengths of incarceration, ranging from long sentences (e.g., state prison) to short incarcerations (e.g., 59% of individuals in jails are released within 7 days). To accommodate these varying lengths of incarceration, the following service delivery expectations for facilities were developed. See the tables below to support understanding how Reentry Initiative benefit requirements align with timeframe of a client's incarceration. Check marks below indicate the benefit is required to be available for clients no later than on a particular day and yellow indicates the best practice timeframe recommended to offer the service.

5.6.1 Short-term incarceration expectations

For clients with stays expected to be less than 90 days, reentry benefits should begin as soon as possible once enrollment in Apple Health has been confirmed.

Service delivery expectations for short-term incarcerations

(Key: ☐ = recommended timeframe; ☐ = HCA required; ☑ = HCA required latest possible timing)

Business days since Apple Health enrollment confirmed (except as indicated in hours) → ↓ Apple Health Reentry Initiative benefits[3]	Week 1							Week 2	Week 3
	Day 1 (24 hours)	Day 2 (48 hours)	Day 3	Day 4	Day 5	Day 6	Day 7	Days 8-14	Days 15-21
Screening processes									
Apple Health eligibility and application[4]	✔ Day 1: Should occur as close to intake as possible and within 24 hours								
Reentry Health Screening	✔ Day 1: Should occur as close to intake as possible and within 24 hours								
Mandatory benefits									
Reentry SUD: Continuity of existing medications	✔								
Reentry SUD: Evaluation and initiation of new medications	✔								
rTCM: Care manager assignment		✔							
rTCM: Reentry Health Assessment			✔						
rTCM: Reentry care plan and coordination				✔					
rTCM: Warm handoff	Warm handoff can occur at any point before release and no later than 7 days post-release								
Reentry Pharmacy: Medications at release			At release, at minimum to individuals with incarcerations lasting two business days or longer						
Clinical assessment and evaluation for CAA-eligible clients **post-adjudication**	30 days prior to release at minimum								
Apple Health benefits for CAA-eligible clients **pre-adjudication**	Pre-Adjudication, of any length of time								
Optional benefits									
Clinical assessment and evaluation for adults									

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[3] Reentry Initiative benefits do not replace carceral health services and responsibilities, and facilities must continue to provide all necessary health care services.

[4] Includes verifying eligibility, support for completing an application, and sharing of the Reentry Resources handout. If applicable, managed care enrollment occurs as soon as Apple Health eligible and release date that is within 90 days is shared with HCA.

Business days since Apple Health enrollment confirmed (except as indicated in hours) ➜	Week 1							Week 2	Week 3
⬇ Apple Health Reentry Initiative benefits[3]	Day 1 (24 hours)	Day 2 (48 hours)	Day 3	Day 4	Day 5	Day 6	Day 7	Days 8-14	Days 15-21
Reentry Pharmacy: Continuity of existing medications	Begin the optional benefits when clinically appropriate and as early as possible, e.g., immediately upon intake for short-term incarcerations.								
Reentry Pharmacy: Initiation of new medications									
Laboratory services									
Radiology services									
Services from providers with lived experience									
Medical equipment and supplies at release	Planning recommended ahead								

5.6.2 Long-term stay expectations

For clients with stays longer than 90 days, reentry benefits should begin 90 days prior to the individual's expected release date. Facilities should confirm the individual's enrollment in Apple Health before 90 days prior to release, including supporting the individual in submitting an Apple Health application, if appropriate.

Service delivery expectations for adults with long-term stays

(Key: ☐ = recommended best practice timeframe; ☐ = HCA required; ☑ = HCA required latest possible timing)

Calendar days prior to release ➜	Prior to day 90	3 months prior	2 months prior	1 month prior
⬇ Apple Health Reentry Initiative Benefits[5]	Days 120 to 91	Days 90 to 61	Days 60 to 31	Days 30 to release
Screening processes				
Apple Health eligibility and application[6]		✔		
Reentry Health Screening		✔		
Mandatory benefits				
SUD: Continuity of existing medications		✔ Day 90		

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[5] Reentry benefits do not replace carceral health services and responsibilities, and facilities must continue to provide all necessary health care services.

