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Medicaid Section 1115 Reentry Implementation Plan

Version 1.0

Background

The implementation plan documents the state’s approach to implementing a section 1115 Reentry demonstration initiative and helps establish what information the state will report in its monitoring reports by describing whether and how the state will phase in implementation. The state must also submit a monitoring protocol that details its plans to conduct monitoring reporting. The implementation plan does not supersede or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments. For states covering the CAA population under the 1115 demonstration, the CAA-required operational protocol is satisfied by the reentry implementation plan only for the population and services in which there is an overlap.

The implementation plan outlines key information on the overall demonstration design, as well as actions related to the five milestones included in the State Medicaid Director Letter (SMDL) “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated”¹.

Reentry demonstration reporting topics
Implementation Settings
SMDL Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated
SMDL Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community
SMDL Milestone 3: Promoting continuity of care
SMDL Milestone 4: Connecting to services available post-release to meet the needs of the reentering population
SMDL Milestone 5: Ensuring cross-system collaboration
Reducing Health Disparities
Reinvestment plan
Consolidated Appropriations Act Population
Appendix: Implementation Phase-In Approach (if applicable)

¹ This SMDL (#23-003) is available in full here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>.

Implementation Settings

1. In the table below, report the total number of facilities anticipated for each facility type once the reentry demonstration is fully implemented. If the demonstration includes another facility type(s) not listed in the table, add a column(s) for the other facility type(s).
 - Does the state intend to phase in facilities? ☐ Yes ☐ No
 - If yes, provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented, and estimate the number of facilities to be phased-in by demonstration year (DY).
 - If no, only provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented.

Reentry Facility Implementation, By Demonstration Year	State Prisons (#)	County/Local Jails (#)	Youth Correctional Facilities (#)
Total			
DY 1			
DY 2			
DY 3			
DY 4			
DY 5			

2. Describe the state's plan for determining that participating facilities are ready to provide pre-release services to eligible beneficiaries. The description should address how the facilities will facilitate access into the correctional facilities for community health care providers (either in person or via telehealth). *(The information requested aligns with information required under Milestone 5.)*
[enter text here]

SMDL Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

3. Does the state currently suspend eligibility and benefits during incarceration? ☐ Yes ☐ No
 - If no, describe how the state will either effectuate a suspension strategy within two years from approval of the expenditure authority or implement an alternate plan that will ensure only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release.
[enter text here]
4. Opportunity to enroll in Medicaid:
 - ☐ The state attests that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application

process in accordance with 42 CFR 435.906 and 435.908, and anticipates using the following methods described at 42 CFR 435.907 to ensure enrollment:

- ☐ Online application
 - ☐ by telephone
 - ☐ in person
 - ☐ via mail
 - ☐ common electronic means
 - ☐ The state attests that all individuals who are incarcerated at a participating facility will be allowed to access and complete a Medicaid application and will be assisted in this process, including by providing information about where to complete the Medicaid application for another state (e.g., relevant state Medicaid agency website), if the person plans to live in a different state after release.
 - ☐ The state attests that all individuals enrolled in Medicaid during their incarceration will be provided with a Medicaid and/or managed care plan card or some other Medicaid and/or managed care enrollment documentation upon release, along with information on how to use their coverage.
5. Describe any challenges not already described in the Milestone 1 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

SMDL Milestone 2: Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated, to improve care transitions upon return to the community.

6. Describe how, within two years from approval of the expenditure authority, the state will effectuate a policy to identify Medicaid and CHIP eligible individuals, or individuals who would be eligible for CHIP, except for their incarceration status. Include in the description how the state will implement a screening process to identify individuals who qualify for pre-release services in line with the qualifying criteria outlined in the state's STCs. *(The information requested here aligns with information required under Milestone 1.)*
[enter text here]
7. Minimum pre-release benefit package:
- ☐ The state attests that Medicaid-eligible individuals who are identified as demonstration participants will have access to the minimum short-term pre-release benefit package, which, at a minimum, includes the services listed below. (Provide the Medicaid benefit category or authority for each service in the space provided.)
 - Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN) (if applicable) [enter text here]
 - Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling [enter text here]

- 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release
[enter text here]

8. Additional pre-release services:

- Does the state intend that Medicaid-eligible individuals who are identified as demonstration participants will have access to any pre-release services that are in addition to the minimum benefit services addressed in question 7? ☐ Yes ☐ No
 - If yes, list the additional pre-release services in the table below, along with the Medicaid benefit category or authority for each service. Add rows to the table below as needed.

Pre-release service	Medicaid Benefit Category or Authority

- If no, skip down to question 9.
 - If yes, does the state intend to phase-in the additional pre-release services?
☐ Yes ☐ No
 - If yes, complete the information in the Appendix A Table 2 template regarding participating facilities' Service Level selections and implementation timelines.
9. Describe any challenges not already described in the Milestone 2 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.
[enter text here]

SMDL Milestone 3: Promoting continuity of care.

10. Person-centered care plan:

- Describe the state's plan to ensure that, prior to release, individuals who are incarcerated will receive a person-centered care plan that addresses any physical and behavioral health needs, as well as HRSN (if applicable) and consideration for long term services and supports (LTSS) needs that should be coordinated post release. Include any existing requirements related to care plan content for reentering individuals.
[enter text here]

11. Case manager process and policies:

- ☐ The state attests to having processes and policies to ensure that case managers coordinate with providers of pre-release services and community-based providers (if they are different providers) and facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care.
- ☐ The state attests to having processes to facilitate coordination between case managers and community-based providers in communities where individuals will be living upon release or have the skills and resources to inform themselves about such providers for

communities with which they are unfamiliar. (This attestation additionally aligns with requirements under Milestone 2.)

- ☐ The state attests to having policies to ensure that case managers have the necessary time needed to respond effectively to individuals who are incarcerated and transitioning back into the community. (This attestation additionally aligns with requirements under Milestone 4.)

12. Describe the state's policies to provide or to facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs, as identified in the person-centered care plan. The description should include how the policies will account for access across all implementation settings and for individuals with short-term sentences.

[enter text here]

13. If the state is implementing the demonstration through managed care, please attest to the item below. If not, skip to question 14.

- ☐ The state attests that the managed care plan contracts reflect clear requirements and processes for transfer of a member's relevant health information upon release to another managed care plan or, if applicable, state Medicaid agency (e.g., if the beneficiary is moving to region of the state served by a different managed care plan or to another state after release) to ensure continuity of coverage and care.

14. Describe any challenges not already described in the Milestone 3 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

[enter text here]

SMDL Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

15. Describe the state's plan for monitoring that contact between the reentering individuals and the case managers occurs within an appropriate timeframe. Include in the description the state's plan for ensuring ongoing case management.

[enter text here]

16. Describe any challenges not already described in the Milestone 4 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

[enter text here]

SMDL Milestone 5: Ensuring cross-system collaboration.

17. Describe the system(s) the state Medicaid agency and participating facilities will employ (for example, a data exchange, with requisite data-sharing agreements) to allow the state Medicaid agency to monitor individuals' access to and receipt of needed health care and HRSN (if applicable), both pre- and post-release. Include in the description any anticipated data challenges and potential solutions, as well as details of the data-sharing agreements.
[enter text here]
18. Engagement of key entities:
 - Specify the types of key entities (e.g., correctional systems, community supervision entities, health care providers, managed care organizations, supported employment and supported housing agencies, etc.) the state intends to include in existing and future engagement for this demonstration.
[enter text here]
 - Describe the plan for the organizational level engagement, coordination, and communication between the state and the entities listed above.
[enter text here]
19. Describe the state's strategies for improving awareness about, and providing education on, Medicaid coverage and health care access among various stakeholders (e.g., individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, etc.).
[enter text here]
20. Describe any challenges not already described in the Milestone 5 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.
[enter text here]

Reducing Health Disparities

21. Describe the state's strategies to drive positive changes in health care quality for all beneficiaries through the reentry demonstration, thereby reducing health disparities, and address how the strategies will be integrated and how the state will meaningfully involve the population of focus into the demonstration implementation and the approach for monitoring and evaluation.
[enter text here]

Reinvestment Plan

22. Describe the state's plan for reinvesting the total amount of federal matching funds received under the demonstration for any existing carceral health care services that are currently funded

with state and/or local dollars. If the state already submitted this plan separately, please indicate below.

[enter text here]

Consolidated Appropriations Act Population

23. ☐ The state attests to complying with all requirements outlined in section 5121 of the CAA by including the population in the section 1115 demonstration.
- If the state plans to partially cover the required population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here: [enter text here]
24. ☐ The state attests to covering all or a portion of the optional CAA population outlined in section 5122 of the CAA by including the population in the section 1115 demonstration.
- If the state plans to partially cover the optional population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here: [enter text here]

Appendix A: Reentry Implementation Phase-in Approach Template

If a state is intending to phase-in additional pre-release services, provide the information below regarding the services in each Service Level, the number of facilities anticipated to provide each Service Level, the associated timeline for implementation, and any challenges and/or barriers that facilities may experience in providing a service(s) or Service Level(s).

Service Level Description

1. In Table 1 below, provide the services included in each Service Level. Add more rows as necessary.

Appendix Table 1: Services in each service level.

Service Level	Services included in the Service Level
1 (Minimum benefit package)	<ul style="list-style-type: none">• Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN): Medicaid benefit/category• Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: Medicaid benefit/category• 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: Medicaid benefit/category
2	<ul style="list-style-type: none">•

2. Describe any anticipated challenges and/or barriers experienced by state prisons in providing a service(s) or service level(s).

[enter text here] [Click or tap here to enter text.](#)

Service Level Information by Facility Type

3. In Appendix Table 2 below, provide the requested information regarding the number of facilities anticipated to provide each service level, by facility type and demonstration year. Indicate the demonstration year (DY) for implementation, as well as the DYs following implementation, in the table, adding service level columns and types of facility rows as needed.
4. Describe any anticipated challenges and/or barriers experienced by facilities in providing a service(s) or service level(s).
[enter text here]

Appendix Table 2: By service level, total number of facilities, number of facilities anticipated to offer service level(s) at implementation, and number of facilities anticipated to implement service level(s) by DY.

[Facility Type]	Service Level Implementation, By Facility Type and Demonstration Year (DY)	Service Level 1 (Minimum Benefit Package)	Service Level 2	Service Level 3	Service Level 4
State Prisons	Planned number of facilities offering each service level				
	Number of facilities anticipated to offer service level at implementation (during DY[enter text here])				
	Number of facilities anticipated to implement service level, by DY				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
County/Local Jails	Planned number of facilities offering each service level				
	Number of facilities anticipated to offer service level at implementation				
	Number of facilities anticipated to implement service level, by DY				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				

[Facility Type]	Service Level Implementation, By Facility Type and Demonstration Year (DY)	Service Level 1 (Minimum Benefit Package)	Service Level 2	Service Level 3	Service Level 4
Youth Correctional Facilities	Planned number of facilities offering each service level				
	Number of facilities anticipated to offer service level at implementation				
	Number of facilities anticipated to implement service level, by DY				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
Other Facility Types	Planned number of facilities offering each service level				
	Number of facilities offering service level at implementation				
	Number of facilities anticipated to implement service level, by DY				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				
	DY[enter text here]				