Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 6, 2024

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Tsai:

The Maryland Secretary of Health is pleased to request an amendment to Maryland's HealthChoice waiver (Project Number: 11-W-00099/3) under §1115 of the Social Security Act (42 U.S.C. 1315) for a reentry demonstration which would improve care transitions for certain individuals with substance use disorder (SUD), serious mental illness (SMI) or both, who are soon to-be former inmates of a public institution and otherwise eligible for Maryland Medicaid.

Improving coverage and access to behavioral health care for those involved with the criminal justice system is a key priority for Maryland. This waiver amendment will help further state priorities to advance health equity for vulnerable Marylanders by increasing access to health care and facilitating their transition to the community post release. Similar to national data, when compared to the general population, people within Maryland's correctional institutions have higher rates of morbidity, mental health, substance use, asthma, infectious disease and cardiovascular disease.[1,2] Furthermore, Marylanders with behavioral health needs are disproportionately represented in the criminal justice system and have an elevated rate of repeat interaction with public safety and health systems. With well over 1.6 million Medicaid recipients, Maryland is undergoing a significant behavioral health crisis as evidenced by the statewide opioid epidemic, and as such, understands the significant adverse consequences if it does not take meaningful action to change this reality through provision of support through appropriate Medicaid services.

Accordingly, through this proposed reentry demonstration, Maryland seeks authorization for federal Medicaid matching funds for the provision of targeted Medicaid services, to be provided up to 90 days prior to release for eligible people with SUD, SMI or both. This waiver amendment application seeks to implement a set of pre-release services in state prison facilities and the state managed jail, with future

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[1] Russ, E.N., Puglisi, L., Eber, G.B. et al., "Prison And Jail Reentry And Health," *Health Affairs,* (2021).
[2] U.S. Department of Health and Human Services. *Healthy People 2030: Social Determinants of Health LIterature Summaries: Incarceration*. (n.d.)
https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration

expansion anticipated to be part of the demonstration renewal included in the overarching §1115 HealthChoice waiver demonstration renewal application in 2026. This amendment application has strong support from the state's Medicaid leadership and the state's Department of Public Safety and Correctional Services (DPSCS). The Department anticipates that the successful and impactful demonstration will advance health outcomes for justice-involved individuals reentering the community, which will ultimately reduce both overdose mortality as well as recidivism.

The Department looks forward to working with CMS on this demonstration, which will increase access to care and services for an underserved population. Formerly incarcerated people can face increased difficulty accessing health care, and the support needed for the transition, making this waiver amendment key to reducing overdose deaths in Maryland. Should you have any questions or concerns, please contact Tricia Roddy, Deputy Medicaid Director, via email at tricia.roddy@maryland.gov or via telephone at (410)-767-5809.

Sincerely,

[redacted]

Ryan Moran, DrPH, MHSA
Deputy Secretary, Health Care Financing and Medicaid Director
Maryland Department of Health

Maryland HealthChoice Program §1115 Waiver Amendment: Reentry Demonstration

Maryland Department of Health

March 6, 2024

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Maryland Section §1115 Demonstration Amendment Submission

Introduction

To advance health outcomes for people involved with the criminal justice system, the Maryland Department of Health (the Department) is requesting an amendment to its existing HealthChoice §1115 Demonstration (Project Number: 11-W-00099/3).[1] Specifically, Maryland is seeking approval to authorize federal Medicaid matching funds for the provision of targeted Medicaid services, to be provided up to 90 days prior to release for eligible people with substance use disorder (SUD), serious mental illness (SMI), or both. This proposed §1115 demonstration amendment seeks to implement a set of pre-release services in state prison facilities and the state managed jail, with future expansion to county and local correctional facilities anticipated to be part of the demonstration renewal included in the overarching §1115 Health Choice waiver demonstration renewal application in 2026.

In Maryland, the state prison system disproportionately serves men of color from Baltimore City. As of 2022, over 15,600 people were incarcerated in the Maryland State prison system. The majority (96%) of these incarcerated people were male (n = 15,086), while 3.5 percent were female (n = 551).[2] Moreover, the majority of those sentenced are Black (71.2%), compared to an estimated 31.4 percent of Maryland's Black population overall.[3] Moreover, the state prison population largely serves men (96.8%) and younger than 40 years old (62.5%).[4] Despite the fact that incarcerated people within Maryland come from all over the state, those in state run prisons are disproportionately from Baltimore City. While nine percent of Maryland residents call the city of Baltimore home, 40 percent of Maryland residents in state prison facilities are from Baltimore.[5]

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[1] HealthChoice, Maryland's statewide mandatory Medicaid managed care program, was implemented in July 1997 under the authority of §1115 of the Social Security Act. The initial demonstration was approved for five years. In January 2002, the Department completed the first comprehensive evaluation of HealthChoice as part of the first §1115 waiver renewal. The 2002 evaluation examined HealthChoice performance by comparing service use during the program's initial years with utilization during State Fiscal Year (SFY) 1997, the final year without managed care. The Centers for Medicare & Medicaid Services (CMS) approved subsequent program renewals in 2005, 2007, 2010, 2013, 2016 and 2021.

[2] U.S. Department of Justice. *Prisoners in 2022 – Statistical Tables*. 2023. https://bjs.ojp.gov/document/p22st.pdf

[3] U.S. Census Bureau. *Population Estimates Program.* 2023. Accessed via https://planning.maryland.gov/MSDC/Pages/pop_estimate/popest-agr.aspx

[4] DPSCS. *Division of Corrections Data Dashboard*. FY 2023. https://dpscs.maryland.gov/community_releases/DOC-Annual-Data-Dashboard.shtml].

[5] Justice Policy Institute.*Where do People in Prison Come From: The Geography of Mass Incarceration in Maryland* Prison. 2022. https://justicepolicy.org/wp-content/uploads/2022/06/Where-People-in-Prison-Come-From.pdf.

Note: Because the first phase of the proposed demonstration involves state run facilities, the bulk of the data presented will be related to state prisons. Maryland intends to utilize information regarding its local/county jail populations as planning gets underway for rolling out the second phase of the demonstration.

Given these racial and geographic inequities, Maryland will prioritize state-run prisons and the Baltimore City jail for the first phase of the proposed demonstration. To inform the development of this §1115 demonstration amendment, the Department collaborated with the Maryland Department of Public Safety and Correctional Services (DPSCS), to identify the initial locations and target populations for reentry services. The interagency dialogue has also addressed data-sharing to both streamline Medicaid eligibility processes and inform data-driven case management services.

Improving health care coverage and access to behavioral health care for those involved with the criminal justice system is a key priority for Maryland. Marylanders with behavioral health needs are disproportionately represented in the criminal justice system and have a high rate of repeat interaction with public safety and health systems. Maryland, with well over 1.6 million Medicaid recipients, and undergoing a significant behavioral health crisis as evidenced by the statewide opioid epidemic, understands the dire consequences if it does not take significant action to change this reality through provision of appropriate Medicaid services. This §1115 waiver amendment endeavors to be just one piece of Maryland's plan to address Marylanders' health related social needs (HRSN), combat health disparities, and drive improvements in Maryland's Total Health Equity.

Summary of the Proposed Demonstration Amendment

The HealthChoice Demonstration, whose success in supporting vulnerable populations spans nearly three decades, has positioned the Department to extend increased access to health services and HRSN linkages to people experiencing incarceration, prior to reentry. The Department is requesting approval to authorize federal Medicaid matching funds for the provision of a set of targeted Medicaid services, to be provided up to 90 days prior to release for eligible justice-involved populations with SUD, SMI, or both.