[6] Includes verifying eligibility, support for completing an application, and sharing of the Reentry Resources handout. If applicable, managed care enrollment occurs as soon as Apple Health eligible and release date that is within 90 days is shared with HCA.

Benefit				
SUD: Evaluation and initiation of new medications	Scheduling recommended	✓ Day 90		
rTCM: Care manager assignment		✓		
rTCM: Reentry Health Assessment		✓		
rTCM: Reentry care plan and coordination		✓		
rTCM: Warm handoff				✓ Must occur 14 days prior to release and no later than 7 days week post-release
Reentry Pharmacy: Medications at release		Planning recommended		✓ At release
Clinical assessment and evaluation for CAA-eligible clients **post-adjudication**				✓ 30 days prior to release at minimum
Apple Health benefits for CAA-eligible clients **pre-adjudication**	Pre-adjudication, of any length of time			
Optional benefits				
Clinical assessment and evaluation for adults		Begin the optional benefits when clinically appropriate and as early as possible, e.g., at 90 days before release for long-term incarcerations.		
Reentry Pharmacy: Continuity of existing medication[7]				
Reentry Pharmacy: Initiation of new medications				
Laboratory services				
Radiology services				
Services from providers with lived experience				
Medical equipment and supplies at release		Planning recommended		At release

5.7 Reentry SUD policy requirements

Facilities must provide access to a qualified provider who can evaluate, assess, diagnose, and prescribe SUD treatment. As some SUD medications are highly regulated (i.e., methadone), this section was created to support understanding and facilitate access to SUD medications for Apple Health clients. Each facility is responsible for knowing and being compliant with current, applicable state and federal regulations; if a conflict arises between

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[7] Required if Reentry Pharmacy Pre-release benefit implemented.

regulations and this document, the more restrictive requirement applies. See the Resources section for additional SUD-related information.

Pathways for Ensuring Access: Four pathways exist to support access to methadone within a carceral setting, one of which may be used rarely. These pathways are as follows and are further detailed below:

- **Accredited as Opioid Treatment Program (OTP):** Facilities that are accredited as an OTP and operate the OTP within the facility.
- **Contracted with OTP**: Facilities that are contracted with an external community OTP.
- **Registered with Drug Enforcement Administration (DEA)**: Facilities that are registered with the DEA using a hospital/clinic registration type can continue or initiate methadone for individuals with opioid use disorder (OUD) in certain circumstances.
- **Brief Periods of incarceration for people receiving methadone from an OTP in a distant jurisdiction**: For people who were receiving methadone from an OTP in another jurisdiction prior to their incarceration, a 72-hour supply can be dispensed to bridge their stay and a day of release to allow them to re-establish with their home OTP.

The following Apple Health requirements apply to all pathways. Other requirements are specific to each pathway as detailed below.

- Methadone may not be tapered, replaced, or discontinued for convenience without the individual's informed consent and must be directed by the treating provider.
- For transition to the community, it is the responsibility of the treating prescriber to ensure the individual's release planning addresses access to doses of methadone upon reentry (e.g., coordinated transition with the accepting community OTP, records of dosing regimen shared with the accepting provider, last dose administered or dispensed was shared with the accepting provider and the individual). The care manager may support this planning when the client opts into the rTCM service.

Additional information to support Reentry SUD:

- If a licensed OTP is available, the OTP provider should complete a SUD assessment to initiate treatment when it can be completed without delay of treatment. If a licensed OTP is not available to initiate treatment in a timely manner, an assessment by a health care provider (e.g., primary care provider) may be appropriate to determine treatment for timely initiation.
- Telehealth may be appropriate when aligned with the HCA Apple Health Telemedicine policy.
- Methadone medication for the treatment of OUD must be billed on a medical/professional claim and may not be billed on a pharmacy POS claim. Methadone medication on a pharmacy POS claim is for the management of pain only.

