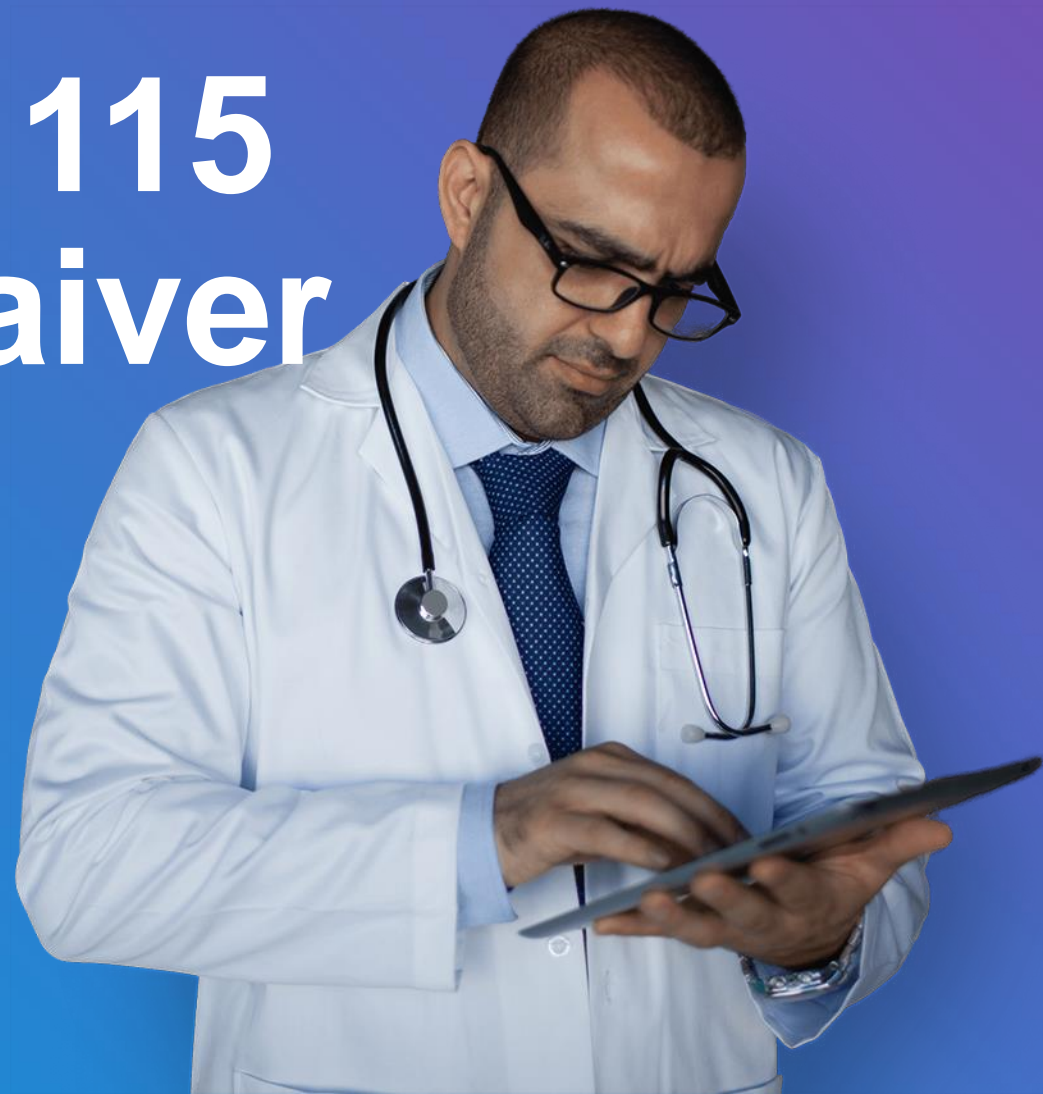




Justice-Involved 1115 Demonstration Waiver

November 3, 2023



Agenda

1. History and Background
2. Connecticut's Amendment Request
3. Why Now?
4. Timelines and Next steps
5. Questions
6. Resources

Justice-Involved (JI) Waiver History and Background

There is long-standing prohibition in Medicaid that precludes Medicaid reimbursement for services provided to incarcerated individuals. This is known as the “inmate exclusion.”