Pre-release services will include comprehensive case management, medication-assisted treatment (MAT) for all SUD as clinically appropriate, with accompanying counseling, and provision of all prescribed medications for 30 days upon release.[6] Participants receiving these services will be assigned a case manager that delivers services either on-site in the carceral setting, or via telehealth. The case management function is essential to establish a relationship with the individual, understand their health and HRSN needs, coordinate vital services, and plan for community transition, including connecting the individual to a community-based case manager that they can work with upon their release. To strengthen the development of relationships with demonstration participants, the Department will incorporate community health workers (CHWs) as part of the case management team.

Program Goals and Objectives

This Reentry Demonstration aims to prepare people experiencing incarceration for successful reentry into their communities in support of the ultimate aims of reducing recidivism and decreasing overdose

[6] As clinically appropriate based on the medication and the indication.

deaths. Through the Demonstration, these aims will be achieved through transitional health care services and case management that increase health coverage and improve access to health care services. Table I outlines the goals and objectives for the Reentry Demonstration, as provided by the Centers for Medicare and Medicaid Services (CMS) guidance.

Table I. Goals and Objectives of Reentry Demonstration Program

Goal	Objective
(1) Improve connections between carceral settings and community services upon release to address physical health, behavioral health and HRSN.	To increase the number of health care visits to address physical health, behavioral health and HRSN for recently incarcerated Medicaid beneficiaries with identified SUD and SMI.
(2) Reduce ED visits and inpatient hospitalizations among recently incarcerated Medicaid participants through increased receipt of preventive and routine physical and behavioral health care.	To increase receipt of preventive and routine physical and behavioral health care for the justice-involved population through identification of SUD and SMI and providing transitional supports.

This waiver amendment will help further state priorities to advance health equity for vulnerable Marylanders by increasing access to health care post release. Similar to national data, when compared with the general population, people within Maryland's correctional institutions have higher rates of morbidity, mental health, substance use, asthma, infectious disease and cardiovascular disease.[7,8] People with SUD comprise a significant subpopulation within Maryland's incarcerated population. Over 80 percent of those in jail or prison have reported using illicit substances at some point in their lifetime; 53 percent of people in jail, 56 percent of people in state prisons, and 50 percent of people in federal prisons met DSM-IV criteria for SUD. During incarceration, less than 20 percent of those with SUD receive formal treatment.[9] Maryland expects the proposed Reentry Demonstration services to provide needed connections to somatic and behavioral health care medications and services, thus reducing the number of hospital emergency department (ED) visits and inpatient stays. This is anticipated to result in reduced Medicaid costs from reduced number of claims related to ED and inpatient visits by Medicaid enrollees.

This amendment is necessary to address the obstacles and barriers to health and wellbeing of people who formerly experienced incarceration. Leaving correctional facilities exposes people to a heightened risk of health challenges, including from existing mental health and SUDs that may be exacerbated by

[7] Russ, E.N., Puglisi, L., Eber, G.B. et al., "Prison And Jail Reentry And Health," *Health Affairs,* (2021).

[8] U.S. Department of Health and Human Services. *Healthy People 2030: Social Determinants of Health LIterature Summaries: Incarceration*. (n.d.) https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration

[9] Chamberlain, A., Nyamu, S., Aminawung, J. et al. "Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study," *Addict Sci Clin Pract,* 14, 7 (2019). https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6

instability post-release. Formerly incarcerated people can face increased difficulty accessing health care, and the support needed for the transition, making this waiver amendment key to reducing overdose deaths in Maryland. Provisional reports indicate in 2022, there were 2,230 opioid-related intoxication deaths in Maryland and 904 (41%) of those deaths occurred in Baltimore City. From January to June 2023, there were 1,102 opioid-related intoxication deaths reported in Maryland, and 43 percent of which occurred in Baltimore City.[10] Research has found that the risk of opioid overdose death is 40 times higher for someone two weeks after release from incarceration than for the general population.[11]

Within Maryland, it is estimated around a third of incarcerated people have co-occurring SMI and SUD.[12] These conditions share risk factors and it is possible one condition can contribute to the development of the second condition.[13] Research has found that these individuals with co-occurring SMI and SUD have a much higher chance of recidivism than people without the comorbidity.[14]

DPSCS studied the recidivism rate of cohorts of people released from incarceration in 2016-2019. Consistent with national models, recidivism was highest in the first year following release, and in Maryland, approximately halved with each continued year after incarceration. On average, since FY 2016, 19.7 percent of releases from state incarceration in Maryland had returned within the first year of being released. Nationally, this rate is 19.9 percent within one year for state prisoners for the 2012 cohort, the most recent period available at the time of the writing of the DPSCS report.[15] This is consistent with broader research on the difficulty of the initial re-entry period.

Recidivism has an adverse cyclical effect on health. While individuals with SUD, SMI, or both, have higher rates of recidivism, as noted above, reincarceration can result in exacerbation of health issues due to disruptions in care and access. The HealthChoice Reentry Demonstration will test for improvements in the health and wellbeing of this population, who face disproportionate unmet HRSNs. In addition to reducing recidivism, the demonstration is expected to decrease opioid mortality rates, an identified

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[10]Maryland Vital Statistics. *Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2023. Preliminary data update through 2nd quarter: January - June*. 2023. https://health.maryland.gov/vsa/Documents/Overdose/Quarterly%20Reports/2023_Q2_IntoxReport.pdf

[11] Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., & D, Edwards. "Opioid overdose mortality among former North Carolina inmates: 2000–2015." *American Journal of Public Health*, 108,9 (2018).

[12] Maryland Crime Research and Innovation Center. *Maryland's Behavioral Health and Public Safety Center of Excellence: Strategic Plan*. 2023. https://goccp.maryland.gov/wp-content/uploads/Maryland%E2%80%99s-Behavioral-Health-and-Public-Safety-Center-of-Excellence-Strategic-Plan-7-24-23.pdf

[13] National Institute of Drug Abuse. *Common Comorbidities with Substance Use Disorders Research Report Why is there comorbidity between substance use disorders and mental illnesses?*. 2020. https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses

[14] Baillargeon J, Penn JV, Knight K, Harzke AJ, Baillargeon G, Becker EA. "Risk of reincarceration among prisoners with co-occurring severe mental illness and substance use disorders." *Adm Policy Ment Health*, 37,4 (2010).

[15] U.S. Department of Justice, *Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period (2012–2017)*, Durose, M. and L. Antenangeli. 2021. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf

population health priority under the Maryland Total Cost of Care Model's Statewide Integrated Health Improvement Strategy.

Timeline

The Department proposes an effective date of July 1, 2025 for the proposed Reentry Demonstration. The current HealthChoice §1115 demonstration will expire on December 31, 2026; therefore, the initial period of the Reentry Demonstration would conclude at that time. Maryland anticipates including the Reentry Demonstration, pending CMS approval of the current amendment request, in the subsequent HealthChoice demonstration renewal application to be submitted to CMS in 2026 to provide Maryland with an additional five-year period to implement the Reentry Demonstration.

The Reentry Demonstration will leverage a phased approach to identify the strengths and opportunities for improvement both during and after implementation. The Reentry Demonstration will operate across Maryland, rolling out in two phases. By the close of the first phase, reentry supports will be operationalized in all state correctional facilities, *i.e.,* the 16 state prisons and one state-managed jail. State prisons are located throughout Maryland, and the state-managed jail is located in the city of Baltimore. During the second phase, anticipated for the next waiver renewal period, county jails will be invited to participate in the reentry program, with rollout determined based on readiness and interest. This demonstration excludes any federal prisons (or people serving federal sentences) within the state of Maryland.