5.7.1 Accredited as OTP

Carceral settings that are accredited as an OTP, and operate the OTP within the facility, must follow all existing state and federal rules. The carceral facility-operated OTP is the provider responsible for providing medication in this scenario.

- The OTP provider can initiate methadone for individuals who require it, including those with a primary diagnosis of OUD diagnosis.
- The full SUD intake assessment is completed by the OTP provider and may be completed after initiation when clinically appropriate.
- The provider may dispense doses according to the **2024 SAMHSA OTP guidelines** and **21 CFR 8.12(i)** as unsupervised or "take home" medication.

5.7.2 Contracted with OTP

Carceral settings may contract with a DOH-licensed, external, community OTP provider. The OTP provider is the party responsible for providing medication in this scenario. The OTP provider is responsible for the same requirements listed in the **Licensed as OTP** section.

5.7.3 Registered with DEA

For facilities that can't meet the above circumstances, facilities may opt to register with the DEA as a hospital/clinic (not to be confused with a provider who is DEA-registered). See **DEA Registration Forms**, Form #224a. Providers who would like support or guidance for methadone prescribing may consult with the University of Washington's Psychiatry Consultation Line (PCL) by calling 877-WA-PSYCH (877-927-7924).

Methadone initiation

Methadone can be initiated for individuals with OUD when one of the two scenarios below applies:

- For clients with a primary diagnosis other than OUD: Requirements for initiation is a primary medical diagnosis other than addiction and an OUD diagnosis. There should be clear documentation in the medical records identifying what primary diagnosis the patient has.
- For clients with a primary diagnosis of OUD: Can initiate methadone for individuals with OUD as a primary diagnosis under the 72-hour rule for individuals as clinically appropriate (e.g., when clients who will be incarcerated for less than 72 hours require treatment) (See 21 CFR 1306.07(b)).

Methadone maintenance

Methadone can be continued for individuals with OUD in the following scenario:

- As an "incidental adjunct" to the medical treatment of a condition other than addiction. Clear documentation is required in the medical record identifying what diagnoses the patient has (See 42 CFR Part 8).

Community transition

Methadone may be dispensed for up to 72 hours upon release, in compliance with the 72-hour rule for individuals who were initiated on methadone during incarceration (See 21 CFR 1306.07(b)).

5.7.4 Unique methadone administration circumstances

Under a circumstance in which an individual is experiencing a brief period of incarceration and is receiving OTP treatment in a distant jurisdiction, methadone administration is allowable only in rare circumstances when none of the above categories apply, and the following applies:

1. The facility has access to a health care prescriber (e.g., primary care provider) who is not licensed as an OTP, and
2. The facility cannot locate a licensed OTP nearby (as defined by no licensed OTP within a reasonable driving distance from the facility), and
3. The length of incarceration is expected to be brief. For example, 72 hours of methadone can be dispensed to people who are already receiving methadone from an OTP in a distant jurisdiction. The first day of dosing should occur within 24 hours after incarceration (rarely up to 48 hours) to minimize any loss of tolerance. Consideration should be given to the dosing hours of the person's home OTP, to bridge the transition from release to re-connection with their home OTP.

Requirements include:

1. The provider can initiate or continue methadone for 72 hours for individuals who require it, including those with a primary diagnosis of OUD diagnosis, but cannot continue methadone beyond the 72 hours

outlined under 21 CFR 1306.07(b). Initiation should be used when clinically appropriate (i.e., a plan to continue the medication past 72 hours is in place prior to initiating) and a rapid release is anticipated.

2. For continuation, the provider receives confirmation of the pre-incarceration dose with the home OTP.
3. If the client continues to be incarcerated past the 72-hour period, one of the first three options should be available. In rare circumstances when none of the above three options are available, the provider should consult the University of Washington's Psychiatry Consultation Line (PCL) by calling 877-WA-PSYCH (877-927-7924) to safely transition the individual from methadone to buprenorphine over an appropriate period.

