

Community Re-Entry Operations Workgroup

Progress Report

Engrossed Second Substitute Senate Bill 5304, Section 9(2)(c); Chapter 243, Laws of 2021

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Medicaid Programs Division
PO Box 42722
Olympia, WA 98504
Phone: (360) 725-1329
www.hca.wa.gov

Executive summary

Senate Bill (SB) 5304 and House Bill (HB) 1348 were enacted in the 2021 legislative session. This legislation requires the Health Care Authority (HCA) to request a waiver from the federal government to maintain an individual's Medicaid coverage when they are confined to a correctional institution as defined in RCW 9.94.049 or committed to a state hospital or other treatment facility. Legislation also requires HCA to create two workgroups to:

- Inform the waiver submission work.
- Look for efficiencies in existing re-entry programs.
- Explore the feasibility of expanding programs to other populations and settings, such as state hospitals, involuntary treatment in the community, and juvenile facilities.

To date, HCA has created an oversight workgroup, called the Re-entry Advisory Workgroup, and the four sub-workgroups below. These groups are working toward making re-entry services better and more accessible for all populations.

- Community Re-entry Operations Workgroup (CROW), the sub-workgroup responsible for this report
- Re-entry Community Services Program Workgroup
- Re-entry Workgroup for Young People
- Communications Workgroup

As part of the legislation, this report will provide an update for:

- Determining an approach and making progress toward implementing a process for transmitting real-time location information related to incarcerated individuals to managed care organizations (MCOs).
- Developing a process to transmit patient health information between jails and MCOs.
- Improving the collaboration between HCA, MCOs, and the jails as it pertains to care coordination when the individual enters law enforcement custody and upon release.

Background and workgroup update

CROW is focused on the technological and operational solutions of improving care coordination and information sharing when individuals are released from a correctional institution.

This workgroup started in August 2021 with approximately 35-40 members, with representatives from the Legislature, HCA, Washington Association of Sheriffs and Police Chiefs (WASPC), Department of Corrections (DOC), MCOs, advocates, and health care providers.

CROW's goals are to:

- Improve communication with MCOs about when an enrollee is incarcerated by using the 834 file transaction to inform jail location.
- Transmit health records using the Clinical Data Repository (CDR).
- Delay suspension of Medicaid for first 30 days of confinement.
- Explore an Application Programming Interface (API) or real-time data-sharing solution.

- Improve care coordination efforts for those exiting incarceration settings to improve health outcomes.

Jail location improvement – 834 file updates

One of the barriers of care coordination is knowing where a member is incarcerated so an MCO can perform effective care coordination.

HCA transmits information about active Medicaid clients to MCOs through a HIPAA-protected eligibility file (called an 834 transaction) on a nightly basis. When an individual is confined to a correctional institution they are suspended from Medicaid and HCA transmits a suspended status code to the appropriate MCO in the 834 transaction.

However, because of system constraints, HCA cannot provide MCOs with the jail/prison location. To fill this information gap, MCOs have to manually search jail rosters to locate the individual to provide care coordination services. This effort requires significant staff time and resources.

As of December 10, 2021, the 834 transaction file will be updated to include the jail or prison location once an individual becomes incarcerated and suspended from Medicaid. This will allow the MCO to effectively contact the appropriate facility and begin the care coordination efforts while the individual is incarcerated. ([The Washington Apple Health Integrated Managed Care Contract](#) describes these care coordination efforts.)

CROW will continue to monitor the implementation of this file update, the readiness of MCOs to accept this new data field into their systems, and the implementation outcomes.

Transmission of health records: CDR

One tool that assists better coordination of care is the CDR. Through the CDR, MCOs and jail health care providers can access client health records. The CDR is a database that stores clinical and claims data for Medicaid patients in Washington and is administered by OneHealthPort.

OneHealthPort is currently granting CDR access and training to jail staff to help facilitate care coordination for individuals entering and exiting incarceration. Registration for facilities to use the CDR began September 24, 2021. Training sessions on how to use and access the CDR were completed on October 21, 2021. In addition, the CDR is being implemented in adult prisons, juvenile detention centers, and Department of Child, Youth and Families (DCYF) Juvenile Rehabilitation (JR) residential facilities.

Delaying suspension for 30 days

HCA, based on federal requirements, currently suspends a client's eligibility to prevent drawing down federal financial participation (FFP) while a client is confined. SB 5304 directs HCA to submit a waiver to the Centers for Medicare & Medicaid Services (CMS) to seek FFP for up to 30 days in advance of release, to support continuity of care and seamless transfer between systems of care. Additionally, HB 1348 directs HCA to delay suspending Medicaid coverage up to 29 days when an individual is confined to reduce significant delays in access to care for short-term jail stays.

Since the kick-off of the Re-Entry Advisory Workgroup in August of 2021, HCA has been gathering feedback from the sub-workgroups to aid in the writing of the waiver submission to CMS.

Once this waiver submission is explored with CMS, CROW will track the operational and technical aspects of these changes moving forward. To support and make process changes to the current Medicaid suspension process, updates will be required to the ProviderOne system and current interface between the Jail Booking and Reporting System (JBRS) data feed and ProviderOne.