In January 2023, California received approval from the Centers for Medicare and Medicaid Services (CMS) to waive the inmate exclusion rule with agreed-upon rules and procedures. In June 2023, Washington received approval for their waiver.

Currently, 16 states have submitted applications to CMS. California and Washington's have been approved.

In 2018, Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), which required HHS to guide states on how to seek 1115 demonstration authority to waive the inmate exclusion to improve care transitions to the community for incarcerated individuals

CMS has advised states to align JI waiver applications with what has already been authorized under the California and Washington models if states want an expedited review of their applications.

Demonstration Goals

- Consistent with CMS' goals as outlined in the April 17, 2023, State Medicaid Directors' letter, Connecticut's specific goals for the reentry demonstration are to:
 - Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
 - Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;
 - Improve coordination and communication between correctional systems, Medicaid systems, including administrative services organizations, and community-based providers;
 - Increase investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;
 - Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
 - Reduce all-cause deaths in the near-term post-release; and
 - Reduce the number of emergency department (ED) visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

Connecticut's Waiver Application

- Connecticut will request this authority, via an amendment to the Substance Use Disorder 1115 Demonstration Waiver, to design and implement a “Reentry Demonstration” that provides:
 - Medicaid coverage for eligible inmates in the state correctional system, including all correctional centers (jails and courthouses), and correctional institutions (prisons), and juvenile and community residential centers.
 - Eligible inmates include those with behavioral health needs, including mental health disorders and substance use disorder (SUD), certain other health conditions, and incarcerated youth.
 - Coverage period of up to **90 days** immediately prior to the release of the incarcerated individual from the correctional system.
 - An initial targeted benefit package to include case management services, medication-assisted treatment for SUD, a 30-day supply of medications upon release, and certain other supportive services being implemented in subsequent phase-ins.

Core Components of the Waiver

- Payment for reentry transitional services during the final days of incarceration
 - Improved care transitions
 - Federal budget neutrality
 - Performance measures
 - Evidence-based treatment
-
- Health / behavioral health evaluations for all discharging inmates
 - Substance use / mental health referrals (including medication-assisted treatment (MAT))
 - 30 days of prescription medication upon discharge



Services are Needed

- Approximately 12,000 adults are released from correctional facilities per year
 - It is estimated that 85% of adults will meet the waiver's medical need criteria
- Approximately 650 adolescents are released from a juvenile and community residential centers per year
- In 2022, DOC exported mental health diagnoses from its electronic medical record (EMR) and merged these diagnostic data with information from its administrative database. Findings included:
- 95.5% of the incarcerated population had at least one or more of:
 - A history of mental health disorders,
 - An active mental health disorder requiring treatment,
 - A history of substance use disorder, or
 - An active substance use problem requiring treatment.
- 80.8% of the incarcerated population had either an active mental health disorder requiring treatment, or an active substance use disorder requiring treatment. 24.5% of the population had both.

Target Population

Youth

- All detained youth (under age 19) who are Medicaid eligible – no demonstrated health care need is required

Adults

- Medicaid eligible
- Meet one of the following health care need criteria:
 - Mental Illness
 - Substance Use Disorder
 - Chronic Conditions/Significant Clinical Condition
 - Intellectual or Developmental Disability
 - Acquired Brain Injury, including Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant/Postpartum

Proposed Services

Three core services that must be operational at the start of the waiver:

- Transitional case management (pre-and post-release)
- Medication for addiction treatment, including MAT
- Medication in hand at release

Additional services to be implemented in subsequent phase-ins:

- Physical and behavioral health clinical consultation
- Laboratory and radiology services
- Services by community health workers, to the extent covered under the Medicaid State Plan, including those with lived experience
- Family planning services contraceptives and birth control
- Other services such as medications and medication administration; screening for common health conditions, such as blood pressure, diabetes, hepatitis C, and HIV; rehabilitative or preventive services, including those provided by community health workers; treatment for hepatitis C; and provision of durable medical equipment and/or supplies for use after release