5.8 Reentry Pharmacy policy requirements

5.8.1 Facility policy requirements for Reentry Pharmacy services

Individual medications

Apple Health can only be billed for medications that are individually prescribed and labeled. The outpatient pharmacy Apple Health benefit and federal regulations require that all billed medications be dispensed from the pharmacy in a patient-specific manner, rather than using shared stock for medications purchased in bulk.

MOUD & MAUD standards of care

The **MOUD & MAUD in Jails: Standard of Care Guidelines** are relevant to and required for the Reentry Pharmacy services regardless of facility type in order to support timely response and care.

Timing of release

The Medications at Release benefit requires a 30-day medication fill. The client's timing of release may impact the facility's ability to comply with the 30-day fill requirement due to pharmacy access.

Pharmacy hours

The 30-day fill requirement applies whenever feasible for pharmacy access, such as if the client's release occurs during the following timeframes:

- During the pharmacy's business hours (whether the release is planned or unexpected) or
- After hours, it is an expected release so that the facility has time to support coordination of access to and fill of medications.

Client choice when medication is not available

If the client is releasing when the medication is not available (i.e., release is unexpected and occurs after pharmacy business hours), the facility must offer a choice to the individual. Clients may choose to:

- Come to the facility the next pharmacy business day to pick up medications, or
- Identify a community pharmacy to access the 30-day medication supply. The facility is then required to coordinate with the prescriber and pharmacy of choice to support transfer of the 30-day supply prescriptions, so the script is on hold awaiting fill (referred to as "on file").

Early pharmacy interaction

When release is anticipated in the near term, the facility is required to coordinate the 30-day supply with the pharmacy early to ensure sufficient time for the pharmacy to fill the script (including consideration that the pharmacy may need to order the medication if not immediately on stock). If the pharmacy cannot fill the order in a timely manner (e.g., due to immediate release and must order the medication), the Client Choice When Medication is Not Available rule applies. Care managers can support this coordination when the client opts into the rTCM service.

Refills

If the client has any refill available on active prescriptions, the facility is required to support transition of the prescription to the client's community pharmacy of choice, so it is on hold (on file) for the client to refill. Care managers can support this coordination when the client opts into the rTCM service.

Prevention for medication wastage

The facility must have mechanisms to prevent medication wastage via all the following procedures, at a minimum:

- Verify the client is present in the facility (i.e., has not been released) before the medication is delivered, meaning the medication is no longer in possession of the pharmacy or a pharmacy staff member and can no longer be returned to the pharmacy.
- Bring the client to the location where medications are stored to ensure pick up of filled medications prior to release.
- Allow client to choose whether to return to the facility after release to pick up any filled medications (e.g., when the client is released directly from court, when medications are not immediately available at release).
- When filled medications are not picked up or the medication is delivered after the client's release, deliver filled medicine to client, unless the pharmacy can take back the dispensed medication. This does not apply to controlled substances that cannot be mailed securely.

Medication reconciliation

It is standard medical practice to confirm existing medications prescribed when considering prescription of medications. This is required within the Reentry Initiative, with documentation of any unsuccessful attempts. Prior to continuing medication, staff should attempt to verify the prescription. However, if staff are unable to verify the prescription prior to the next scheduled dose of the medication, a provider must be notified. The provider should determine whether the medication should be continued pending verification. Care managers can support this coordination when the client opts into the rTCM service.

Pharmacy storage and dispensing medication

Medications may have additional requirements for storage and dispensing beyond the usual safety requirements in a carceral facility. Some require refrigerator storage with specific temperature controls (e.g., vaccines) or additional protections for controlled substances. The facility is required to ensure pharmacy supplies are stored and dispensed securely and appropriately for the type of medication delivered. See Reentry SUD Policy Requirements section for more information. State law may apply to distributing medications in facilities; see **RCW 70.48.490 Delivery and administration of medications and medication assistance by nonpractitioner jail personnel**.