Statewide implementation ensures that people from areas disproportionately affected by SUD, SMI and incarceration are offered the benefits for which they are eligible, as well as provided support receiving access to health care and HRSN resources in the post-carceral setting. Maryland places (and moves) people from all geographic regions in carceral facilities across the state of Maryland for a multitude of reasons, many of which are unrelated to the individual's identified home. Statewide implementation of the Demonstration will reach those released into both urban and rural settings. However, a major focus of this demonstration is within Baltimore City. By including the state managed jail in Baltimore City during the initial phase, the SUD-focused demonstration program, in particular, will provide benefits and support to residents of the area in most need of SUD counseling and medication assisted treatment (MAT).

Effect on State's Current Medicaid Program

Currently, Maryland comports with federal law that prohibits the use of federal matching funds to pay for medical services to an individual who is "an inmate of a public institution (except as a patient in a medical institution)[.]" 42 USC §1396d. The proposed demonstration will increase services provided to people experiencing incarceration by providing those who are otherwise Medicaid-eligible and who have

identified SUD, SMI, or both, with case management and MAT services up to 90 days prior to release for which they would otherwise not be eligible to receive.

Demonstration Eligibility and Enrollment

Eligibility for the Reentry Demonstration will consist of adults who are:

1. Sentenced and incarcerated in a state-managed prison or jail in the state of Maryland;
2. Within at least 90 days of their release date;
3. Otherwise eligible to receive Medicaid under Title XIX; and
4. Have been assessed and determined to have SUD, are diagnosed with SMI, or both.

This Demonstration will not restrict any existing Medicaid eligibility; rather, it will expand the eligibility of people experiencing incarceration. This Demonstration will provide coverage and limited benefits for people meeting the Demonstration eligibility criteria listed above.

Projected Enrollment of the Requested Demonstration Period

Maryland estimates that over the next five years, approximately 1,450 people released from state-run facilities each year will be eligible to participate in the demonstration. This estimate is based upon specified Substance Abuse and Mental Health Services Administration (SAMHSA)-approved assessment criteria for SUD or a diagnosis that constitutes a SMI as defined by the MDH Priority Population diagnosis list. Maryland estimates that at least 5,800 people coming from state-run facilities will benefit from participation over a five-year period. This Demonstration amendment does not otherwise alter Medicaid state plan eligibility or other components of the approved state plan and is not expected to impact overall Medicaid program enrollment.

Standard and Methodologies for Eligibility Determination

In alignment with CMS's recommended policy, the Department suspends, rather than terminates, Medicaid coverage for participants who enter a correctional facility in Maryland. Currently, the Department covers, on a fee-for-service basis, acute, inpatient hospital stays outside of the carceral facility if needed during an individual's incarceration. Full coverage is reinstated for people experiencing incarceration upon exiting a correctional facility if their eligibility period has not yet terminated. People whose eligibility period has terminated, or who are newly interested in Medicaid coverage, have the ability to reapply at reentry workshops held before they exit.

Historically, case managers at the Department's Office of Eligibility Services - Eligibility Determination Division have traveled to Baltimore, Jessup and Hagerstown correctional institutions to participate in exit orientations for those inmates due to be released. DPSCS arranges for Medicaid eligibility determinations for people exiting other state institutions. Upon completion of the interview with Parole and Probation, a

case manager sits with an inmate for a face-to face interview to apply for Medicaid. During the pandemic, Maryland received CMS approval to alter this process. Correctional services staff complete a consent form based upon verbal approval from the incarcerated individual to proceed with assisting the individual with a Medicaid application on their behalf. Correctional services staff complete the paper application using the information that DPSCS is required to maintain in the applicant's prison case file. The Department then reviews each of these applications for active Medicaid status in MMIS, and if the individual is not currently active for Medicaid, the case manager uses the paper application to complete the online application on Maryland's Health Benefit Exchange (MHBE). Maryland received approval by CMS to continue this practice through what Maryland is calling the "Medicaid Unwinding Period," and is hopeful that CMS will continue the waiver during this demonstration period.

Under the demonstration, Maryland proposes to begin its eligibility processes earlier, so that the Medicaid application process is complete before service provision will begin earlier, followed by support and assistance with enrollment, if applicable. Therefore, the Department will partner with DPSCS to begin the application processes 120 days prior to anticipated release, so that services can begin up to 90 days before release. People experiencing incarceration who have a qualifying clinical diagnosis that constitutes SMI as defined by the Department's Priority Population diagnosis list will be identified for waiver participation.[16] Additionally, the entire institution populations will be assessed for SUD using a recognized assessment tool.

Presumptive eligibility (PE) will also be used as a tool to ensure that all demonstration participants have active Medicaid coverage when they begin to receive Medicaid-covered services. Currently,the Department has the authority to provide PE to people experiencing incarceration with an upcoming release date, usually in situations where the Department needs to verify certain aspects of an individual's application (for instance, difficulty verifying a Social Security number). In Maryland, PE begins on the day the PE worker determines that the individual is presumptively eligible, and ends the earlier of the day the individual is determined eligible for Medicaid, or the last day of the month following the month in which the correctional facility determined PE.

Both the current eligibility determination and PE processes are meant to minimize lags in coverage upon release from incarceration. Lags in coverage for people leaving jail or prison can result in barriers to accessing care. Those experiencing incarceration can experience additional delays and missed opportunities in meeting their care needs because Medicaid managed care organizations (MCOs) are not currently informed when people eligible for Medicaid will be reentering the community. Moreover, MCOs do not receive an assessment of the new enrollee's health care or HRSN before being released from a correctional facility. Maryland will continue to improve continuity of care for Medicaid enrollees by further developing the practice of care coordination for their reentry services. The case management services authorized under this demonstration will improve care coordination with the MCOs, to ensure information sharing and smoother transitions to accessing care and HRSN resources in the community.

[16] The Department Severely Mentally Ill Priority Population Definition (SMI) List is used to qualify someone as part of a priority population. The individual must have both a qualifying diagnosis, and meet specific functional limitations.

Demonstration Benefits

Maryland proposes providing the demonstration benefit package to adults sentenced in state prisons and county jails who have identified SUD, SMI, or both, up to 90 days prior to release. For people whose release date is determined with less than a 90-day notice, this will occur as soon as feasible after the release date is known. This is in addition to existing state plan services available following release. In accordance with CMS guidance, the benefits will be provided to that population as follows:

(1) Case management (to also address physical and behavioral health needs);
(2) MAT; and
(3) 30-day medication supply upon release.

Reentry support benefits include services aimed at improving post-release health outcomes for the incarcerated population through expanded case management and coordinated eligibility. These services could also contribute to reduced recidivism. They include:

1) Case management - Comprehensive case management will underpin the demonstration's services and facilitate participants' transition and access to post-release services and care in the community, leveraging Community Health Workers as part of the case management team to support the individual's overarching case management goals. Maryland proposes to provide reentry case management services in a manner similar to the current "Targeted Case Management" benefit offered to people with SMI. Maryland intends to create a similar benefit for this proposed demonstration population, beginning with people diagnosed with SUD and SMI, with the potential of expanding to other identified populations in future years. Case management will begin 90 days prior to release and will leverage Community Health Workers as appropriate to support the individual's overarching case management goals. Case management will follow CMS guidelines laid out in the April 2023 State Medicaid Director Letter on Reentry Strategies. Specific activities will include:
    a) Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, education, social or other services;
    b) Development (and periodic revision) of a specific care plan based on the information collected through the assessment;
    c) Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed supportive and stabilizing services, including activities that help link the individual with medical, social and education providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
    d) Monitoring and follow-up activities, including activities and communications that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary.

