CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE SENATE BILL 5128

Chapter 12, Laws of 2025

69th Legislature
2025 Regular Session

JUVENILE DETENTION FACILITIES—MEDICAL SERVICES

EFFECTIVE DATE: July 27, 2025

Passed by the Senate February 25, 2025
Yeas 40 Nays 9

DENNY HECK

President of the Senate

Passed by the House March 27, 2025
Yeas 90 Nays 3

LAURIE JINKINS

Speaker of the House of Representatives

Approved April 4, 2025 11:22 AM

BOB FERGUSON

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 5128** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

April 7, 2025

Secretary of State
State of Washington

ENGROSSED SUBSTITUTE SENATE BILL 5128

Passed Legislature - 2025 Regular Session

State of Washington 69th Legislature 2025 Regular Session

By Senate Human Services (originally sponsored by Senators C. Wilson, Hasegawa, Nobles, Saldaña, Valdez, and Wellman)

READ FIRST TIME 01/30/25.

AN ACT Relating to medical services for individuals in juvenile detention facilities; amending RCW 74.09.555 and 71.24.715; reenacting and amending RCW 74.09.670; creating new sections; and providing expiration dates.

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

NEW SECTION. **Sec. 1.** The legislature recognizes that in 2021, Engrossed Second Substitute Senate Bill 5304 was signed into law to better ensure continuity of coverage for medicaid enrollment of incarcerated youth. The legislature finds that further clarification is required to ensure local and state juvenile facilities are made aware of opportunities for continuity of coverage. The legislature therefore resolves to remove ambiguity in state statute and to direct the health care authority to document its efforts working with local providers to ensure a warm handoff upon release from detention facilities.

Sec. 2. RCW 74.09.670 and 2021 c 243 s 2 and 2021 c 166 s 2 are each reenacted and amended to read as follows:

(1) Except as provided in subsection (2) of this section, when the authority receives information that a person enrolled in medical assistance is confined in a setting in which federal financial

participation is disallowed by the state's agreements with the federal government, the authority shall suspend, rather than terminate, medical assistance benefits for these persons, including those who are ((~~incarcerated~~)): Incarcerated in a correctional ((~~institution~~)) facility as defined in RCW ((~~9.94.049,~~)) 72.09.015 and 70.48.020, confined in an institution or facility operated by the department of children, youth, and families, or committed to a state hospital or other treatment facility. A person who is not currently enrolled in medical assistance must be allowed to apply for medical assistance in suspense status during confinement, and the ability to apply may not depend upon knowledge of the release or discharge date of the person.

(2)(a) During the first 29 days of a person's incarceration or confinement in a correctional ((~~institution~~)) facility, as defined in RCW ((~~9.94.049~~)) 72.09.015 and 70.48.020, or in an institution or facility operated by the department of children, youth, and families:

(i) A person's incarceration or confinement status may not affect the person's enrollment in medical assistance if the person was enrolled in medical assistance at the time of incarceration or confinement; and

(ii) A person not enrolled in medical assistance at the time of incarceration or confinement must have the ability to apply for medical assistance during incarceration or confinement, which may not depend on knowledge of the release date of the person. If the person is enrolled in medical assistance during the first 29 days of the person's incarceration or confinement, the person's incarceration or confinement status may not affect the person's enrollment in medical assistance.

(b) After the first 29 days of the person's incarceration or confinement, the person's medical assistance status is subject to suspension or application in suspense status under subsection (1) of this section.

Sec. 3. RCW 74.09.555 and 2021 c 243 s 3 are each amended to read as follows:

(1) The authority shall adopt rules and policies providing that when persons who were enrolled in medical assistance immediately prior to confinement, or who become enrolled in medical assistance in suspense status during the period of confinement, are released from confinement, their medical assistance coverage shall be fully

reinstated no later than at the moment of their release, subject to any expedited review of their continued eligibility for medical assistance coverage that is required under federal or state law. The authority may reinstate medical assistance prior to the day of release provided that no federal funds are expended for any purpose that is not authorized by the state's agreements with the federal government.

(2) The authority, in collaboration with the Washington association of sheriffs and police chiefs, the department of corrections, the department of children, youth, and families, managed care organizations, and behavioral health administrative services organizations, shall establish procedures for coordination between the authority and department field offices, institutions for mental disease, ((~~and~~)) correctional ((~~institutions~~)) facilities, as defined in RCW ((~~9.94.049,~~)) 72.09.015 and 70.48.020, and institutions or facilities operated by the department of children, youth, and families, that result in prompt reinstatement of eligibility and speedy eligibility determinations for medical assistance services upon release from confinement. Procedures developed under this subsection must address:

(a) Mechanisms for receiving medical assistance services applications on behalf of confined persons in anticipation of their release from confinement;

(b) Expeditious review of applications filed by or on behalf of confined persons and, to the extent practicable, completion of the review before the person is released;

(c) Mechanisms for providing medical assistance services identity cards to persons eligible for medical assistance services before their release from confinement;

(d) Coordination with the federal social security administration, through interagency agreements or otherwise, to expedite processing of applications for federal supplemental security income or social security disability benefits, including federal acceptance of applications on behalf of confined persons; and

(e) Assuring that notification of the person's release date, current location, and other appropriate information is provided to the person's managed care organization before the person's scheduled release from confinement, or as soon as practicable thereafter.

(3) Where medical or psychiatric examinations during a person's confinement indicate that the person is disabled, the correctional

((~~institution or~~)) facility, institution for mental diseases, or institution or facility operated by the department of children, youth, and families, shall provide the authority with that information for purposes of making medical assistance eligibility and enrollment determinations prior to the person's release from confinement. The authority shall, to the maximum extent permitted by federal law, use the examination in making its determination whether the person is disabled and eligible for medical assistance.

(4) For purposes of this section, "confined" or "confinement" means incarcerated in a correctional ((~~institution~~)) facility, as defined in RCW ((~~9.94.049,~~)) 72.09.015 and 70.48.020, held in an institution or facility operated by the department of children, youth, and families, or admitted to an institute for mental disease, as defined in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

(5) The economic services administration within the department shall adopt standardized statewide screening and application practices and forms designed to facilitate the application of a confined person for medicaid.

Sec. 4. RCW 71.24.715 and 2021 c 243 s 4 are each amended to read as follows:

(1) The health care authority shall apply for a waiver allowing the state to provide medicaid services to persons who are confined in a correctional ((~~institution~~)) facility as defined in RCW ((~~9.94.049 or confined in~~)) 72.09.015 and 70.48.020, institution or facility operated by the department of children, youth, and families, or a state hospital or other treatment facility up to 30 days prior to the person's release or discharge to the community. The purpose is to create continuity of care and provide reentry services.

(2) The health care authority shall consult with the work group established under RCW 71.24.710 about how to optimize the waiver application and its chance of success, including by limiting its scope if deemed appropriate.

(3) The health care authority shall inform the governor and relevant committees of the legislature in writing when the waiver application is submitted and update them as to progress of the waiver at appropriate points.

(4) No provision of this section may be interpreted to require the health care authority to provide medicaid services to persons who are confined in a correctional ((~~institution~~)) facility, state

hospital, or other treatment facility up to 30 days prior to the person's release or discharge unless the health care authority obtains final approval for its waiver application from the centers for medicare and medicaid services.

NEW SECTION. **Sec. 5.** (1) The health care authority shall collaborate with managed care organizations, the reentry services work group established under RCW 71.24.710, the department of children, youth, and families, and detention facilities, as defined in RCW 13.40.020, to implement section 5121 of the consolidated appropriations act of 2023 (P.L. 117-328) that requires the provision of:

(a) Screening and diagnostic services to eligible juveniles in the 30 days prior to release, or not later than one week or as soon as practicable after release; and

(b) Targeted case management services for a minimum of 30 days prior to release and for at least 30 days or as medically necessary following release to connect juveniles with services and providers in the geographic area where the eligible juvenile will be residing upon release, when possible.

(2) This section expires July 1, 2026.

NEW SECTION. **Sec. 6.** (1) The health care authority shall leverage existing resources, development plans, and funding as part of its other medical assistance programs, including the section 1115 demonstration waiver and reentry services initiative approved by the federal department of health and human services on June 30, 2023.

(2) This section expires July 1, 2026.

NEW SECTION. **Sec. 7.** (1) By December 1, 2025, and in compliance with RCW 43.01.036, the health care authority shall submit a report to the governor and the legislature on:

(a) The status of the authority's operational plan to implement section 5121 of the consolidated appropriations act of 2023 (P.L. 117-328); and

(b) A summary of the authority's collaboration efforts with managed care organizations, the reentry services work group established under RCW 71.24.710, the department of children, youth, and families, and detention facilities as defined in RCW 13.40.020,

and the identification of any barriers or challenges to providing services to eligible juveniles across the state.

(2) This section expires July 1, 2026.

NEW SECTION. **Sec. 8.** If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned.

Passed by the Senate February 25, 2025.
Passed by the House March 27, 2025.
Approved by the Governor April 4, 2025.
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