5.8.2 Additional information for Reentry Pharmacy

Medication access

To improve medication access, prescribers should consider writing a quantity for 90 days where clinically appropriate (e.g., maintenance medications). Pharmacies may fill a 90-day supply when a 30-day fill is prescribed with appropriate refills are on the script and this policy is allowable within the pharmacy's own policy.

Prescribers should send refills electronically to the client's community pharmacy to be placed on file. Care managers can support this coordination when the client opts into rTCM.

Pharmacy policy allows a refill if 75% of the medication was used (e.g., within one week of a monthly fill); a refill request will be rejected when attempting to fill prior to this time (called a refill-too-soon edit). Coordination

between the facility, client, prescriber, pharmacist, and/or community pharmacy may be needed to fill a medication when appropriate (e.g., existing medication not on person when incarcerated); care managers can support this coordination when the client opts into rTCM.

Medication access pre-release

Facilities and prescribers are encouraged to consider providing medications to individuals as keep-on-person (KOP) to the maximum extent possible. This supports individuals to be able to be released with existing medications in the event of an early or unexpected release. Evaluate the following safety considerations in this decision-making, at a minimum:

- Prescriber discretion based on client's condition (e.g., suicidal ideation),
- Safety in the specific facility setting (e.g., shared cells),
- Safety of packaging (e.g., ability to use as a weapon), and
- Type of medication and likelihood of being diverted (e.g., controlled substances).

Prior authorization (PA)

Apple Health may require prior authorization via HCA (e.g., for Fee-For-Service clients) or MCOs (and any MCO-contracted Pharmacy Benefit Managers or PBMs). The AHPDL is available online and identifies which drugs require PA for Apple Health clients. HCA resources are available: See the general PA form **online**. Any drug-specific PA forms are available by coordination with the pharmacy, who then is responsible for coordinating with the prescriber.

Vaccine Access

Vaccines are covered per Apple Health policy via both point-of-sale (POS) (e.g., influenza vaccine) and medical claims (e.g., vaccine administration). Note: Accessing via POS or medical claim may vary for specific vaccines by FFS and MCO delivery systems.

Release after dose

Client releases should occur after completed administration of the next dose when clinically appropriate (e.g., provide today's dose, appropriate clinician available to provide injection).

5.9 Benefit-related resources

Benefit resources and associated links

Benefits	Resource
Provider Billing Guides and Fee Schedules	• **Provider Billing Guides and Fee Schedules** for documents listed above, including Reentry Initiative Procedure Code List in the Reentry Services section
HCA Forms & Publications	• **https://www.hca.wa.gov/free-or-low-cost-health-care/forms-and-publications**
ProviderOne Billing and Resource Guide	• **ProviderOne Billing and Resource Guide**
Apple Health Pharmacy resources, including Apple Health Preferred Drug List	• **Apple Health Pharmacy resources on HCA website** • **Apple Health (Medicaid) drug coverage criteria**
Washington Administrative Code (WAC)	• **WAC 182-501-0060** Health care coverage—Program benefit packages—Scope of service categories.

	• **WAC 182-500-0070** Medical Definitions - Definitions—M. See Medically Necessary.
Reentry SUD resources	• **SAMHSA: Substance Abuse and Mental Health Services Administration** • **2024 published version of Federal Guidelines for Opioid Treatment Programs| SAMHSA** • **21 CFR 1306.07(b) -- Administering or dispensing of narcotic drugs.** • **Brief FAQ on Methadone Use to Treat Opioid Use Disorder in Carceral Settings with DEA Registration as a Hospital/Clinic** • **Directory of Opioid Treatment Programs in WA State** • **Opioid treatment programs (OTPs) Resource | Washington State Health Care Authority** • **Health Care Authority Methadone for Pain Policy**

6. Roles and responsibilities of implementation partners

Many different partners will assist in implementing the Reentry Initiative. The following table provides a high-level overview of responsibilities for key partners implementing the Reentry Initiative. This table corresponds to sections in Milestone 3: Readiness Assessment that facilities must submit and have approved by HCA prior to going live with Reentry Initiative benefit services. Facilities should refer to the Readiness Assessment and Policy & Operations Guide for detailed requirements.

