



Extraordinary Medical Placement Program Annual Report

Report to the Legislature

As required by [RCW 72.09.620](#)

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Cheryl Strange, Secretary
cheryl.strange@doc.wa.gov

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Extraordinary Medical Placement Program Description

The Extraordinary Medical Placement (EMP) program has been in operation in Washington state since 2009. It allows incarcerated individuals who meet specific criteria to serve the remainder of their sentence in home confinement, monitored electronically. To qualify, an individual must have a permanent or degenerative medical condition to such a degree that the individual does not presently, and likely will not in the future, pose a threat to public safety or be in poor health with a life expectancy of six months or less and is assessed as low risk to the community at the time of release.

Additionally, they must have a suitable and safe community placement that can provide the necessary healthcare, funded by either personal resources or public benefits. These placements are assessed to ensure public safety. Most individuals approved for EMP are placed in adult family homes, skilled nursing facilities, or private residences.

Candidates for the EMP program are identified through referrals, which can come from external sources, internal staff, or self-referrals. Those eligible for the EMP program may also qualify for Medicaid-funded services, provided they meet both functional and financial eligibility criteria.

Individuals who are sentenced to life imprisonment without the possibility of release or meet the legal requirements as a persistent offender under [RCW 9.94A.570](#) are not eligible for the extraordinary medical placement program or other partial confinement options under [RCW 9.94A.728](#) or graduated reentry under [RCW 9.94A.733](#).

The authority for the EMP comes from [RCW 9.94A.728](#) and in addition to statutory requirements, the Department of Corrections follows internal policy [DOC 350.270](#) to administer the program.

Legislative Directive for Reporting

[RCW 72.09.620](#) requires the secretary to report annually to the legislature on the number of incarcerated individuals (offenders) who are:

- Considered for an extraordinary medical placement,
- Granted a placement,
- Denied a placement,
- Returned to total confinement,

As well as:

- The length of time between initial consideration and the placement decision for each person granted an EMP, and
- The state's cost savings.

Since the Law Change

[SSB 5101](#) went into effect July 2023, changing the eligibility criteria for EMP. As these program adjustments were introduced in the latter half of CY2023 we did not see an immediate increase in placements during the reporting period. However, referrals have increased significantly, and we anticipate a rise in CY2024

placements as compared to previous calendar years.

Public Safety Criteria

Safety criteria include, but are not limited to, the following factors:

- A thorough review of current offenses and complete criminal history, with particular attention to convictions involving crimes against individuals,
- Histories of infractions, program participation, escapes, community supervision, and substance use,
- Outstanding felony warrants, detainer status, and victim/witness concerns, with an assessment of whether these issues can be mitigated when applicable,
- Sex offender status, compliance with treatment, and additional screening if treatment has been refused,
- Jurisdiction of the Indeterminate Sentence Review Board (ISRB),
- Medical prognosis and the individual's history of compliance with medical directives,
- The risk to the community, including whether the incarcerated individual poses a threat of committing similar offenses,
- The presence or absence of a personal support system.

EMP Cost Savings

Although project development is in progress, we currently lack an electronic health record system to track individuals' medical conditions and long-term care needs, as well as pharmaceutical technology that can monitor and report medical costs by incarcerated individual. Healthcare information is still maintained through paper records at each of our 11 facilities across the state. As a result, the reported incarceration costs reflect only the average daily cost per person in a major facility for FY24, without accounting for the substantial expenses related to providing healthcare for individuals with long-term care needs. This means the actual cost, particularly for those requiring intensive healthcare, is higher than what is reported.

To estimate the cost savings from the EMP program: the state Medicaid costs for those granted EMP are calculated based on the time they spent in community placement under EMP during the reporting period. These costs are then compared to the average daily incarceration costs for the same period, excluding federal Medicaid expenses.

See table below.

Extraordinary Medical Placement (EMP) Program Data

CY 2023

Number of incarcerated individuals considered¹ for EMP during the reporting period²	74
Number of incarcerated individuals referred for EMP during the reporting period	73
Number of referrals from CY2022 still under EMP consideration in CY2023	1
Number of incarcerated individuals granted EMP during the reporting period	2
Total number in community placement on EMP during the reporting period.	5
Number who died while placed on EMP in the community	1
Number who released from incarceration while placed on EMP in the community ³	1
Number of incarcerated individuals denied EMP	61
Number who did not meet medical criteria (RCW 9.94A.728(c)(i))	46
Number who did not meet public safety criteria	4
Number who died during consideration for an EMP/before EMP placement	7
Number who declined (at time of initial referral) or withdrew (during active referral) their EMP referral	1
Number who were LWOP and not EMP eligible	1
Individuals pending outcome of EMP referral at end of reporting period	11
The length of time between initial consideration and the placement decision for each incarcerated individual who was granted an EMP⁴	129 days
Placement 1	219 days
Placement 2	38 days
The number of Individuals placed in the community on EMP who returned to total confinement	0
Cost avoidance to the State of Washington for the reporting year⁵	\$ 19,073
DOC (EMP days used per year x average cost per day/offender)	\$ 234,737
State portion of Medicaid payments for community healthcare of offenders on EMP	\$ 215,664

¹Considered means EMP received a referral, and the case was reviewed for EMP eligibility.

²Total represents a distinct count, per unique individual, and does not include multiple referrals for the same individual.

³Releasing from incarceration on EMP means the prison term was completed, on home confinement or electric home monitoring, and moved forward to community supervision when indicated.

⁴Placement 1 was a high barrier transition to a Skilled Nursing Facility. Barriers included a lack of decisional capacity, complex legal questions, and time spent on court processes as well as complex medical needs requiring specialized care with a limited number of qualified providers able to meet care needs. Placement 2 was a low barrier transition to a Veterans Administration hospice setting, which allowed quicker placement.

⁵The cost avoidance calculation considers the State's share of Medicaid payments for healthcare in the community on EMP during the reporting period.