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HOUSE BILL 2850

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State of Washington

64th Legislature

2016 Regular Session

By Representatives Walkinshaw, Robinson, Riccelli, Peterson,  
Stanford, Ortiz-Self, McBride, and Goodman

Read first time 01/22/16. Referred to Committee on Health Care &  
Wellness.

1 AN ACT Relating to providing continuity of care for recipients of  
2 medical assistance during periods of incarceration; adding new  
3 sections to chapter 74.09 RCW; adding a new section to chapter 71.24  
4 RCW; and creating a new section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** Persons with mental illness and persons  
7 with substance use disorders in the custody of the criminal justice  
8 system need seamless access to community treatment networks and  
9 medical assistance upon release from custody to prevent gaps in  
10 treatment and reduce barriers to accessing care. Access to care is  
11 critical to reduce recidivism and reduce costs associated with  
12 relapse, decompensation, and crisis care. In accord with the  
13 recommendations of the adult behavioral health system task force,  
14 persons should be allowed to apply or retain their enrollment in  
15 medical assistance during periods of incarceration. The legislature  
16 intends for the Washington state health care authority and the  
17 department of social and health services to raise awareness of best  
18 clinical practices to engage persons with behavioral health disorders  
19 and other chronic conditions during periods of incarceration and  
20 confinement to highlight opportunities for good preventive care and  
21 standardize reporting and payment practices for services reimbursable

1 by federal law that support the safe transition of the person back  
2 into the community.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09  
4 RCW to read as follows:

5 The authority is directed to suspend, rather than terminate,  
6 medical assistance benefits by July 1, 2017, for persons who are  
7 incarcerated. This must include the ability for a person to apply for  
8 medical assistance in suspense status during incarceration, and may  
9 not depend upon knowledge of the release date of the person. The  
10 authority must provide a progress report describing program design  
11 and a detailed fiscal estimate to the governor and relevant  
12 committees of the legislature by December 1, 2016.

13 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24  
14 RCW to read as follows:

15 The department and the Washington state health care authority  
16 shall publish written guidance and provide trainings to behavioral  
17 health organizations, managed care organizations, and behavioral  
18 health providers related to how these organizations may provide  
19 outreach, assistance, transition planning, and rehabilitation case  
20 management reimbursable under federal law to persons who are  
21 incarcerated, involuntarily hospitalized, or in the process of  
22 transitioning out of one of these services. The guidance and  
23 trainings may also highlight preventive activities not reimbursable  
24 under federal law which may be cost-effective in a managed care  
25 environment. The purpose of this written guidance and trainings is to  
26 champion best clinical practices including, where appropriate, use of  
27 care coordination and long-acting injectable psychotropic medication,  
28 and to assist the health community to leverage federal funds and  
29 standardize payment and reporting procedures. The authority and the  
30 department shall construe governing laws liberally to effectuate the  
31 broad remedial purposes of this act, and provide a status update to  
32 the legislature by December 31, 2016.

33 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09  
34 RCW to read as follows:

35 The authority shall collaborate with the department, the  
36 Washington state association of counties, and accountable communities  
37 of health to improve population health and reduce avoidable use of

1 intensive services and settings by requesting expenditure authority  
2 from the federal government to provide behavioral health services to  
3 persons who are incarcerated in local jails. The authority in  
4 consultation with its partners may narrow its submission to discrete  
5 programs or regions of the state as deemed advisable to effectively  
6 demonstrate the potential to achieve savings by integrating medical  
7 assistance across community and correctional settings.

8 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.09  
9 RCW to read as follows:

10 It is the understanding of the legislature that persons  
11 participating in a work release program or other partial confinement  
12 programs at the state, county, or city level which allow regular  
13 freedom during the day to pursue rehabilitative community activities  
14 such as participation in work, treatment, or medical care should not  
15 be considered "inmates of a public institution" for the purposes of  
16 exclusion from medicaid coverage under the social security act. The  
17 authority is instructed to obtain any permissions from the federal  
18 government necessary to confirm this understanding, and report back  
19 to the governor and relevant committees of the legislature.

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