

Memorandum of Understanding

Between the Health Care Authority and any/all correctional or jailing facilities and State Hospitals (IMDs) performing the work of enrolling individuals into the Washington Medicaid system of record using WA Healthplanfinder.

I. Purpose

II. The purpose of this Memorandum of Understanding (MOU) is to document the agreement between the Health Care Authority (HCA) and [INSERT NAME of Facility] with respect to enrolling individuals into Medicaid upon their release.

Scope of Work

When facility staff identify an inmate who has no health insurance coverage and wishes to apply for Medicaid staff may assist the inmate to apply for Medicaid using the Healthplanfinder (HPF) internet application. The facility agrees to the following guidelines:

1. A Medicaid application may be initiated and submitted (signed in HPF) while an inmate is incarcerated no earlier than 30 days prior to anticipated release;
2. If the facility is operating under this MOU they can use a streamline application if approved by HCA (such as the 18-006 or the DOC worksheet);
3. If an application is submitted and Medicaid is approved on behalf of an inmate and the individual is not released to the community or the release is delayed beyond the 30th day the facility must submit a change of circumstances to the eligibility system as soon as possible (results in HPF closing the Medicaid case);
4. If an inmate is admitted for inpatient hospital care while incarcerated, the facility will use the same application process (written or online) to apply for Medicaid coverage for the inmate's inpatient hospital stay. This type of application requires the facility to also go back to HPF the day after Medicaid is approved and update the case to close out Medicaid for future months.

Inmates who are screened by the facility as not eligible for Medicaid or who will be applying to join a medical assistance unit containing other members (i.e. their family) or whom the facility does not assist for any other reason will be provided with information about how to apply for health insurance using Washington Healthplanfinder when they are released from the facility. If they need additional help inmates will be referred to an In-Person Assister in the community where they are releasing.

III. Roles and Responsibilities

- A. In accordance with the guidance outlined in Section II of this agreement signers agree to the following:

1. HCA will support the facility's efforts to enroll inmates into Medicaid as follows:
 - a. Providing training and materials on Medicaid eligibility and how to use the Healthplanfinder web application;
 - b. Linking the facility with local In-Person Assister organizations;
 - c. Offering technical assistance to the facility with respect to the Medicaid enrollment process and managed care assignment.

2. The facility agrees to secure the required documentation listed below. This documentation will be retained for no less than seven years following submission of an inmate's Medicaid application.
 - a. Written verification that the inmate applied for Medicaid knowingly;
 - b. Proof that the inmate was informed of his/her rights and responsibilities as a Medicaid applicant, including the inmate's attestation that all information provided in the Medicaid application is true to the best of his/her knowledge and that he/she will report changes to the HealthPlanFinder timely.

(HCA suggests having the inmate sign the Application Worksheet and Rights & Responsibility form for verifications.)

IV. Duration

This agreement will continue until terminated or amended by either party. The party requesting the termination or amendment will provide the other party with at least thirty (30) days' notice or less if mutually agreed upon.

Manning Pellanda, Director
 Medicaid Eligibility and Policy Division,
 Health Care Authority

Date

Director/Administrator
 Jail Services Administration
 Correctional Entity

Date