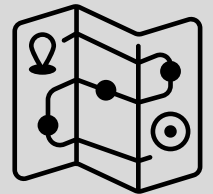


1115 DEMONSTRATION WAIVER AUTHORITY TO PROVIDE RE-ENTRY SERVICES PRE-RELEASE

BEST PRACTICES FOR STATES LOOKING TO SUBMIT OR AMEND RE-ENTRY DEMONSTRATION WAIVERS

In 2023, the Centers for Medicare and Medicaid Services (CMS) approved two 1115 Re-Entry Demonstration Waivers, including [California's](#) waiver in January and [Washington's](#) in June. Following the approval of California's waiver, CMS published a [State Medicaid Director Letter \(SMDL\)](#) to provide guidance to states wishing to similarly offer Medicaid reimbursable re-entry services under a Demonstration Waiver. CMS subsequently approved 1115 Re-Entry Demonstration Waivers submitted by [Massachusetts](#) and [Montana](#) in the spring of 2024.



Approved waivers, and the SMDL, provide states with a roadmap for how to design waiver-based re-entry services, as well as best practices for planning and implementation.

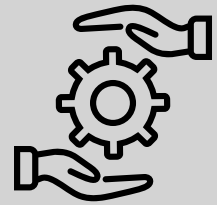


Under an 1115 Re-Entry Demonstration Waiver, states may begin providing Medicaid-reimbursable services to individuals up to 90 days prior to their release to help support transitions back to communities and improve continuity of care. Nineteen additional states, including AR, AZ, CO, CT, HI, IL, KY, MD, NC, NH, NJ, NM, NY, OR, PA, RI, UT, VT, and WV, have submitted 1115 Re-Entry Demonstration Waivers to CMS and are awaiting approval from the agency.

CMS has indicated in its feedback to states that it is “supportive of increasing pre-release services for justice-involved populations” and remains committed to working with states to provide re-entry services that are consistent with the agency’s goals.

The Impact of Providing Reentry Services

The weeks and months immediately following release from jail and prison, when there are often gaps in coverage and care due to the Federal inmate exclusion policy, can be particularly dangerous for individuals with chronic health conditions and behavioral health diagnoses. Providing re-entry services can support smooth transitions out of incarceration, lead to better health outcomes for individuals with complex care needs, and prevent hospitalization post-release.

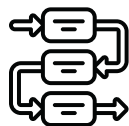


This toolkit provides best practices from states that have had their Re-Entry Demonstration Waivers approved by CMS, as well as from the SMDL.

Waiver Planning



Waiver Design



Waiver Infrastructure



Waiver Implementation



Future Considerations



Waiver Planning

Invest in Medicaid-justice system partnerships to support sustainable programs.



- Engage with Departments of Correction (DOC), sheriffs' departments, county jail systems, and youth correctional systems early on as thought partners and planning collaborators to design initiatives that are feasible to implement successfully.
- Identify leaders at facilities and within systems who can champion this collaborative effort to set re-entry program implementation up for success.
- Integrate Medicaid and correctional systems and software by leveraging enhanced funding opportunities and investing in additional infrastructure, technology, and staff to support fluid and secure communication and data sharing between systems.

State spotlight: [California](#) has allocated funding to support collaboration among and convening of all the entities participating in the initiative, including correctional institutions, managed care plans, county social services departments and behavioral health agencies, community-based providers, and other stakeholders.

- Engage with people with relevant lived experience and incorporate their perspectives and insight into the waiver design, implementation, and evaluation phases to create more robust and implementable programs.
- Learn from individuals with lived experience about opportunities and challenges that are unique to carceral settings, including the processes, power systems, and hierarchies at play.

State Spotlight: [Massachusetts](#) has requested expenditure authority to support “stakeholder convening to advance collaboration between facilities, state agencies, and other organizations involved in supporting and planning for the reentry demonstration.”

State Spotlight: As part of its amended waiver, [Kentucky](#) collected stakeholder feedback through key informant interviews and focus groups. This process provided insight into the processes and protocols currently in operation across the state to support individuals reentering their communities, the relative preparedness of facilities to provide re-entry services, and the challenges associated with the re-entry process.

Integrate stakeholder insight and buy-in to implement successful, measurable, and scalable programs.



Design around CMS waiver goals, tailoring them to state-specific needs and capacity



- Create waiver goals that are consistent with CMS’s expectations but also achievable and measurable.
- Identify methods for measuring progress made towards waiver goals, as well as data collection and analysis needs.

State Spotlight: [Montana](#) included all of the [goals CMS enumerated in its SMDL](#), in addition to committing to “providing intervention for certain behavioral health conditions and using stabilization medications with the goal of reducing overdose and overdose-related death in the near-term post release.”

Waiver Design

Define eligibility based on state and system capacity, demographics of incarcerated populations, and readiness to implement re-entry services



- Decide whether to define eligibility (e.g., age, behavioral health diagnosis, chronic condition diagnosis) broadly or narrowly:
 - Broadly defining eligibility will capture a larger group of individuals who will likely need a more diverse array of case management and planning services.
 - Narrowly defining eligibility will narrow the scope of necessary services and the number of enrollees.
- Decide within which facilities to implement (e.g., jails, prisons, youth correctional facilities):
 - Implementing across facility types will engage a broader pool of individuals but will necessitate different implementation strategies based on setting.
 - Implementing at a single facility will limit engagement but allow the state to test program feasibility and facility readiness before scaling up.