Future Services/Future State

- Implementation Plan:
 - Build on existing service system
 - Engage stakeholders
 - Build a more robust and sustainable community-based transition service model
 - Strengthen the community-based health care service system that serves formerly incarcerated individuals and detained youth

Implementation Plan

The state must submit an implementation plan outlining how the 1115 will be implemented, including a reinvestment plan for new federal funding that would otherwise supplant existing state funding.

The high-level implementation plan addresses how the state will meet required milestones and includes the following for each milestone:


- A description of activities and timelines for meeting required milestones
 - Anticipated challenges and specific plans to address these challenges
 - The approach to ensure that coverage and payment for full benefits are in place as soon as possible upon release
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If a state plans to phase-In the implementation of its demonstration, it should describe its approach in the implementation plan, including how this will impact the demonstration evaluation.

CMS is developing a guide for state implementation plans.

JI Demonstration Waiver

CMS has advised states to align JI waiver applications with what has already been authorized under the California and Washington models if states want an expedited review of their applications.



Once approved, Connecticut's application will activate Medicaid eligibility 90 days prior to release from prison, jail or juvenile and community residential centers.



The state will be required to reinvest all new federal dollars, including revenue projected from new pre-release services and required information technology investments.

CMS Milestones — Overview

Milestone 1

Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

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.

Milestone 3

Promoting continuity of care to ensure access to services both pre-and post-release.

Milestone 4

Connecting to services available post-release to meet the needs of the reentering population.

Milestone 5

Ensuring cross-system collaboration.

CMS Submission Requirements

The submission must include:

- A comprehensive plan to address reentry transitional case management services, and an assessment of how this demonstration will complement and not supplant state activities called for or supported by other federal authorities and funding streams
- A description of the proposed health care delivery system, eligibility requirements, benefit coverage and cost-sharing (premiums, copayments and deductibles) to the extent such provisions would vary from the Medicaid state plan
- A list of the waivers and expenditure authorities
- An estimate of annual aggregate expenditures by population group impacted by the demonstration, including the development of baseline cost data for these populations
- Enrollment data, including historical service coverage and projected coverage over the life of the demonstration, of each category of beneficiary whose health care coverage is impacted by the demonstration
- Written documentation of the state's compliance with the public notice, issues raised and how the state considered those comments when developing the final demonstration application submitted to CMS
- The research hypotheses that are related to the demonstration's proposed changes, goals and objectives, and a general plan for testing the hypotheses including, if feasible, the identification of appropriate evaluation indicators
- Implementation plan (if being submitted at the time of application)

CMS Submission Requirements

State proposals should address:

- A description of the carceral settings
- Individuals who are eligible for the demonstration
- Pre-release services to be included in the demonstration
- Timeframe for delivery of pre-release services.
- States should also identify for each milestone what they expect to be the key implementation challenges and, at a high level, how they intend to address these challenges, with the expectation that they will be further described in the implementation plan.

Waiver Application Submission vs. Implementation Plan

- California received approval in January 2023 and plans to implement in November of 2024
- Washington received approval in June 2023 and has requested an extension on the submission of their implementation plan

Waiver Application Submission:

- This is step 1 of numerous steps to secure authority from CMS to implement these services
- Connecticut to submit the waiver application early 2024 to get in the queue as soon as possible

Implementation Plan:

- CMS has at least 90 days to review the waiver application, but it is very likely that there will be extensions based on multiple questions that the state is likely to receive during the review process
- While the application is under review and after formal approval of the waiver, the state agencies will continue to conduct in-depth stakeholder meetings to inform the implementation plan
- The state will continue to seek stakeholder input after the submission of the state's application to CMS

The Timing is Good



- The administration, legislature and stakeholders have all expressed an interest in improving access and quality of care provided under the Department of Correction (DOC).
- An 1115 waiver provides a cost-effective way to address these needs.
- Similar to the existing SUD waiver, states would be required to reinvest any resulting revenue into the system. This would permit investments in both inmate and community medical and support services, including housing and job training, with revenue generated from services already being provided.