Roles and responsibilities of implementation partners by Readiness Assessment section

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
1.1: No cost to individuals	• Ensure Reentry Initiative benefit services are provided at no cost to the individual, including not allowing balance billing for Apple Health eligible clients.	• Ensure Reentry Initiative benefit services are provided at no cost to the individual, including not allowing balance billing for Apple Health eligible clients.	• Ensure Reentry Initiative benefit services are provided at no cost to the individual, including not allowing balance billing for Apple Health eligible clients.	• Ensure Reentry Initiative benefit services are provided at no cost to the individual, including not allowing balance billing for Apple Health eligible clients.	*N/A*
1.2: Staffing and governance structure	• Establish a staffing structure to support all mandatory activities, including sharing the structure with HCA. • Establish a governance structure for coordinating among partners,	• Upon request of facility, participate in governance structures.	• Upon request of facility, participate in governance structures.	• Upon request of facility, participate in governance structures.	• Upon request of facility, participate in governance structures.

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	including sharing the structure with HCA. • Ensure appropriate space, technology, and privacy for all appointments, whether in-person or virtual, or in-facility or out of facility.				
1.3: Apple Health eligibility; application support; incarceration and release date notification	• Screen individuals to verify if they are enrolled in Apple Health or if they require an Apple Health application (unless delegated to a provider or navigator), including during intake within 24 hours or as soon as possible for individuals with short incarcerations, jails, and juvenile detention facilities.	• Upon request of facility, provide Apple Health application support.	• Follow standard Apple Health processes for providing newly enrolled individuals with relevant MCO documentation (e.g., member handbook for new enrollees) mailed to the client's address.	• Provide technical assistance on client Apple Health eligibility and enrollment support to facilities.	*N/A*

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	• Support completion and submission of Apple Health applications (using in-house or community-based navigators/ assisters). • Update post-release address and contact information in the individual's eligibility file, as needed. • Share mailed Apple Health information with incarcerated clients, including documentation from MCOs (e.g., renewal packets, benefits card), when received. • Provide contact information for Apple Health support to clients upon their release.				

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	• Provide information on Medicaid applications in other states, as needed. • Input booking and release date information into jail management system/OMNI, or work with HCA to establish processes for sharing booking and release information.				
1.4: Apple Health provider enrollment and billing	• If facility is providing Apple Health services, the facility must enroll in ProviderOne to be a billing provider. Facilities should also credential and contract with MCOs	• Complete ProviderOne enrollment for all providers who will deliver reentry services, if not already completed. • Contract with MCOs and complete credentialing processes for all enrolled providers who will deliver reentry services, if	• Support facility, community-based providers, and TPA in contracting and credentialing. • Accept, process, and pay claims for reentry services, submitted by the TPA claims clearinghouse and providers. • Work with TPA to address questions	• Support completion of Apple Health provider enrollment process for all reentry service providers not already enrolled. • Provide technical assistance to reentry providers on the general	*N/A*

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	either as an out-of-network or non-par provider (for up to 12 months) or complete the full credentialing and contracting process with MCOs or become an in-network provider. • If the facility is opting to use community-based providers who will directly bill for services, the facility should enter into an MOU with MCOs to solidify a working relationship and process for sharing of information. The	not already completed. • Ensure all participating providers can bill Apple Health FFS and each MCO for eligible services.	and/or issues with submitted claims for managed care enrollees.	process for MCO contracting and credentialing. • For facility-based providers, support participating facilities and providers in submission of claims or claims data. • Receive, review, and process claims or claims data from facility-based providers for reentry services.	