State Spotlight: [Montana's](#) pre-release services are available to Medicaid beneficiaries who are 19 and older and who have a confirmed mental health diagnosis or a confirmed or suspected substance use disorder diagnosis.

State Spotlight: [Illinois'](#) application illustrates a plan to pilot its reentry initiative within a single county jail in order to establish best practices and evidence-based policies and programming prior to expanding to other counties and carceral settings across the state.

- Provide pre-release services that facilitate smooth transitions out of incarceration for individuals living with chronic conditions to support better health outcomes.
- Connect individuals with housing, education and training, and employment to [improve outcomes](#) for newly released individuals and [prevent recidivism](#) down the line.
- Consider implications of leveraging telehealth to provide re-entry services, including connectivity issues, access to electronic devices, use of secure software, and private spaces in which to have confidential provider-patient conversations.

CMS requires states to provide at least:

- Case management services
- Clinically appropriate medication-assisted treatment (MAT)
- 30-day supply of all prescribed medications

States with pending waivers are seeking to provide:

- Housing screening and housing support services upon release
- Peer support services and CHW/community navigator services
- Medicaid program enrollment education and information
- Sexual and reproductive health information and connectivity
- Infectious disease (HIV/HCV) screening and treatment

Cover at least the minimum services required by CMS and consider covering additional pre-release services



Provide re-entry services to improve care transitions between 30- and 90-days pre-release



- Decide whether to:
 - Provide re-entry services and education about Medicaid enrollment to soon-to-be released individuals up to 30 days pre-release to improve care transitions, or
 - Provide re-entry services and education about Medicaid enrollment that go above and beyond improving care transitions to soon-to-be released individuals up to 90 days pre-release.
 - States that choose to provide re-entry services between 31- and 90- days pre-release must include a unique demonstration purpose for these services and be prepared to specifically evaluate the additional impact of providing services earlier pre-release to justify continued provision of these services.

State Spotlight: Both [California](#) and [Washington](#) will provide reentry services up to 90 days pre-release. Both states are required to assess whether providing services earlier prior to release leads to better diagnosis and treatment of chronic conditions, fewer emergency department visits and less acute care post-release, and more robust engagement and retention in MAT and other appropriate treatment for substance use and mental health disorders.

Waiver Infrastructure

Explore opportunities for enhanced matching to support program implementation



- Seek enhanced administrative matching dollars to support development or improvement of Medicaid systems, data sharing capacity, upgrades to implement and expand service provision, and coordination with community providers.
- Leverage enhanced funding to integrate Medicaid and correctional systems, software, and data sharing capacity.
- Consider hiring and training additional staff and purchasing or upgrading electronic health record technology.

State Spotlight: [California](#) has received expenditure authority to support provision of telehealth services, including accommodations to create private spaces within correctional facilities in which to conduct assessments, and installation of audio-visual equipment.

State Spotlight: [Kentucky](#) has proposed developing cross-agency integrated infrastructure systems and processes to document, capture, and exchange relevant data; track Medicaid eligibility and enrollment; provide pre- and post-release services; and track provider enrollment and credentialing.

Waiver Implementation

- Learn from the states with approved re-entry waivers and model after their successful programs.
- Recognize that Medicaid-reimbursable re-entry services are still novel; states that build flexibility into their programs will be better placed to adapt to future policy changes.
- Be prepared to submit a reinvestment plan upon waiver approval.

State Spotlight: [Massachusetts](#) already has in place infrastructure and policies to support waiver implementation, including data sharing agreements with the DOC and local correctional facilities, allocated phone lines and staffing to process Medicaid eligibility updates, and 12-month continuous Medicaid eligibility for individuals upon release to reduce churn.

State Spotlight: [Washington](#) State spent the final quarter of 2023 engaging with re-entry advisory groups with representation from state agencies, carceral facilities, community-based organizations, and policy leaders. The state also formed subgroups to guide implementation and assessment of facility readiness, facilitate continuity of care management, determine eligibility and enrollment processes, and finalize benefit design.

State Spotlight: When developing your reinvestment plan, consider [California's](#), which identifies existing services that will require reinvestment over the life of the waiver. California specifically names Laboratory and Radiology Services and Medication and Medication Administration as existing services and must reinvest at least \$65,375,000 over the course of the demonstration.

Monitor states with approved re-entry waivers and consider their successes and challenges



Future Considerations

Design re-entry waivers with monitoring and evaluation requirements in mind



- Plan to collect and analyze data and assess cost effectiveness in order to show progress made toward meeting demonstration milestones. States are expected to monitor at least the following metrics:
 - Administration of screenings to identify individuals eligible for pre-release services
 - Participating pre-release service providers
 - Utilization of applicable pre- and post-release services
 - Provision of health or social service referral pre-release
 - Participants with established care plans at release
 - Uptake of data system enhancements among participating carceral settings
 - Quality of care and health outcomes metrics, including disparities-sensitive measures, which are needed to close disparities and gaps in quality of care in Medicaid/CHIP

State Spotlight: California plans to begin providing re-entry services in October 2024 and is in the process of assessing facility readiness to begin providing re-entry services in the meantime. The state’s [implementation plan](#) is organized around the waiver’s milestones, summarizing the current state of policies and practices in California and setting forth activities and associated timelines to help California achieve its waiver milestones.

Contact

For further information, please reach out to us at healthpolicynews@pcgus.com