Connecticut is Well Situated

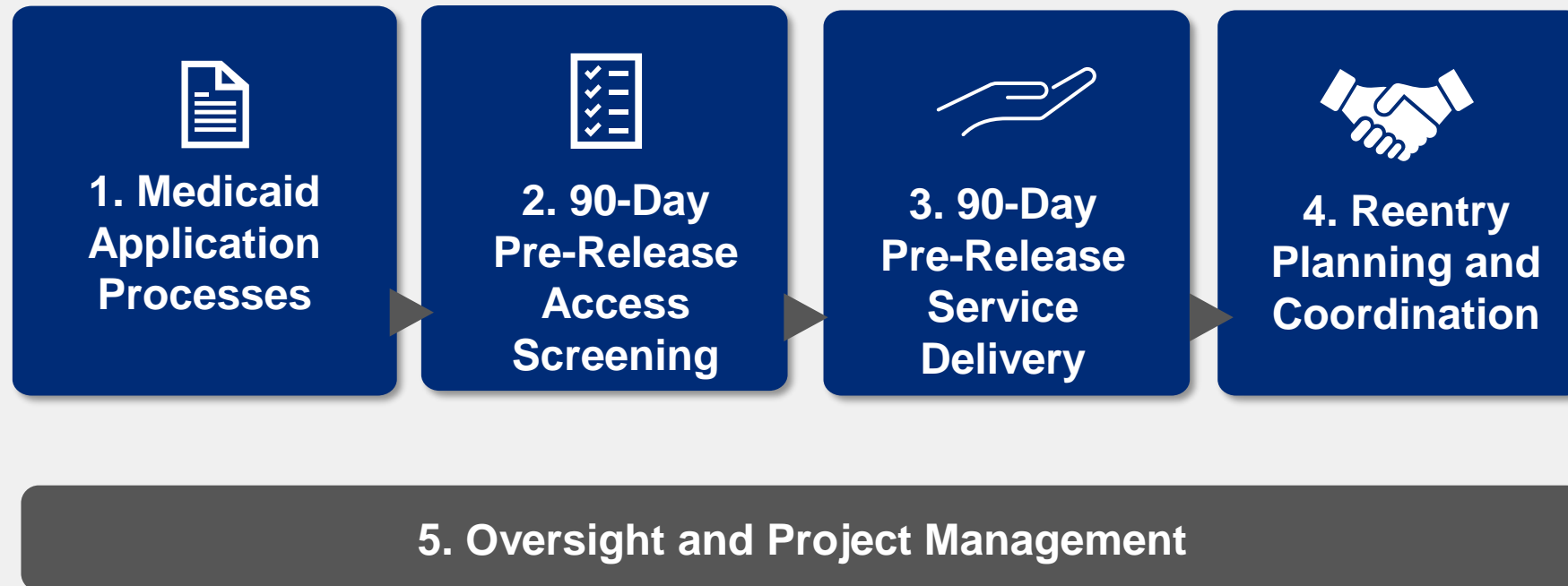
The waiver requires states to:

- Develop a process to get individuals on to Medicaid
 - *Since 2014, CT has had a process in place to expedite eligibility for individuals leaving prison and court, allowing individuals to immediately access pharmacy and treatment services.*
 - *DOC already has a system that tracks end of sentence.*
- Share service information between Medicaid and DOC
 - *DOC has a new Electronic Health Record system which currently shares DOC health data with the state's Health Information Exchange. The Department of Social Services (DSS) will be able to easily access that information too.*
- Suspend rather than terminate eligibility upon prison entry
 - *CT stopped terminating eligibility for individuals under three-year sentences beginning in 2015.*

