

T201: IMPLEMENTING MEDICAID WAIVER SERVICES IN A RURAL CARCERAL FACILITY

LEVERAGING LOCAL RESOURCES AND TEAMBUILDING IN A SMALL RURAL
COMMUNITY.



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Medicaid Transformation Project

Section 1115 demonstration waiver programs

- Behavioral health services
- Community Information Exchange (CIE)
- Health-related social needs (HRSN) services
- Housing and employment services
- Older adult care services
- Reentry Initiative – reentry from a carceral setting

Medicaid Transformation Project

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➤ **Reentry Initiative – reentry from a carceral setting**

Reentry Initiative

– reentry from a carceral setting

- Prepare people for a successful transition into their community to help them live their healthiest life.
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- Support SUD recovery and target infectious diseases like Hepatitis C before a person's release.

1115 Waiver covers a subset of various medical, behavioral health and SUD services

- MAT treatment (Suboxone, methadone, etc.)
- Outpatient SUD assessment and treatment
- Mental Health assessment and treatment
- Outpatient medical
- Prescription drugs
- Complete list is in HCA Reentry Services Billing Guide

Background on Wahkiakum County

Wahkiakum County Criminal Justice and Jail

Wahkiakum County Health and Human Services



Background - Wahkiakum County WA

- Size: 287 square miles - smallest in the state when factoring in both land and water
- 2026 Population Estimate: 4,933 Third-least populous county in the state.



Criminal Justice in Wahkiakum County

- **Violent Crime:** The violent crime rate is significantly lower than the national average. Statistics indicate about 1.23 violent offenses per 1000 population, which is roughly half of the national average.
- **Property Crime:** Property crime (such as burglary and theft) is also below average, with annual per capita rates estimated at around 31 to 32 offenses per 1,000 residents.
- **2024 Reported NIBRS Crimes Rate:** Total Per 10,000 Population 18-39
- **Facility Size:** The Wahkiakum County Jail is a small 14-bed detention center primarily used for temporary holds, pretrial detention, and short sentences under one year.

Wahkiakum Health and Human Services

- Public health – public health nurse provides reportable disease monitoring, WIC, vaccinees, education, etc
- Environmental health – septic system inspection and approval, food inspections
- Community Services – housing, employment, elder care referrals, other community outreach
- Behavioral Health – Mental health and Substance Use Disorder outpatient programs



**1115 Waiver & rTCM
Development, Implementation
and Approval Timeline**



MILESTONES



- Early 2024 - Joannie Kuhlmeier, Chief Civil Deputy learned of the 1115 Waiver at a Washington Association of Sheriffs and Police Chiefs (WASPC) meeting.
- May 2024 – Intent to Participate was submitted. Reserved our spot to keep us in the running. Also qualified county for a \$100,000 grant to start building the program.
- July 2024 – Wahkiakum Board of County Commissioners signed the Interagency Agreement for Reentry Demonstration Initiative Project

MILESTONES

- Fall 2024 – Milestone 2 deadline was missed due to too many unknowns about 1115 waiver, learning curve for HCA concerning how jails operate and gaining institutional understanding of Medicaid.
- November 2024 – Alliance formed with Wahkiakum County Health and Human Services to bring their longstanding experience with Medicaid and institutional knowledge in service delivery.
- February 2025 – Amended contract with HCA, began series of meetings with HCA and Managed Care Organizations.



MILESTONES



Destination Hope & Recovery

- February 2025 – First meeting with partners Wahkiakum County Sheriff Office, WCHHS Cowlitz Family Health Center and Destination Hope and Recovery,





- February 2025 - meetings with Joannie Kuhlmeier and Chris DesRosier, WCHHS Behavioral Health Consultant, to get all the attestations finalized to finish the Capacity Building Application
- March 2025 - Milestone 2 Capacity Building Application (CBA) submitted. This was the kickoff to rTCM meetings with the HCA.
- March 2025 - Internal HHS initial conversations with Chris DesRosier, SUD Lead Pam Hongel, etc. regarding rTCM program cohort I proposal, led by Wahkiakum County Jail, as partnership between WCHHS, Cowlitz Family Health Center and Wahkiakum County Jail.



- April 2025 – CBA review with the HCA, after corrections and suggestions the CBA was resubmitted, Readiness Assessment submitted, corrected and resubmitted.
- April 2025 - HHS conducts discussions with department leads and Chris regarding scope of program, billing and documentation requirements, feasibility of hiring additional staff for implementation.
- May 2025 – HHS participated in consultation with HCA and with Chris DesRosier regarding plan for development of team-based rTCM structure and supervision process / requirements, and compatibility with rTCM guidance as developed at the time. Developed initial plan and workflow for team-based model. Collaborated with Chris in development of WCHHS rTCM Care Plan template. Participated in troubleshooting plan for communication between WCHHS rTCM team and Wahkiakum County Corrections liaison.



