



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

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June 14, 2024

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Bureau of Primary Health Care
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane Rockville, MD 20857

SUBJECT: Draft Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community - HCA Comments and Recommendations

The Washington State Health Care Authority (HCA) offers the comments below on the Draft Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community (Draft PIN 2024-05) published by the Health Resources and Services Administration (HRSA). The Draft HRSA PIN proposes program policy guidance for health centers under section 330 of the Public Health Service Act, 42 U.S.C. § 254b (including funding recipients, subrecipients, and look-alikes), to clarify the circumstances under which they may provide certain health services as part of the Health Center Program scope of project to incarcerated/detained individuals who are expected to be or scheduled for release from a carceral setting within 90 days.

HRSA seeks comments on the Draft PIN 2024-05.

Background

On behalf of the Washington State Health Care Authority, I am writing to address the draft policy notice outlined in Draft PIN 2024-05. We appreciate the opportunity to provide feedback on this proposed policy change. We are in full support of comments submitted by the Health and Reentry Project (HARP) and the National Association of Medicaid Directors (NAMD) and are providing certain supplementary comments specific to Washington State.

Washington State Health Care Authority is one of three states currently approved to implement a Centers for Medicare and Medicaid Services 1115 waiver reentry demonstration initiative, allowing the provision of a targeted set of pre-release services for Washington state Medicaid-enrolled individuals 90 days prior to release from a carceral setting. This initiative will help

James Macrae, M.A. M.P.P.
Associate Administrator
June 14, 2024
Page 2

prepare individuals releasing from a carceral setting for a successful transition and reentry into their community and help them live their healthiest lives.

Community health centers are an integral part of our care network, and we encourage policy change to support these centers' provision of services to individuals releasing from a carceral facility and to reduce concerns regarding liability for services provision. As such, we commend HRSA for addressing concerns around liability protection for community-health centers working in carceral settings.

To remove barriers to community health center provision of care in carceral settings, we recommend revisions to the proposed time limits on care provision, as well as the exclusion of pre-adjudication individuals from this policy.

Coverage within 90 days pre-release

First, we want to draw attention to the limitation proposed in the draft policy regarding coverage within the 90 days prior to release. While the 90 days requirement aligns with 1115 requirements, we recommend removing strict time limits related to the provision of pre-release services, which could create gaps in care for releasing individuals, particularly for individuals in jail settings. Predicting release dates is often challenging. This uncertainty could disrupt the provision of pre-release care and create confusion for providers establishing care plans and prescribing medications, resulting in a disjointed and potentially dangerous care experience for individuals with the greatest health needs. The potential risk of providing care without liability coverage during this time could ultimately prevent community health center participation in our initiative. We recommend adding flexibility to language referencing the 90 days period before release, to create flexibility for individuals whose release dates are unknown or may shift.

Pre-adjudication

Additionally, we are concerned about the exclusion of pre-adjudication individuals in the proposed policy. We believe that all incarcerated individuals, regardless of their legal status, should have access to necessary healthcare services from community health centers. Pre-adjudication individuals represent the majority of individuals experiencing incarceration in jail settings, and this policy could have the unintended consequence of keeping our community health center partners out of jail settings entirely.

In conclusion, we urge HRSA to reconsider the items outlined above. It is imperative that any policy enacted ensures equitable access to healthcare for all incarcerated individuals and addresses the practical challenges faced by providers in delivering this care.

We thank HRSA for its consideration of our comments. If you have any questions, please contact me at charissa.fotinos@hca.wa.gov.

James Macrae, M.A. M.P.P.
Associate Administrator
June 14, 2024
Page 3

Sincerely,



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By email