2) Medication Assisted Treatment (MAT) - MAT includes medication in combination with counseling/behavioral therapies, as appropriate and individually determined, and will be available for substance use disorders (including alcohol abuse) as clinically appropriate in the 90-day pre-release period. MAT will include Certified Peer Recovery Specialists as clinically appropriate to support an individual's recovery.
3) 30-day supply of all prescription medications on release - 30-day supply of all prescription medications provided to the individual immediately upon release from a correctional facility, as clinically appropriate based on the medication and indication. DPSCS already provides a 30-day supply of medication upon release to people reentering the community. Once this becomes a Medicaid-covered benefit, Medicaid will reinvest the funds as required by CMS, and in consultation with stakeholders and agency partners.

Cost-Sharing Requirements

Maryland is not proposing to impose cost-sharing requirements to receive the reentry services that will be authorized under the demonstration. Medicaid services rendered while the participant is incarcerated will not have any cost-sharing.

However, regular Medicaid state plan cost requirements would apply to people, if applicable to the state plan service, once released into the community. The Department has cost-sharing for prescription drugs. These co-pays are as follows: $1 for generic/preferred drugs and $3 for brand-name/nonpreferred drugs for both drugs delivered by the MCOs and through the fee for service (FFS) prescription drug program. Copays are automatically waived for 1) family planning services and supplies; 2) individuals younger than 21 years old; 3) pregnant individuals; 4) institutionalized individuals who are inpatients in long-term care facilities or other institutions; and 5) emergency services.[17]

Delivery System

Maryland intends to provide these services on a fee-for-service basis while the individual remains incarcerated; upon release, they will receive services consistent with the Medicaid coverage type for which they are eligible. Maryland will allow pre-release services both in-person and via telehealth. Maryland will allow appointments to be conducted by video or audio only, as clinically-appropriate, and consistent with Maryland law and Department policy. Any telehealth services will be provided in HIPAA-compliant spaces. As noted earlier, some pre-release services may be provided by carceral health providers, which will be required to enroll as a participating provider through the Department's online Electronic Provider Revalidation and Enrollment Portal (ePrep).

Most participants will select and transition to an MCO upon release from incarceration. Benefits will be provided through on a fee-for-services pending the individual's selection of and enrollment with an

[17] 10.09.03.05(C)(5), 10.67.06.01(F)(1)

MCO. Because Maryland has "carved out" its behavioral health services, payment for services provided in the community will be provided through the contracted Administrative Services Organization (ASO). Currently, per Maryland regulations, MCOs are required to provide case management services to certain, enumerated populations.[18]

The current nine HealthChoice MCOs are Aetna Better Health, Carefirst Community Health Plan Maryland, Jai Medical Systems MCO, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, UnitedHealthCare, and Wellpoint Maryland. For those coverage groups not covered by HealthChoice, benefits will be provided through FFS.

Demonstration Design Support of Quality and Access

Evidence suggests that improving health outcomes for people experiencing incarceration requires focused, high-touch case management to assess needs and strengths and connect people to the services they need when released into their communities. Transitional services are needed to ensure the medical, behavioral, and HRSN needs are met. Demonstration services for people with SUD and SMI including a 30-day supply of medication for use post-release into the community, will contribute to improved health and longer-term treatment and medication adherence upon release from incarceration.

Reentry support will improve post-release health outcomes for the incarcerated populations through expanded case management and coordinated eligibility. Implementing robust reentry services can provide a steady foundation for successful integration back into society with uninterrupted access to critical health services.

Demonstration Expenditures and Budget Neutrality

A summary of annual aggregate projected demonstration expenditure data is provided in the table below. The expenditure data for these estimates is limited to expenditures that will be considered as part of the §1115 budget neutrality. Demonstration projections are approximations based on assumptions used for the purpose of implementation planning, and projected new expenditures are based on best available current data. Demonstration estimates, including financing and budget neutrality assumptions, will continue to evolve throughout the course of the waiver application process and as new budget data becomes available. The impact of the ending of the PHE may impact these projections. For example, consistent with CMS's budget neutrality principles, Maryland administrative expenditures are not included in the projected expenditure data provided in the table below.

[18] COMAR 10.67.04.04. Special Needs Populations.

Amendment Component	Estimated Projected Expenditures				
	DY01 HC DY28**	DY02* HC DY29**	DY03* HC DY30**	DY04* HC DY31**	DY05* HC DY32**
Justice Involved Reentry Services	$12,443,407	$12,816,710	$13,201,211	$13,597,247	$14,055,165

* Applies 3% inflation, based on Consumer Price Index in December 2023.

**"HC DY" indicates HealthChoice Demonstration Year, aligning this amendment timeline with the overall HealthChoice Demonstration.

The Department estimates that each participant with SMI will cost approximately $1,096.28 Per Member Per Month (PMPM), and each participant utilizing the SUD services will cost approximately $3,312 PMPM, for 90 days of care pre-release and 30 days of medication upon release. The Department expects that 1,450 people in state-run facilities will be eligible for these services annually. To the extent that county facilities participate in this demonstration, costs will increase accordingly. The Department anticipates using a 50 percent federal match, with a federal expenditure of $6,221,704 during the first year of this demonstration period, and utilizing special funds for the state share. The Department estimates that the total computable amount for five years of this demonstration amendment will be $66,113,740, with the anticipation that this amount may be revised upon submission of the HealthChoice renewal in CY 2026.

Federal Funding Participation for Program Initiatives using Advance Planning Documents (APD)

Design Development and Implementation Advance (IAPD) Planning Document Federal Funding Participation

Maryland is investigating the need to request Federal Funding Participation (FFP) to support health information infrastructure Design, Development and Implementation (DDI) through the submission of Implementation Advance Planning Document(s) (IAPD). Pending CMS approval of this demonstration, Maryland will work with federal and local stakeholders to determine the scope of planned activities and associated budget, as well as as determine how these needs align with Maryland's current Eligibility and Enrollment (E&E) APD and Medicaid Enterprise Systems (MES) portfolios. Further details and the scope of proposed activities under IAPD(s) may be submitted as part of the implementation plan development, in consultation with the Department of Public Safety and Correctional Services.

Maryland's envisioned health information solutions will ensure the availability of technology that supports data sharing between the state Medicaid agency, the Department of Health and Human Services, state correctional agencies and participating correctional facilities and would include the systems that support eligibility determinations and enrollment (including suspension strategies). The IAPD request(s) will align with CMS guidance and 45 CFR Part 95, Subpart F and requirements of 42 CFR §433.112(b)(12).

Operational Advance Planning Document (OAPD) Federal Funding Participation

In addition, as part of the gap analysis that will identify Maryland's envisioned IAPD submission(s) to support the Reentry Demonstration, Maryland will identify any CMS-certified systems that can be repurposed and implemented in the Maryland landscape, in accordance with 42 CFR Part 433, Subpart C –Mechanized Claims Processing and Information Retrieval Systems. Any DDI work will be planned and implemented with the end goal of creating a system which can be certified by CMs in order to receive Maintenance & Operations (M&O) FFP long-term.