- June 2025 – All contracts with the MCOs were drafted and approved by the Board of County Commissioners
- June 26 2025 – Our GO LIVE was approved!
- **July 1 2025 – Wahkiakum County Jail, Wahkiakum HHS, Cowlitz Family Health Center began offering 1115 Waiver and rTCM services.**



Supervising Reentry Targeted Case Management (rTCM) Implementation



- July 2025 - Case supervision of first rTCM client. Identifying implementation challenges related to intersection / handoff point of rTCM and MH outpatient services.
- Troubleshooting admin staff procedure adjustments and documentation in Credible (electronic health record), troubleshooting communication challenges for schedule coordination between WCHHS rTCM services, other WCHHS in-jail services such as SUD and JTS. Participation in Cohort I Rapid Response Calls. Updating rTCM care plan form for clarity.
- Service provision challenges or rTCM services with individuals enrolled in a tribe vs. identifying as having Native ancestry but not formal enrollment.
- Difficulties coordinating the timing of outpatient MH and SUD assessments resulting from rTCM referrals

Supervising Reentry Targeted Case Management (rTCM) Implementation



- Update of agency's policy and procedure development specific to rTCM / 1115 waiver services
- Implemented a "pro-telehealth" expectation for outpatient mental health services during / after initial assessment and treatment plan services and optimizing time management.
- Navigating increased delivery of services at the jail. Challenges arranging space, time, and adequate CO coverage for safety.

Supervising Reentry Targeted Case Management (rTCM) Implementation



Ongoing supervisory issues:

- Training of peer support staff in rTCM case management to increase staff capacity and resilience to staff PTO.
- Supervision of rTCM services. Efficiency improvements including timeliness of provision of services for individuals being seen via 1115 waiver in outpatient MH services following rTCM referral.
- Troubleshooting “glitches” with Medicaid insurance from in-state but out-of-service-region cases.
- Increasing number of staff trained to assist with navigation of WAhealthplanfinder and ProviderOne.

Key Points in our I I I 5 Implementation:

- Team based approach was *crucial* due to staffing and budget limitations:
 - Jail did not have in house medical, mental health, case manager or SUD providers
 - **Cowlitz Family Health Center** provides medical and MAT services
 - **WCHHS**, due to personnel limits, did not have full time MHP or nurse dedicated to rTCM
 - Team based rTCM utilizes case manager and peers under supervision of MHP
 - **WCHHS** has limited resources to provide services outside of the county
 - **Destination Hope and Recovery – Recovery Navigator Program** provided out of county connections to resources and case management services.



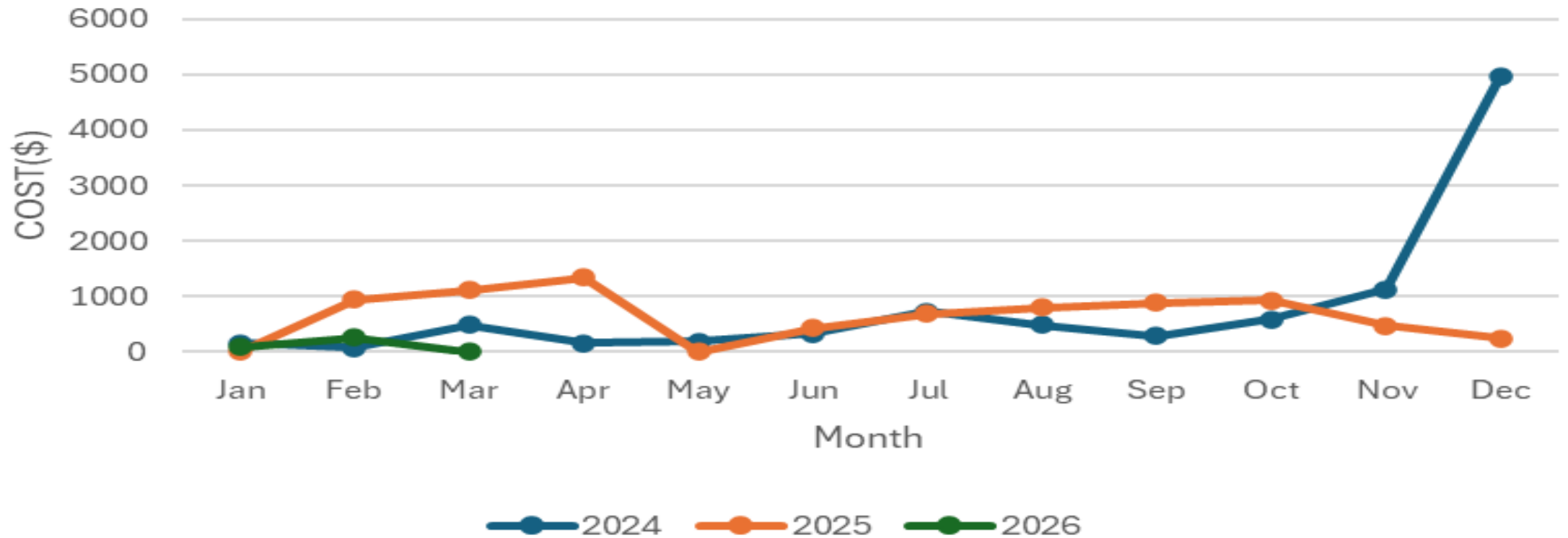
Destination Hope & Recovery

Outcomes, Cost Savings and rTCM Demographics



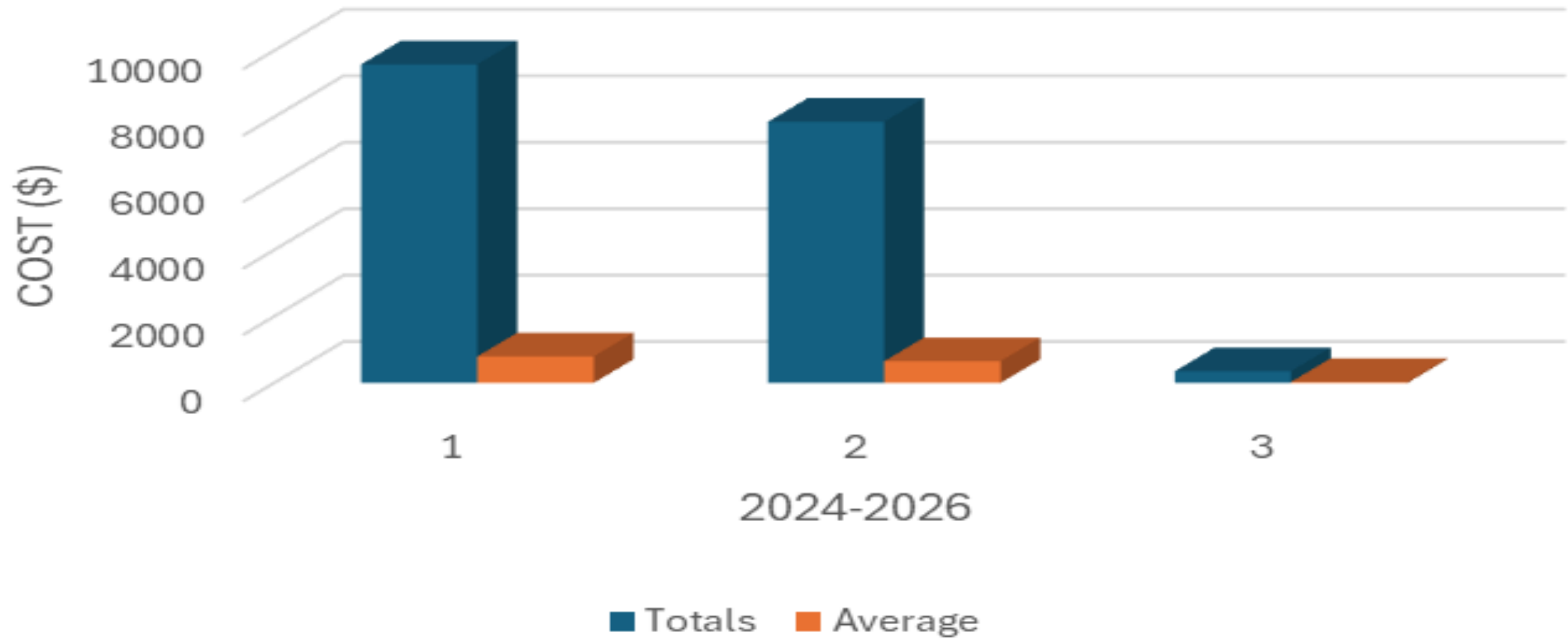
Outcomes and Cost Savings

Monthly Prescription Costs