Correctional Facility Readiness Assessment Approach

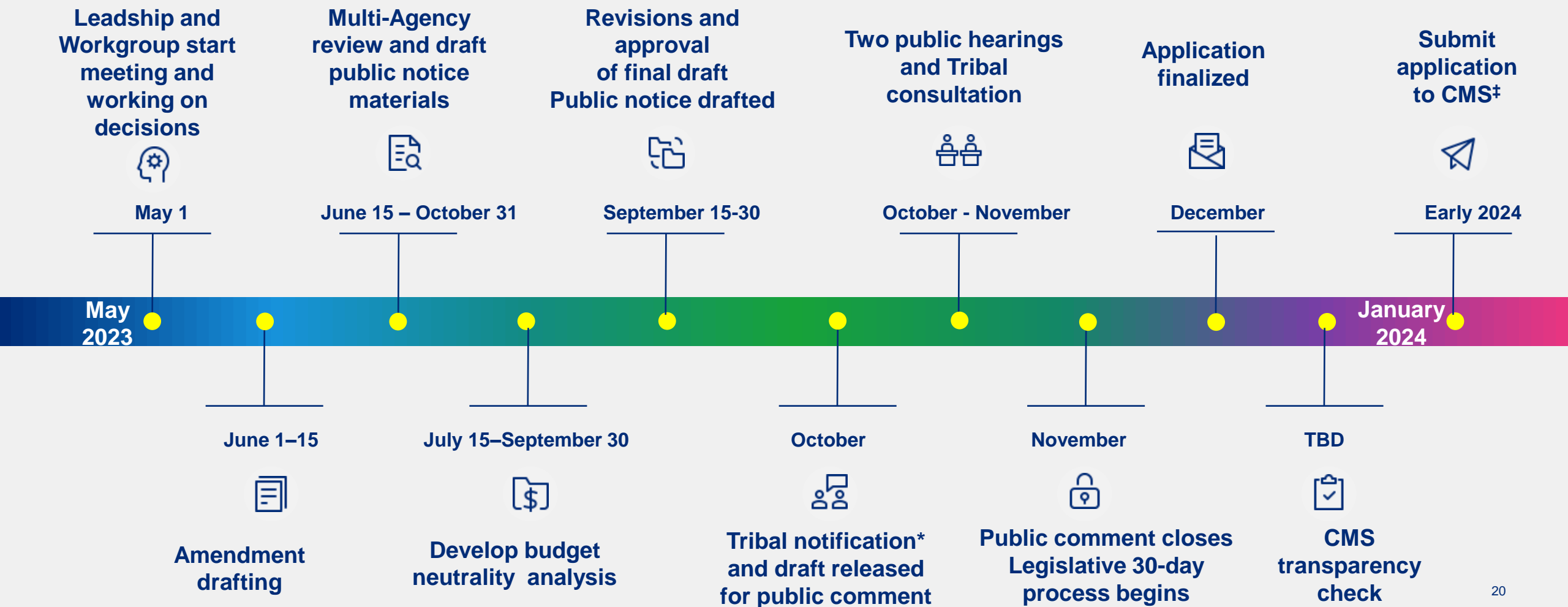
As a condition of the Demonstration, all prisons, jails, and juvenile residential and community centers will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.

A readiness assessment process will focus on five key areas needed to operationalize 90-day pre-release services:



Connecticut 1115 Justice-Involved Amendment – Potential Timeline for Early 2024 submission

‡Currently, there are 14 pending JI applications with CMS. CMS has signaled they will prioritize these applications, especially if they align with California’s demonstration.



Public Information on the Justice-Involved Demonstration Waiver

- Information on the waiver can be found here:

[1115 Justice-Involved Demonstration Waiver--Meeting Schedule \(ct.gov\)](#)

Connecticut JI 1115 Demonstration FAQ

Under development based on public comments



Questions?

Resources

CMS Press Release: <https://www.cms.gov/newsroom/press-releases/hhs-releases-new-guidance-encourage-states-apply-new-medicaid-reentry-section-1115-demonstration>

State Medicaid Director Letter 23–003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

California Waiver Special Terms and Conditions for the Demonstration: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf>