Department of Corrections
WASHINGTON STATE

Medicaid Transformation Project (MTP) Reentry Initiative

WASHINGTON STATE DEPARTMENT
OF CORRECTIONS
HEALTH SERVICES DIVISON

What is the Medicaid Transformation Project?

Background Information:

- Washington Department of Corrections (DOC) partnered with Washington Health Care Authority (HCA) to implement the Medicaid Transformation Project (MTP) and the 1115 Waiver Initiative.
- These initiatives provide eligible patients with access to health care and reentry services beginning up to 90 days before release.
- Services are designed to improve health outcomes and support a successful transition back to the community.
- Washington State DOC officially launched these services on July 1, 2026, where DOC can bill for the services provided under the waiver.
- This initiative focuses on connecting patients to health care, medications, behavioral health services, and community resources before they return home.

Key Project Deliverables

- Enroll or reactivate Medicaid (Apple Health) coverage for eligible Incarcerated Individuals.
- Provide Reentry Targeted Case Management (rTCM) services up to 90 days prior to release.
- Deliver SUD treatment services, including MOUD and MAUD, during the 90-day pre-release period.
- Provide pharmacy services and medications during pre-release and for 30 days post-release.
- Enable Medicaid billing for rTCM, SUD services, and pharmacy services.
- Expand telehealth capabilities to support reentry care coordination.
- Establish contract and partnerships necessary to support implementation.
- Facilitate a warm handoff to the Managed Care Organization (MCO) Case Manager to ensure continuity of care, support a seamless transition, and connect individuals with post-release services and resources.

Project Implementation Highlights

- More than 33 staff members have been hired, with additional team members joining to support this project.
- This project is being implemented across all correctional facilities throughout Washington State. (AHCC, CBCC, CCCC, CRCC, MCC, OCC, SCCC, WCC, WCCW, WSP)
- Partnerships have been established with healthcare providers and community organizations to help individuals transition successfully into their communities.
- This project is expected to support approximately 600 patients each month, helping nearly 1,800 patients at different stages of the process.
- This effort is a collaboration among healthcare, reentry services, technology, policy, and leadership teams across the Department of Corrections.
- Planning for this project began in July 2023 with the goal of expanding healthcare services before release and improving the continuity of care after patients return home.

How can families find out exactly which phase or cohort their loved one’s specific facility is in, and if it is currently "live" with these pre-release services?

DOC has been preparing for these services since July 2023 in partnership with Washington Health Care Authority (HCA). Beginning July 1, 2026, all Washington State DOC facilities began offering Medicaid Transformation Project (MTP) services.

HCA implemented services in phases, referred to as Cohorts 1,2, and 3. Many jails across Washington State began participating in Cohort 1 on July 1, 2025, followed by Cohort 2 on January 1, 2026.

How is the Health Care Authority ensuring that individuals in local jails receive the same level of 90-day pre-release care coordination as those in state prisons?

DOC is not involved in county jail go-live processes or day-to-day operations. Families are encouraged to contact the jail for the most accurate and up-to-date information regarding the available services.

Questions may also be submitted to the HCA MTP shared mailbox for additional assistance:

HCAReentryDemonstrationProject@hca.wa.gov

If someone is in jail for less than 90 days, how will the facility quickly identify them to get them connected to Medicaid services before they are suddenly released?

Individuals are identified for services once their estimated release date is established and are automatically included in the Health Services Reentry “tracker”.

A specialized tracking and reporting system helps identify individuals 90 days pre-release.

DOC Records staff notify the Health Services Reentry Team (HSRT) of immediate/rapid releases that happen more quickly than the ERD gets posted.

How will the facility ensure that the required 30-day supply of medications and subsequent prescriptions are successfully transferred to a local community pharmacy where the individual releases?

- Facilities ensure that individuals who have been incarcerated for two or more business days have access to needed medications when they are released.
- Individuals may receive up to 90-day supply of medication or prescriptions which could be filled in the community when they leave the facility.
- This helps ensure there are no interruptions in important treatments during the transition home.
- Staff work to coordinate ongoing care and help connect individuals with community providers and pharmacies when needed.

Our goal is to make sure the patient has the medications and support they need for a safe and successful transition back into the community.

Given that medications for opioid and alcohol use disorders are a required core service, how are facilities coordinating with community clinics to make sure an individual has an appointment lined up immediately upon release so there is no gap in their medication?

Individuals receive up to a 30-day supply of medications when they leave the facility.

When allowed, patients may leave with a 90-day prescription.

Community medical appointments are scheduled to help ensure there are no gaps in care after release.

These services are designed to help individuals maintain their health.

Who acts as the primary point of contact for the individual during those 90 days? Is it a Department of Corrections case manager, an outside care coordinator, or a Managed Care Organization representative?

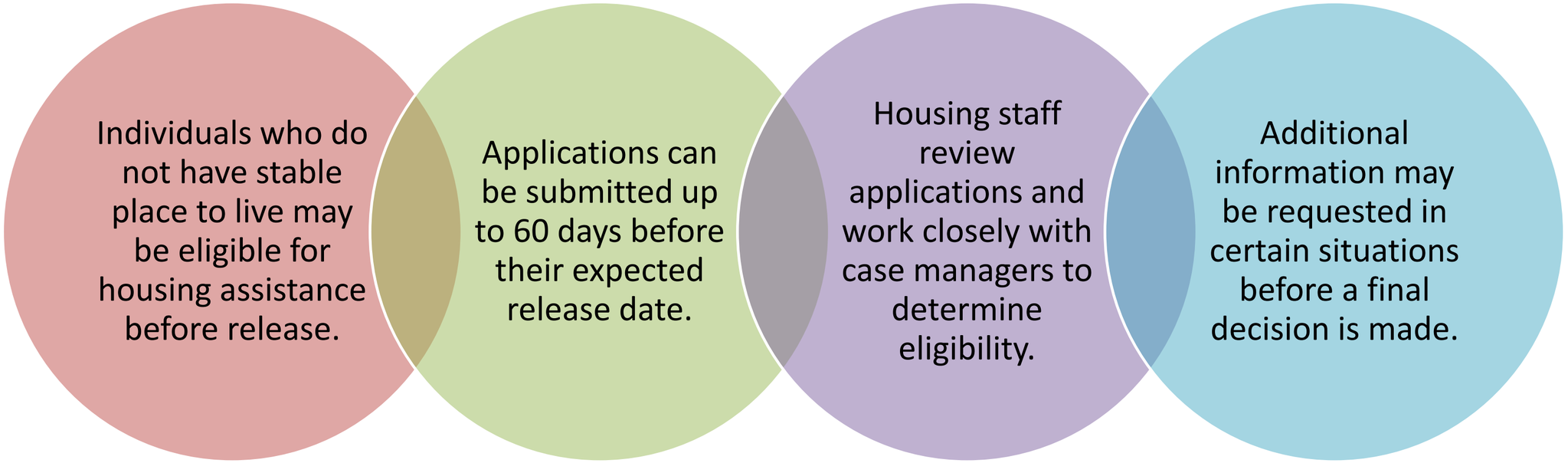
90 days before release, individuals are connected with a health services care manager.

The health services care manager helps with assessing health care needs, creating a reentry health plan, coordinating services, and connection to community resources.

The health services care manager serves as health services contact for the patient and will support additional services at least 30 days after release if needed.

Family members or a designated support person may participate in pre-release care planning conversations if the patient requests their involvement.

Under MTP 2.0, there are new benefits for Health-Related Social Needs, including up to 6 months of transitional housing/rent support. How do incarcerated individuals get screened and approved for these housing benefits before they exit the gates?



Please note: Housing assistance is a separate component of the Medicaid Transformation Project (MTP). We are addressing the health services aspects of MTP. Housing services are provided through DOC's Reentry Division. For more information visit:

Reentry Housing Assistance Program | Washington State Department of Corrections

What specific assistance is available between days 1 and 90 post-release to ensure the individual doesn't lose access to their doctors or therapists?

- Post- release care coordination is provided by Managed Care Organizations.
- DOC offers several programs to help individuals stay connected to care after release.
- Patients may receive support with:
  - Connecting to doctors and therapist
  - Accessing medications and treatment services
  - Navigating community resource
- DOC’s Continuity of Care Team can help address issues after release, including:
  - Difficulty obtaining mediations
  - Problems with health insurance
  - Challenges connecting with health care providers

If an incarcerated individual does not currently have Apple Health, what active steps are facilities taking to help them apply during that 90-to-120-day pre-release window?

- Approximately 150 days before release, DOC identifies individuals without Medicaid coverage.
- DOC works with HCA to make the enrollment process simple and easy.
- Applications are streamlined and require minimal paperwork.
- Eligible individuals can select their own Managed Care Organization (MCO) health plan during the enrollment process.
- Once approved, health coverage is activated to help ensure access to medical care and services after release.

Continuity of Care Team

- Data Summaries sent to Managed Care Organizations for all eligible releasing individuals.
- Provide support when individuals have medication, insurance or other healthcare concerns post-release.

Email for questions within 90 days of prison to community transition:

docdlaskhsreentry@doc1.wa.gov

Working Together for Successful Reentry

These partnerships play an important role in helping patients transition safely and successfully back into their communities

Reentry Targeted Case Management (rTCM)	• Provides discharge planning, care coordination, and connections to community services before release.
Medication for Opioid Use Disorder (MOUD & Medication for Alcohol Use Disorder (MAUD)	• Offers medications-assisted treatment to support recovery from opioid and alcohol use disorders.
Pharmacy Services	• Ensures individuals have access to medications, including 30/90-day supply at release, vaccines, and continuity of care.
Billing Services	• Helps eligible individuals enroll in Medicaid and works to ensure benefits are active upon release.

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Questions, Comments or Concerns?

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