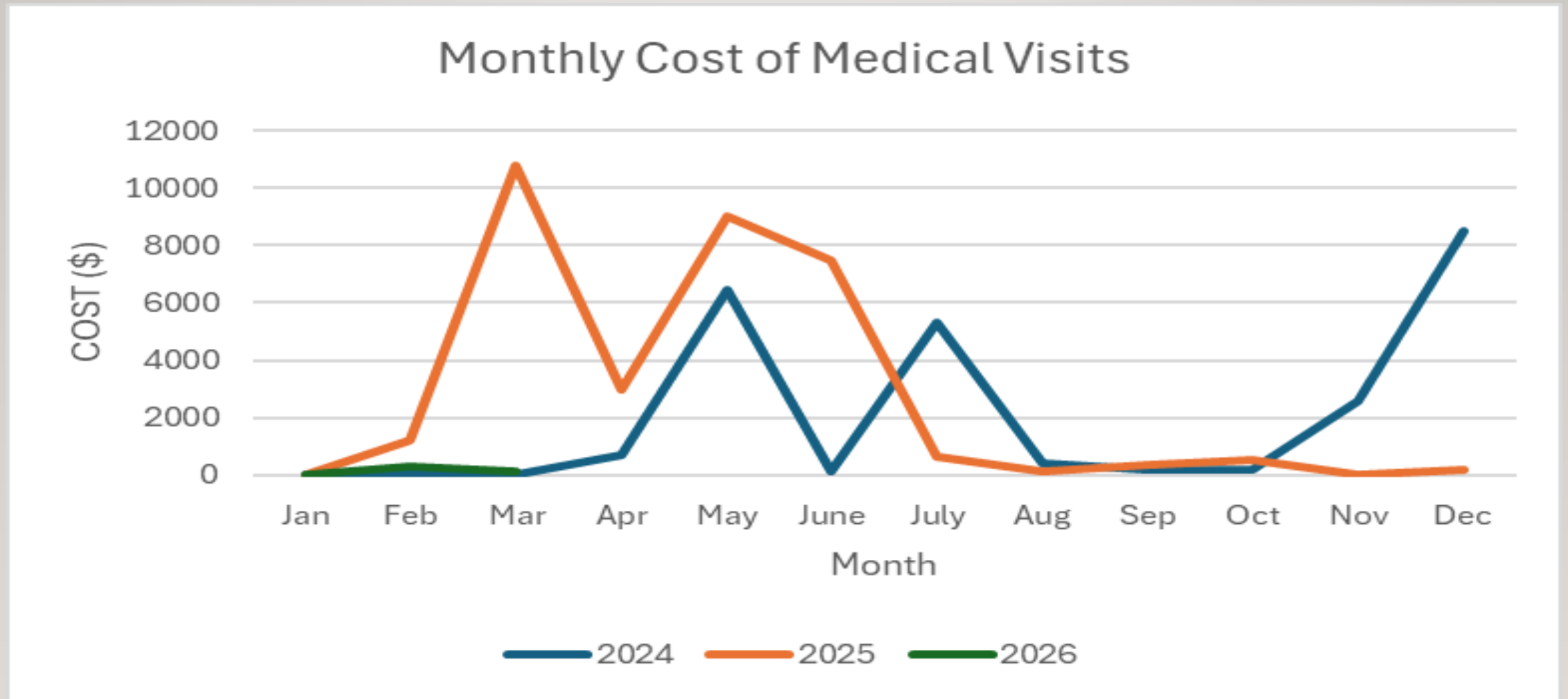


Outcomes and Cost Savings

Average Monthly Prescription Costs

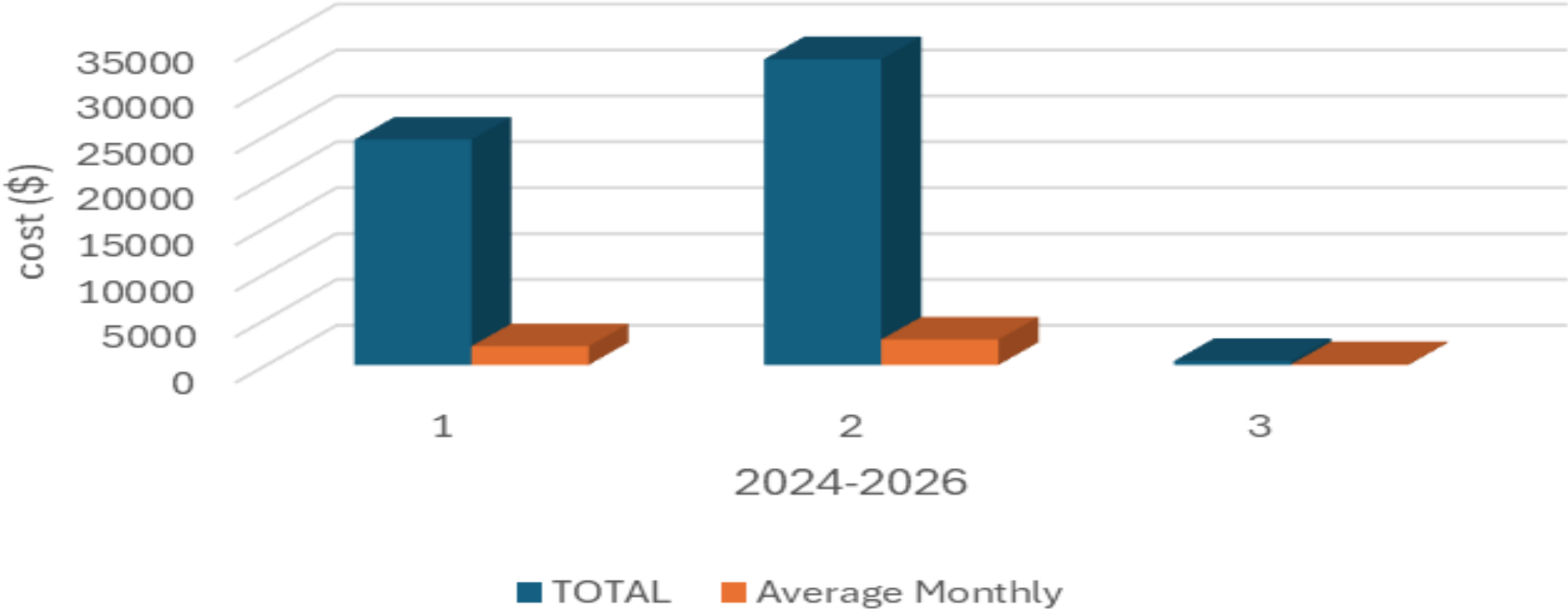


Outcomes and Cost Savings



Outcomes and Cost Savings

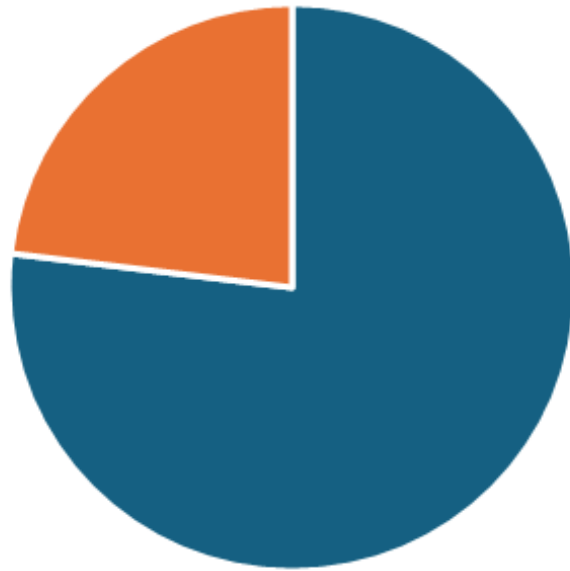
Average Monthly Medical Costs



rTCM Inmate Demographics

1 JUL – 31 DEC 2025

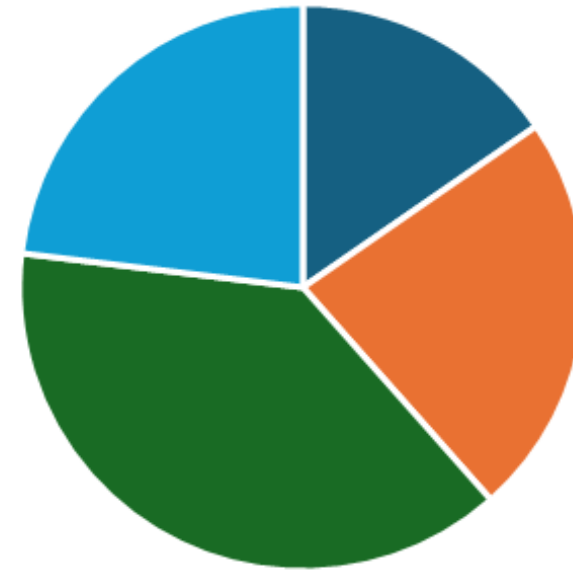
Gender



■ Males ■ Females

77% Male 23% Female

Age

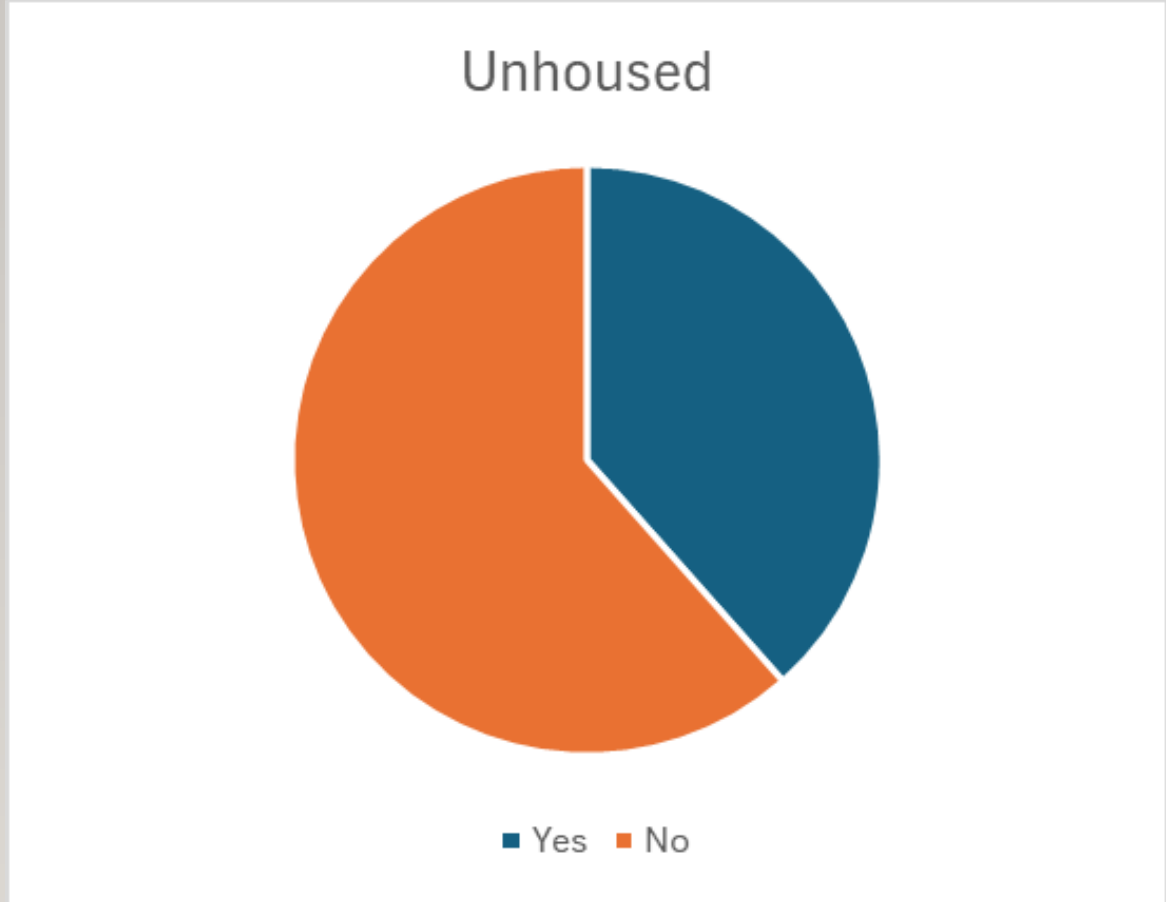