These technical changes will be managed and facilitated through existing ProviderOne Change Control processes. If a waiver to delay Medicaid suspension by 30 days was approved through CMS, implementation will also require broad process changes, outreach, and training to all impacted business partners to ensure this change is successful.

Exploration of an API or real-time solution

CROW will monitor the changes of the 834 file location enhancement and access granted to the CDR by OneHealthPort, it will also explore the possible impacts of system changes to a real-time system solution. More information is forthcoming, as CROW explores technological solutions and input from the other workgroups.

Coordination with (WASPC)

MCOs meet regularly with WASPC and other community partners to support system collaboration and coordination. MCOs share information about the role they play with incarcerated individuals who are transitioning in and out of law enforcement custody to better support the health of their members.

Ensuring value of managed care for the people of Washington

Overview of care coordination efforts

Representatives from each MCO are collaborating on the Allied System Coordination Plan (ASCP), which is a requirement of HCA's managed care plan contract. The ADCP requires MCOs to provide a written plan to HCA regarding how they will communicate and support care coordination between system partners for members.

Collaboration efforts focus on how to leverage this requirement to better serve those exiting incarceration. Although MCOs have contract requirements related to coordinating transitions and continuity of care in and out of correctional institutions, state hospital, or other treatment facility. MCOs also recognize that these individuals need the most intensive levels of support throughout the transition.

MCOs developed a standardized agreement for this ASCP in the form of a memorandum of understanding (MOU) and a list of prioritized entities to reach out to. ASCP requirements are identified under [Section 14.9 of the Apple Health Integrated Managed Care Contract](#). Coordination to improve access to timely and appropriate treatment for individuals involved in the justice system is a top priority within the contract.

HCA is monitoring MCO efforts to support care for individuals transitioning from confinement to ensure alignment with the legislative requirements. To assist in this monitoring effort, HCA has hired two nurses, eligible for enhanced federal funding for policy, program enhancement, and oversight function using the TEAMonitor audit and contract compliance tool.

HCA will continue to oversee contract compliance and engage with MCOs and other workgroup participants to solve the various coordination challenges, such as:

- Difficulty in getting access within the jail facility.
- Lack of access to viable medical records system.

Lack of space and personnel, including the ability to provide telephonic access between the jail, MCO, and individual. The impact of COVID-19 and the new Delta variant continues to pose a significant challenge for care coordination between MCO and jails. Prior to March 2020, the MCO jail transition team met face-to-face with justice-involved members in jail facilities to begin release planning. Because of the pandemic, MCOs can no longer meet with members in-person, and very few jails can offer facility access.

Current coordination efforts between MCOs and jails

In general, MCOs work with criminal justice facilities on individual client coordination and health care service authorizations as client needs become known. MCOs have made progress in meeting with leadership from more county jail facilities to begin establishing and/or strengthening more formal relationships and processes. MCOs understand it takes time to build trust and educate facilities on a complex system like Medicaid.

MCOs are working to expand these efforts with additional regional, county, and municipal jail facilities. Further exploration is needed to identify and collaborate on care coordination efforts. This organized and systematic approach will ensure MCOs meet with every facility and that the facilities can expect a consistent message/approach from all MCOs, as opposed to working with each MCO individually.

Many county/city jail facilities are also reluctant to enter into an agreement. MCOs have a history of working with DOC on client transitions. However, jails have different challenges on providing continuity of care and individuals typically needing a higher degree of medical care or attention. Despite these challenges, jail facilities and MCOs are committed to identifying and finding solutions to barriers, supporting care coordination, and working through each jail facility's unique challenges.

To date, MCOs have reported they have already met with jail facilities within seven of the 10 Medicaid Service Areas:

- 11 jail facilities and DOC at least once during the second quarter of 2021.
- 12 new jail facilities during the third quarter of 2021.

MCOs plan to meet with four additional facilities in the fourth quarter of 2021. They will continue to share updates and progress made with HCA.

Member stories from managed care

In the MCOs quarterly reports, they have shared the following success stories:

A relative to a member who was incarcerated in a city jail reached out to the MCO asking for assistance in obtaining resources for the member upon their release. The MCO Case Manager (CM) reached out to the jail to coordinate and ensure she was set up for Medication Assisted Treatment services for Suboxone, to get her through until she had her appointment with them, counseling, and CM services.

An incarcerated person in a county jail was working with a CM in coordinating their care. The CM was in regular contact with the member's care team (Indian health care provider, counselor, psychiatrist, and housing specialist) to help fill in any gaps in the member's care. Acute symptomology and a challenging

psychiatric diagnosis made it difficult for the member to follow through with their care. The CM worked with the county jail medical personnel, who obtained a Release of Information (ROI) for the CM to work with the jail staff and the member's mother on release planning.

Conclusion

HCA will continue to monitor and report to the Legislature on:

- Oversight and updates of the waiver submission work.
- Improving MCO transitional care coordination between jails, prisons, juvenile rehabilitation, state hospital, and/or other treatment facilities.
- Implementation of the 834 file and real-time information sharing.

Over the last year, COVID-19 restrictions have added additional challenges to care coordination for both MCOs and jail staff. MCOs and jail facilities continue to work together to identify and resolve barriers to coordination of health care to support improved outcomes for individuals re-entering the community.

The next report regarding this work is scheduled for July 1, 2022.