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	facility should also ensure that the community-based providers are enrolled with ProviderOne and contracted with MCOs. • If the facility is operating pharmacy services, ensure ability to dispense and bill Apple Health at an individual client level. • If the facility is operating an Apple Health service as a health care provider, ensure the facility can submit claims to the TPA claims clearinghouse for processing and/or directly bill Apple Health FFS and each MCO for				

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	eligible services, as needed.				
1.5: Reentry Targeted Case Management (rTCM)	• Establish a staffing model that meets the Reentry Initiative rTCM requirements. • Provide Reentry Health Screening to identify clients needing rTCM and provide screening to the rTCM team, as needed. • If using in-house care managers, ensure the care manager is a qualified health care provider according to the Apple Health rTCM Billing Guide and complies with the minimum requirements (i.e., reentry health assessment, reentry care plan,	• If facility is not using an in-house rTCM model, coordinate with the facility to provide in-reach rTCM (including assessment, care plan, coordinating pre-release care needs, establishing post-release appointments and connections, information-sharing with post-release MCO/providers, and as-needed warm handoffs). • Coordinate with the facility for care manager assignment and receive information shared by the facility (e.g.,	• When notified that facility is not using an in-house or in-reach community-based rTCM model pre-release, coordinate with the facility to provide in-reach rTCM using MCO providers for the MCO's enrollees (including assessment, care plan, coordinating pre-release care needs, establishing post-release appointments/connections, information-sharing with post-release MCO/providers, and as-needed warm handoffs). • Receive information shared	• Support facilities in establishing an adequate pre-release rTCM network, including providing support or identifying partners for provision of in-reach rTCM. • When notified that the facility is not using an in-house or in-reach community-based rTCM model pre-release, provide rTCM as requested.	• Receive information shared by the facility or community-based provider, as appropriate. • Upon outreach from the pre- and post-release care managers and in coordination with a client's MCO, identify community-based providers and facilitate referrals for and coordinate post-release HRSN services.

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	coordination, and warm handoff). • Ensure a process for assigning a care manager to each eligible individual and support scheduling of initial rTCM appointment. • Ensure information sharing process is available to share information with the rTCM care manager(s), both pre- and post-release as needed, post-release providers, and other entities, as needed. • Document and track any individuals' refusals to participate in rTCM and reoffer rTCM. • Provide hearing and/or language	Reentry Health Screening form, available health information), as appropriate.	by the facility for assigned members, as appropriate. • Provide or coordinate community provider support for MCO enrollee rTCM post-release.		

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	interpretation services (as needed and when requested).				
1.6: Support for medications	• Have an on-site pharmacy or contract with offsite pharmacies (including mail-order pharmacies) to dispense medications in individual-specific packaging. • Ensure process for medication reconciliation. • Screen individuals for SUD, including MOUD and MAUD. • Provide access to the required Reentry SUD medications, when clinically appropriate. • Provide training to staff on SUD, use of SUD medications,	• Provide Reentry SUD evaluation and medications. • Share known information about an individual's medication needs with the rTCM care manager and post-release providers (as appropriate), if obtained during the course of service delivery.	*N/A*	*N/A*	*N/A*

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	and SUD emergency response. • Provide an appropriate supply of SUD medication upon release and transfer any refills to a community pharmacy of choice.				
1.7: Services for CAA-eligible clients	• In compliance with Section 5121 of the CAA, ensure access to clinical assessment and evaluation services and rTCM for CAA-eligible clients in **post-adjudication** status. • In compliance with Section 5122 of the CAA, ensure access to appropriate and medically necessary benefits from the client's Apple Health benefit	• Coordinate with the facility to provide access to services for CAA-eligible clients, as requested by the facility.	*N/A*	*N/A*	*N/A*

Readiness Assessment section	Carceral facility	Community health care provider	Apple Health MCO	Third-party administrator	Community Care Hubs and Native Hubs
	package for CAA-eligible client in **pre-adjudication** status.				
Additional optional services	• Ensure provision of any optional services: o Clinical assessment and evaluation for adults o Reentry Pharmacy: Pre-Release Medications o Laboratory services o Radiology o Medical equipment and supplies at release o Providers with lived experience	• Coordinate with the facility to participate in provision of any optional services as in-reach providers, in coordination with the facility.	*N/A*	*N/A*	*N/A*