■ 25-30 ■ 30-35 ■ 35-40 ■ 45+

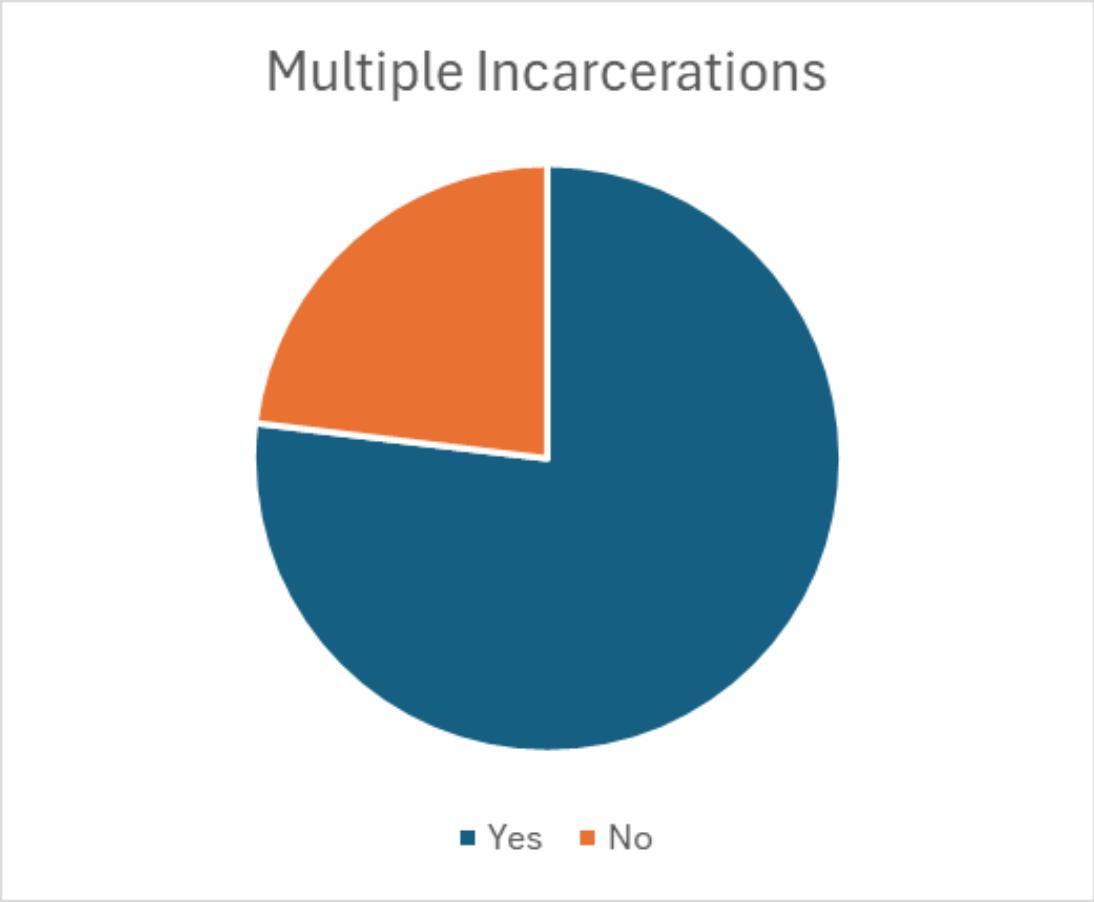
15% 25-30 23% 30-35 39% 35-40 23% 45+

rTCM Inmate Demographics

1 JUL – 31 DEC 2025



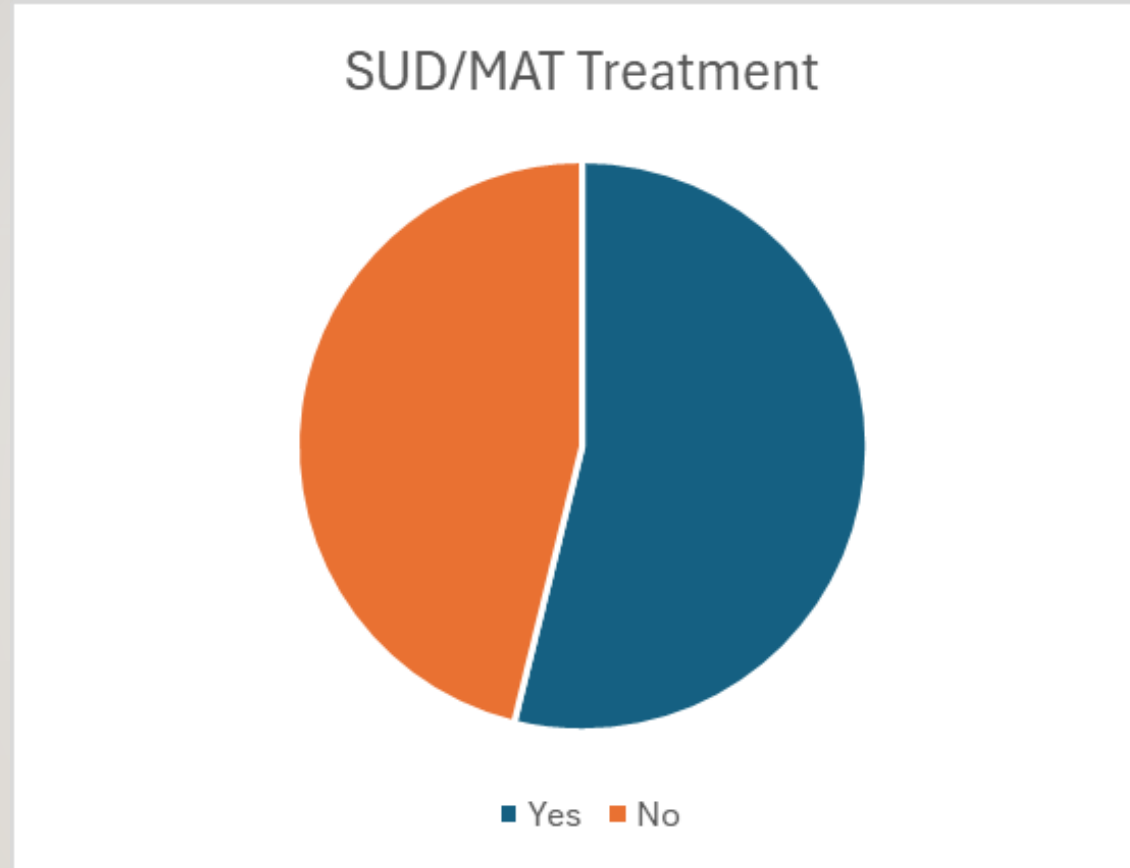
38% unhoused 62% housed



77% Multiple Incarcerations 23% Single Incarceration

rTCM Inmate Demographics

1 JUL – 31 DEC 2025



54 % Requested MAT and/or SUD 46% opted out of MAT/SUD

Benefits noted since implementation, regarding ability to serve individuals in jail:

- Improved access to Mental health services:
 - Engaging individuals in services before their release date allows them to build rapport and buy-in while still in a protected setting, before they are overwhelmed by other immediate needs, without having to coordinate these more intensive appointments (such as mental health assessments) around work and court requirements.
 - Individuals who have already completed these initial services are able to immediately focus on meeting priority needs such as connection to local programs, employment, psychiatric care (if not able to complete this as well before release) and coping skills for their symptoms.



- Access to a mental health assessment to improve the effectiveness of psychiatric medication prescribing (which was previously only available via jail-contracted primary care, and limited in scope as a result), to facilitate the inmate's ability to receive mental health services, prove medical necessity for treatment, and to support any co-occurring substance use treatment referrals. (for example, our SUD provider, if needing to refer the person to inpatient services, may need MH assessment information to ensure they refer the person to an appropriate facility.)
- Access to a psychiatrist for specialized medication prescribing and assistance with differential diagnosis for complex cases. (This was previously not realistic via existing JTS funding due to how rapidly those funds would be depleted, and the need to ensure funding was available throughout the budget cycle for any inmates that requested JTS.)
- Improved effectiveness of co-occurring SUD services. Being able to support the client in understanding and recognizing a client's co-occurring mental health disorder so they can reduce the interference of MH symptoms on their substance use treatment. (Being able to support SUD staff in recognizing when a behavior is associated with a mental health condition versus being a purely behavioral reaction – ADHD or PTSD, as an example - also reduces barriers to individual's rapport and engagement in SUD services.)



- Continuity of care for individuals already open in MH services who end up in jail has been crucial for reducing barriers to treatment progress. Prior to the rTCM program, individuals would experience a pause in their MH care until their release, as there was no other fund that could engage to fill the gap (at least, not quickly enough). This would often result in loss of progress in symptom stabilization, interruptions to their rapport with their therapist, and in worst case scenarios, would cause the client to be closed and need to restart services upon release (including MH assessment and treatment plan appointments). This often resulted in the individual dropping out of services entirely until symptoms became entirely unmanageable or interfered with their SUD services. Being able to maintain existing services, even at a reduced intensity or by telehealth, retains a familiar support system that is ready to engage immediately upon release, and ensures a trusted resource is available to help with adjustment stress within the jail setting. This corresponds with symptoms that are milder upon release and more responsive to a lower intensity of services that the individual is more likely to be able to schedule without conflict with their other essential services and responsibilities.



Reduced JTS utilization - Due to rTCM significantly reducing the number of services needing to be billed to JTS, JTS funds have been able to be utilized more flexibly within existing budget constraints:

- to cover initial mental health services (assessment and initial treatment plan session) for individuals who decline rTCM / are ineligible for the waiver, which then becomes a bridge to other services. (i.e. confirmation of a diagnosis, medical necessity, service recommendations, referral to PCP for medications, etc).
- to provide a larger amount of time with individuals needing JTS services so that more intensive problem-solving and care coordination can be provided to expedite connection to resources / address barriers to eligibility for rTCM services
- to provide regular, low-intensity peer or case management support for individuals who decline rTCM services but are still experiencing adjustment stress. At least one such individual ultimately changed their mind and accepted rTCM services after experiencing benefits of peer support initially billed under JTS.

1115 / rTCM Resources

- Reentry Services Billing Guide May 2026

<https://www.hca.wa.gov/assets/billers-and-providers/reentry-services-bg-20260501.pdf>

- Reentry Initiative Policy and Operations Guide

<https://www.hca.wa.gov/assets/program/reentry-initiative-policy-and-operations-guide.pdf>

1115 / rTCM Resources

Community Health Partnership Services Reentry Third Party Administrator (TPA)

<https://chpswa.org/reentry-tpa/>

- Technical Assistance HUB
- Claims Processing and Billing Support
- Reentry Case Management
- Fair Hearings Coordination

Questions?

THANK YOU!

- Washington Health Care Authority
- Community Health Partnership Services
- Cowlitz Family Health Center
- Destination Hope and Recovery
- Joannie Kuhlmeier, Chief Civil Deputy
- Wahkiakum County Sheriff's Office
- Chris DesRosier, Behavioral Health Consultant
- Wahkiakum Health and Human Services