Evaluation

The Department will test the following proposed research questions and hypotheses as part of the Reentry Demonstration program evaluation, in alignment with the goals and objectives of the program.

Goal	Objective	Research Question	Hypothesis	Potential Data Sources
(1) Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and HRSN.	To increase the number of health care visits to address physical health, behavioral health and HRSN for recently incarcerated Medicaid beneficiaries with identified SUD and SMI, or both.	How does the case management services provided through the Reentry Demonstration affect the number of health care visits to address physical health, behavioral health, and HRSN for recently incarcerated Medicaid beneficiaries.	Case management services provided through the Reentry Demonstration will result in an increased number of health care visits to address physical health, behavioral health and HRSN for the recently incarcerated Medicaid beneficiaries.	Data sources will include DPSCS electronic personal health record system (EPHR), Medicaid claims data systems (MMIS), as well as data from regional health information exchange (CRISP) and CMS.

(2) Reduce ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.	To increase receipt of preventive and routine physical and behavioral health care for the justice-involved population through identification of SUD, SMI, or both, with providing transitional supports.	How does the identification of SUD and SMI, with the provision of transitional supports, impact the number of ED visits and inpatient hospitalizations in recently incarcerated Medicaid beneficiaries?	Benefits provided through the Reentry Demonstration will result in a reduction in avoidable hospitalizations and medical utilization (e.g., lower ED use, lower avoidable ED visits) and an increase in recommended or preventive care in the recently released Medicaid beneficiaries.	Data sources will include DPSCS EPHR, MMIS, as well as data from CRISP and CMS.

List of Proposed Waivers and Expenditure Authorities

Under the authority of §1115(a)(1) of the Act, Maryland requests following waivers to implement this Reentry Demonstration.

Waiver Authority	**Rationale for Waiver**
1902(a)(1) Statewideness	To enable Maryland to limit reentry services to state prisons and qualified county correctional facilities, for the period that Maryland ramps up to statewide implementation.
1902(a)(14), 1916 and 1916A Premiums and Cost Sharing	To enable Maryland to waive existing cost-sharing requirements in the State Plan for incarcerated beneficiaries prior to release. To enable Maryland to waive co-pays on prescription medications in the 30-day supply of medications provided on release.
Freedom of Choice Selection 1902(a)23(A)	To enable Maryland to restrict freedom of choice of provider, other than for family planning services, for children with special needs, as identified in section 1932(a)(2)(A)(i-v) of the Act, who are participants in the Demonstration.

The table below lists the expenditure authorities that Maryland is seeking to support the demonstration policies.

Expenditure Type	Rationale for Expenditure Authority
Expenditures Related to Reentry Implementation	Expenditure authority for administrative costs to support demonstration implementation capacity at the community level, including payments to qualified entities for infrastructure and capacity building, as well as for interventions and services that will enable implementation of the demonstration benefits and complement the array of benefits and services authorized through the State Plan and other related authorities.
Expenditures Related to Reentry Supports	Expenditures for pre-release services rendered to qualifying incarcerated beneficiaries up to 90 calendar days prior to their release, that comprises case management, MAT and a 30-day supply of medication upon release into the community.

State Public Notice and Indian Consultation Requirements

The Department provided public notice and solicited stakeholder participation for this §1115 waiver amendment application per the requirements in 42 C.F.R. §431.408. Abbreviated public notice was released in the newspaper of widest circulation, the Baltimore Sun, on January 11, 2024, as well as in the Maryland Register, and on the Department's website on January 12, 2024 (See Appendix B: List of Attachments). The Department provided a 30-day public comment period from January 12, 2024 through February 12, 2024. In addition, the Department used electronic mailing lists to notify members of the public and stakeholders of the public hearings and 30-day public comment period.

In addition to publishing these notices, the Department certifies that two public hearings were conducted regarding the amendment application. Both hearings were accessible in-person, by audio conference, and presented as a webinar so that slides would also be visible to participants not present at the in-person meeting location. The first hearing was held in Baltimore City at the Maryland Department of Health on January 22, 2024, during the Maryland Medicaid Advisory Committee (MMAC) meeting in order to facilitate attendance by MMAC members and stakeholders attending this public forum. The second hearing was held on February 5, 2024, in Columbia, Maryland, in the Marvin Thomas Room of the East Columbia Branch of the Howard County Public Library. During these hearings, the Department presented a summary of the amendment draft, and accepted verbal and written comments from stakeholders See Appendix A: Summary of Public Comments and Appendix B: List of Attachments for additional information on comments received). The public was also able to access information about the waiver amendment and submission of comments on the Department's website via the link: https://health.maryland.gov/mmcp/Pages/1115-HealthChoice-Waiver-Renewal.aspx.

For the tribal consultation, on January 12, 2024, the Department sent an overview of the §1115 amendment application to Ms. Jessica Dickerson, Medical Case Manager of Native American LifeLines of Baltimore and appointed Committee Member on the MMAC, for input and comments. The Department met with Ms. Dickerson on January 25, 2024, to discuss the Amendment, and on February 9, 2024, Ms.

Dickerson sent an email to the Department indicating Native American LifeLines support of the amendment (See Appendix A: Summary of Public Comments and Appendix B: List of Attachments).

Beyond these requirements, the Department continually consults with stakeholders on the HealthChoice program through the MMAC. The MMAC meets monthly and receives reports on regulatory and waiver changes, including amendments to the §1115 HealthChoice waiver. Annually, the MMAC provides feedback on the HealthChoice evaluation report. Notice of the waiver amendment and public hearings was distributed to the MMAC stakeholder email list, with instruction to submit written comments to the Department's stakeholder email address, MDH.healthchoicerenewal@maryland.gov.

State Contact Information

Dr. Ryan Moran, Medicaid Director and Deputy Secretary, MDH
Telephone Number: (410) 767-5343
Email Address: Ryan.Moran@maryland.gov

Tricia Roddy, Deputy Medicaid Director, MDH
Email Address: Tricia.Roddy@maryland.gov

Appendices

Appendix A: Summary of Public Comments

Appendix Table I. Public Comments by Source

Source	Number of Comments Received
Public Hearing #1	6
Public Hearing #2	1
Written Comment Via Email	11
Total Comments	**18**

The Department received a total of 18 verbal and written comments, from 16 separate organizations. Eleven stakeholders provided written comments, and seven people voiced comments during the two public meetings (See Appendix Table I). The majority of comments were broadly positive of the waiver amendment, with other comments posing questions or recommendations related to specific aspects of the demonstration. Below is a summary of the received comments.

Population Expansion: Facilities

The Department received five related to expanding the type of facilities which could participate in the reentry demonstration. Respondents recommended allowing local jails to participate in the demonstration during the initial phase, with specific recommendations for immediate inclusion of additional facilities including pre-trial facilities, Baltimore City Jail, Baltimore County Jail, and jails in the Lower Eastern Shore. Additional recommendations advocated for the inclusion of all facilities and juvenile facilities. Baltimore City jail is managed by DPSCS and as such, is currently within the scope of the current Reentry Demonstration application. In accordance with §5121 of the Consolidated Appropriations Act, 2023, the Department will provide certain pre-release services in juvenile facilities which are to go into effect January 1 2025.

At this time, the Department will not be expanding in the first phase beyond DPSCS-managed prisons and jails. The Department intends to invite additional facilities to participate in the second phase of the reentry program, with rollout determined based on readiness and interest. Per CMS guidance in the April

17, 2023 State Medicaid Director Letter (23-003), this demonstration excludes any federal prisons located within the state of Maryland.

Population Expansion: Health Conditions

Five stakeholders urged the Department to consider the needs of individuals with additional health conditions beyond SUD and SMI, and to include these sub-populations within the scope of the current Reentry Demonstration. Suggested sub-populations include individuals with health conditions related to either chronic conditions, (i.e., insulin dependent diabetes, HIV, hypertension, all mental illness), women who are pregnant, and individuals with a life-threatening condition, such as cancer. At this time, the Department will focus on the SUD and SMI population, while exploring whether one or more of these recommended populations could be included in the future, pending approval of the initial Reentry Demonstration amendment application by CMS.

MOUD/MAT Treatment Options and Benefits

The Department received eight questions and comments related to MAT treatment options and benefits. One question asked whether all FDA approved MOUD would be made available to the population as part of the demonstration. There was support for medication supply upon release, though some stakeholders recommended the quantity of MOUD upon release be more limited than a 30 day supply given safety and logistical concerns. One stakeholder recommended following the practice of local hospitals and providing three-day supply to allow the individual time to access further care. In contrast, another stakeholder recommended providing 30 days of naloxone upon release when the incarcerated individual has a history of opioid use. The Department will continue to work with DPSCS to ensure that all treatment options are available as clinically appropriate for the population.

Case Management Services

The Department received four questions or comments regarding case management and care coordination. Questions included a request for more information on the type of case management services for this demonstration. The Department referred these individuals to the detailed information related to the nature of and requirements for case management services for the Reentry Demonstration within the CMS Guidance, accessible at https://www.medicaid.gov/sites/default/files/2023-12/smd23003.pdf. The Department will collaborate with DPSCS to issue guidance to providers as the demonstration is implemented.

Demonstration Services Expansion

Four stakeholders recommended that the Department expand the services included within the proposed Reentry Demonstration. These recommended services included expanding the demonstration to include peer recovery support services, group counseling, HIV testing in pre-release comprehensive assessment, access to PrEP prior to release for people with SUD, and RSAT (Residential Substance Abuse Treatment).

The Department and DPSCS remain committed to the current service package, but are open to discussing further expansion with stakeholders once the benefit is more established.

Other Additional Comments

The Department received additional comments, recommendations and requests. One stakeholder recommended that community behavioral health providers participate in providing services during incarceration. One stakeholder asked whether the Department modeled the Reentry Demonstration after any particular program and recommended the Department review NJ's Intensive Recovery Treatment Support (IRTS) program. The Department also received a request for analysis of provider availability to meet the needs of the population in order to provide the services included in the proposed Reentry Demonstration. The Department and DPSCS remain committed to the current proposed design for the reentry demonstration in accordance with CMS guidance, but will be open to discussing further expansion with stakeholders once the benefit is more established.

The Department received comment from a stakeholder that urged for prioritization of the reinvestment funds and to make the reinvestment plan explicit. The Department is currently in the process of developing the reinvestment plan for submission to CMS, as required, within 120 days after the approval of the Reentry Demonstration application.

Appendix B: List of Attachments

Attachment I: Public Notice & Indian Consultation Documentation
Attachment II: Public Comments Documentation
Attachment III: Budget Neutrality Worksheet

Attachment I: Public Notice & Indian Consultation Documentation

MARYLAND DEPARTMENT OF HEALTH

FULL PUBLIC NOTICE
HEALTHCHOICE SECTION 1115 DEMONSTRATION AMENDMENT

The Maryland Department of Health (MDH) is seeking an amendment to the HealthChoice §1115 Demonstration (Project Number: 11-W-00099/3) approved by the Centers for Medicare & Medicaid Services (CMS). The proposed amendment seeks federal approval for the addition of a **Reentry Demonstration** that proposes to offer a set of targeted Medicaid services to certain eligible people who are soon to be released from state prison or jail. Eligible people will receive services up to 90 days prior to release that consist of case management, medication -assisted treatment (MAT), and a 30-day supply of prescribed medications upon release.

Pursuant to CMS requirements for substantial amendments to existing demonstration programs, MDH is providing this full public notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed amendment. The proposed draft amendment application, and other related public notice materials are available for review and public input for a minimum 30-day period starting January 12, 2024, and ending on February 12, 2024, as described in this notice.

HealthChoice §1115 Demonstration Background

"HealthChoice," Maryland's statewide mandatory Medicaid managed care program, was implemented in July 1997 under the demonstration authority of §1115 of the Social Security Act. The initial demonstration was approved for five years. In January 2002, MDH completed the first comprehensive evaluation of HealthChoice as part of the first demonstration renewal. The 2002 evaluation examined HealthChoice performance by comparing service use during the program's initial years with utilization during State Fiscal Year (SFY) 1997, the final year without managed care. CMS approved subsequent program renewals in 2005, 2007, 2010, 2013, 2016 and 2021. The HealthChoice section 1115 demonstration is currently approved through December 31, 2026.

Proposed Amendment for Addition of Reentry Demonstration

Through this proposed demonstration amendment, Maryland is requesting approval of federal Medicaid matching funds for the provision of a set of targeted Medicaid services, to be provided up to 90 days prior to release for eligible justice involved populations with substance use disorder (SUD) and/or serious mental illness (SMI).

This program aims to prepare people experiencing incarceration for successful reentry into their communities in support of the ultimate aims of reducing recidivism and decreasing overdose deaths. Through the demonstration, these aims will be achieved through transitional health care services and case management that increase health coverage and improve access to health care services. Through this amendment, Mayland anticipates addressing the following goals and objectives:

Goal	Objective
(1) Improve connections between carceral settings and community services upon release to address physical health, behavioral health and HRSN.	To increase the number of health care visits to address physical health, behavioral health and HRSN for recently incarcerated Medicaid beneficiaries with identified SUD and SMI.

Goal	Objective
(2) Reduce ED visits and inpatient hospitalizations among recently incarcerated Medicaid participants through increased receipt of preventive and routine physical and behavioral health care.	To increase receipt of preventive and routine physical and behavioral health care for the justice-involved population through identification of SUD and SMI and providing transitional supports.

Eligibility and Benefits

Eligibility for the reentry demonstration will consist of people who are:

1. Sentenced and incarcerated in a state-managed prison or jail in the state of Maryland;
2. Within at least 90 days of their release date;
3. Otherwise eligible to receive Medicaid under Title XIX; and
4. Have been assessed and determined to have SUD and/or diagnosed with SMI.

Pre-release services will consist of comprehensive case management, medication-assisted treatment (MAT) for all SUD as clinically appropriate, with accompanying counseling, and provision of all prescribed medications for 30 days upon release. Participants receiving these services will be assigned a case manager – providing services either on-site in the carceral setting or via telehealth – to establish a relationship with the individual, understand their HRSNs, coordinate vital services, and plan for community transition, including connecting the person to a community-based case manager that they can work with upon their release.

Impact of Demonstration Extension on Traditional Medicaid Program Eligibility

The proposed demonstration amendment does not propose any changes to existing Medicaid state plan eligibility. Standards for eligibility remain as set forth under the state plan. All participants will continue to derive their eligibility through the Medicaid state plan and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid state plan. This demonstration amendment will not restrict existing program eligibility or enrollment.

Demonstration Cost-Sharing

No cost-sharing requirements will be associated with the pre-release benefits offered under this proposed demonstration.

Delivery System

Reentry services will be provided on a fee-for-service basis while the person remains incarcerated; and upon release, they will receive services consistent with the Medicaid coverage type for which they are eligible. Most participants will select and transition to a managed care organization (MCO) upon release.

Projected Enrollment

Maryland estimates that approximately 1,350 people released from state-run facilities each year will be eligible to participate in the reentry demonstration. Assuming that the first year of the demonstration period will be used for service planning and implementation, Maryland estimates that at least 5,400 people coming from state-run facilities will benefit from participation over a five-year period.

Cost Estimates for Each Proposed Demonstration Year (DY)

The below table outlines the anticipated costs of providing the proposed reentry benefit as described above to eligible people over the next five years.

Maryland notes that the HealthChoice demonstration is set to expire on December 31, 2026; therefore, the initial period of this new demonstration would conclude at that time. However, Maryland expects that the demonstration will be continued in the subsequent HealthChoice demonstration renewal application we intend to submit to CMS in 2026. Maryland anticipates that the demonstration, pending CMS approval of this current amendment request, will be approved in the expected forthcoming five-year renewal of the HealthChoice demonstration. Thereby, pending budget availability, MDH anticipates implementing this demonstration for a minimum initial five-year period as projections reflect in the table below.

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02**	DY03**	DY04**	DY05**
Justice Involved Reentry Services	$6,040,489	$12,443,407	$12,816,710	$13,201,211	$13,597,247

* Assumes six-month start-up during state fiscal year 2025.

** Applies 1.03% inflation, based on Consumer Price Index in December 2023.

Preliminary Evaluation Parameters for the Proposed Demonstration Amendment:

The table below describes the proposed preliminary evaluation design framework for the new additions, including the goals, hypotheses, and possible measures.

Goal	Objective	Research Question	Hypothesis	Potential Data Source
(1) Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN)	To increase the number of health care visits to address physical health, behavioral health and health-related social needs (HRSN) for recently incarcerated Medicaid beneficiaries with identified substance use disorder (SUD) and serious mental illness (SMI).	How does the case management services provided through the Reentry Demonstration affect the number of health care visits to address physical health, behavioral health, and health related social needs (HRSN) for recently incarcerated Medicaid beneficiaries.	Case management services provided through the Reentry Demonstration will result in an increased number of health care visits to address physical health, behavioral health and HRSN for the recently incarcerated Medicaid beneficiaries.	Data sources will include DPSCS electronic personal health record system (EPHR), Medicaid claims data systems (MMIS), as well as data from regional health information exchange (CRISP) and CMS.
(2) Reduce ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased	To increase receipt of preventive and routine physical and behavioral health care for the justice-involved	How does the identification of SUD and SMI, with the provision of transitional supports, impact the number	Benefits provided through the Reentry Demonstration will result in a reduction in avoidable hospitalizations and	Data sources will include DPSCS electronic personal health record system (EPHR),

Goal	Objective	Research Question	Hypothesis	Potential Data Source
receipt of preventive and routine physical and behavioral health care.	population through identification of substance use disorder (SUD) and serious mental illness (SMI) with providing transitional supports.	of ED visits and inpatient hospitalizations in recently incarcerated Medicaid beneficiaries?	medical utilization (e.g., lower emergency department (ED) use, lower avoidable ED visits) and an increase in recommended or preventive care in the recently released Medicaid beneficiaries.	Medicaid claims data systems (MMIS), as well as data from regional health information exchange (CRISP) and CMS.

§1115 Waiver and Expenditure Authorities Proposed for Demonstration Amendment:

Waiver Authority – The state is requesting the below list of waivers pursuant to section 1115(a)(1) of the Social Security Act to enable Maryland to implement the demonstration:

Waiver Authority	Rationale for Waiver
1902(a)(1) Statewideness	To enable the state to limit reentry services to state prisons and qualified county correctional facilities for the period that MD ramps up to statewide implementation.
1902(a)(14), 1916 and 1916A Premiums and Cost Sharing	To enable the state to waive existing cost-sharing requirements in the State Plan for incarcerated beneficiaries prior to release. To enable the state to waive co-pays on prescription medications in the 30-day supply of medications provided on release.
Freedom of Choice Selection 1902(a)23(A)	To enable the State to restrict freedom of choice of provider, other than for family planning services, for children with special needs, as identified in section 1932(a)(2)(A)(i-v) of the Act, who are participants in the Demonstration.

Expenditure Authority – The state is requesting the below expenditure authorities pursuant to §1115(a)(2) of the Social Security Act:

Expenditure Type	Rationale for Expenditure Authority
Expenditures Related to Reentry Demo	Expenditure authority for administrative costs to support demonstration implementation capacity at the community level, including payments to

Expenditure Type	Rationale for Expenditure Authority
Implementation	qualified entities for infrastructure and capacity building, as well as for interventions and services that will enable implementation of the demonstration benefits and complement the array of benefits and services authorized through the State Plan and other related authorities.
Expenditures Related to Reentry Supports	Expenditures for pre-release services rendered to qualifying incarcerated beneficiaries up to 90 calendar days prior to their release, that comprises case management, MAT and a 30-day supply of medication upon release into the community

Public Notice and Comment Process

As announced in the abbreviated public notice released in the newspaper of widest circulation, the Baltimore Sun, on January 11, 2024, the draft §1115 demonstration amendment and related public notice materials are posted for a minimum 30-day public comment period starting January 12, 2024, on the §1115 HealthChoice Waiver home page located on the MDH website: https://health.maryland.gov/mmcp/pages/1115-healthchoice-waiver-renewal.aspx.

Interested parties may submit written comments electronically via email to mdh.healthchoicerenewal@maryland.gov or may send written comments concerning the demonstration amendment to:

Laura Goodman
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201

Two public hearings will be held to solicit input on the proposed amendment. The date, time, and location of the public hearings are listed below:

Public Hearing One:
January 22, 2024, 1:00pm to 3:00pm
Maryland Department of Health
In person: Room L3, 201 West Preston Street, Baltimore, MD 21201
Virtual: GoToWebinar Virtual Platform
To participate in the virtual public hearing, please visit:
https://attendee.gotowebinar.com/register/4637811950049413206

Please note that if you desire to make a public comment, you will need to attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Public Hearing Two:
February 5, 2024, 10:30 am to 11:30 am

In-Person: Marvin Thomas Room, East Columbia Branch of HC Library, 6600 Cradlerock Way, Columbia, MD 21045
Virtual: GoToWebinar Virtual Platform
To participate in the virtual public hearing, please visit:
https://attendee.gotowebinar.com/register/330448759780462426

Please note that if you desire to make a public comment, you will need to attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Individuals needing special accommodation, please contact Laura Goodman at 410-767-5683.

Maryland Register

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Volume 51 • Issue 1 • Pages 1 — 62

IN THIS ISSUE

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before December 22, 2024 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of December 22, 2024.

Gail S. Klakring
Acting Administrator, Division of State Documents
Office of the Secretary of State

Information About the Maryland Register and COMAR

MARYLAND REGISTER

The Maryland Register is an official State publication published every other week throughout the year. A cumulative index is published quarterly.

The Maryland Register is the temporary supplement to the Code of Maryland Regulations. Any change to the text of regulations published in COMAR, whether by adoption, amendment, repeal, or emergency action, must first be published in the Register.

The following information is also published regularly in the Register:

- Governor's Executive Orders
- Attorney General's Opinions in full text
- Open Meetings Compliance Board Opinions in full text
- State Ethics Commission Opinions in full text
- Court Rules
- District Court Administrative Memoranda
- Courts of Appeal Hearing Calendars
- Agency Hearing and Meeting Notices
- Synopses of Bills Introduced and Enacted by the General Assembly
- Other documents considered to be in the public interest

CITATION TO THE MARYLAND REGISTER

The Maryland Register is cited by volume, issue, page number, and date. Example:

- 19:8 Md. R. 815—817 (April 17, 1992) refers to Volume 19, Issue 8, pages 815—817 of the Maryland Register issued on April 17, 1992.

CODE OF MARYLAND REGULATIONS (COMAR)

COMAR is the official compilation of all regulations issued by agencies of the State of Maryland. The Maryland Register is COMAR's temporary supplement, printing all changes to regulations as soon as they occur. At least once annually, the changes to regulations printed in the Maryland Register are incorporated into COMAR by means of permanent supplements.

CITATION TO COMAR REGULATIONS

COMAR regulations are cited by title number, subtitle number, chapter number, and regulation number. Example: COMAR 10.08.01.03 refers to Title 10, Subtitle 08, Chapter 01, Regulation 03.

DOCUMENTS INCORPORATED BY REFERENCE

Incorporation by reference is a legal device by which a document is made part of COMAR simply by referring to it. While the text of an incorporated document does not appear in COMAR, the provisions of the incorporated document are as fully enforceable as any other COMAR regulation. Each regulation that proposes to incorporate a document is identified in the Maryland Register by an Editor's Note. The Cumulative Table of COMAR Regulations Adopted, Amended or Repealed, found online, also identifies each regulation incorporating a document. Documents incorporated by reference are available for inspection in various depository libraries located throughout the State and at the Division of State Documents. These depositories are listed in the first issue of the Maryland Register published each year. For further information, call 410-974-2486.

HOW TO RESEARCH REGULATIONS

An Administrative History at the end of every COMAR chapter gives information about past changes to regulations. To determine if there have been any subsequent changes, check the "Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed" which is found online at http://www.dsd.state.md.us/PDF/CumulativeTable.pdf. This table lists the regulations in numerical order, by their COMAR number, followed by the citation to the Maryland Register in which the change occurred. The Maryland Register serves as a temporary supplement to COMAR, and the two publications must always be used together. A Research Guide for Maryland Regulations is available. For further information, call 410-260-3876.

SUBSCRIPTION INFORMATION

For subscription forms for the Maryland Register and COMAR, see the back pages of the Maryland Register. Single issues of the Maryland Register are $15.00 per issue.

CITIZEN PARTICIPATION IN THE REGULATION-MAKING PROCESS

Maryland citizens and other interested persons may participate in the process by which administrative regulations are adopted, amended, or repealed, and may also initiate the process by which the validity and applicability of regulations is determined. Listed below are some of the ways in which citizens may participate (references are to State Government Article (SG), Annotated Code of Maryland):

- By submitting data or views on proposed regulations either orally or in writing, to the proposing agency (see "Opportunity for Public Comment" at the beginning of all regulations appearing in the Proposed Action on Regulations section of the Maryland Register). (See SG, §10-112)
- By petitioning an agency to adopt, amend, or repeal regulations. The agency must respond to the petition. (See SG §10-123)
- By petitioning an agency to issue a declaratory ruling with respect to how any regulation, order, or statute enforced by the agency applies. (SG, Title 10, Subtitle 3)
- By petitioning the circuit court for a declaratory judgment on the validity of a regulation when it appears that the regulation interferes with or impairs the legal rights or privileges of the petitioner. (SG, §10-125)
- By inspecting a certified copy of any document filed with the Division of State Documents for publication in the Maryland Register. (See SG, §7-213)

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Wes Moore, Governor; **Susan C. Lee**, Secretary of State; **Gail S. Klakring**, Administrator; **Mary D. MacDonald**, Senior Editor, Maryland Register and COMAR; **Elizabeth Ramsey**, Editor, COMAR Online, and Subscription Manager; **Tami Cathell**, Help Desk, COMAR and Maryland Register Online.
Front cover: State House, Annapolis, MD, built 1772—79.
Illustrations by Carolyn Anderson, Dept. of General Services

Closing Dates for the Maryland Register

COMAR Research Aids

Index of COMAR Titles Affected in This Issue

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Individuals with disabilities who desire assistance in using the publications and services of the Division of State Documents are encouraged to call (410) 974-2486, or (800) 633-9657, or FAX to (410) 974-2546, or through Maryland Relay.

The Division of State Documents

The Governor

Final Action on Regulations

Proposed Action on Regulations

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists previously approved projects, receiving approval of minor modifications, described below, pursuant to 18 CFR § 806.18 or to Commission Resolution Nos. 2013-11 and 2015-06 for the time period specified above.

Coal Mountain Development and Recreation LLC – Eagles Ridge Golf Course, Docket No. 20230605, Ferguson Township, Clearfield County, Pa.; correction to Special Condition 17(b); Correction Issue Date: August 25, 2023.

Lancaster County Solid Waste Management Authority – Frey Farm Landfill, Docket No. 20230920, Manor Township, Lancaster County, Pa.; modification to add INASHCO Well MW-2 as an additional source of consumptive use; Approval Date: November 1, 2023.

AUTHORITY: Public Law 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

DATED: December 8, 2023.

JASON E. OYLER
General Counsel and Secretary to the Commission

[24-01-10]

General Notices

Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.

STATE COLLECTION AGENCY LICENSING BOARD

Subject: Public Meeting
Date and Time: February 13, 2024, 2 — 3 p.m.; Thereafter the public meetings will take place the second Tuesday of every month, accessed via the Google Meet information below.
Place: Via Google Meet — please see details below.
Add'l. Info: Video call link:
https://meet.google.com/ahz-mgnk-jsu
Or dial: (US) +1 530-738-1353;
PIN: 815 799 863#

If necessary, the Board will convene in a closed session to seek the advice of counsel or review confidential materials, pursuant to General Provisions Article, §3-305, Maryland Annotated Code.
Contact: Ayanna Daugherty 410-230-6019

[24-01-05]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Hearing
Date and Time: January 22, 2024, 1 — 3 p.m.; Additional Date: February 5, 2024, 10:30 —11:30 a.m.
Place: Virtual:

1st hearing:
https://attendee.gotowebinar.com/register/4637811950049413206

2nd hearing:
https://attendee.gotowebinar.com/register/330448759780462426, MD

Add'l. Info: GENERAL NOTICE — §1115 WAIVER AMENDMENT

The Maryland Department of Health (MDH) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice, which the Centers for Medicare and Medicaid Services (CMS) has authorized through December 31, 2026. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's Statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by MDH. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

MDH intends to seek authorization of federal Medicaid matching funds for the provision of a set of targeted Medicaid services including but not limited to the pre-release services described below to be provided up to a 90-day period prior to release for eligible justice-involved populations. Pre-release services will be anchored in case management, and include medication -assisted treatment (MAT), and provision of medications upon release.

Additionally, in accordance with SB518 (Chapter 369 - 2022), MDH intends to seek authorization of federal Medicaid matching funds for the provision of a Behavioral Health Value-Based Purchasing (BH VBP) Pilot Program. The BH VBP Pilot Program will provide intensive case management behavioral health services to targeted Medicaid enrollees for a three-year period, starting FY2025. The individuals selected for the pilot program will be those whose behavioral health condition or functioning places them at risk of hospital emergency department utilization or inpatient psychiatric hospital admission.

The State's 30-day public comment period will open on January 12, 2024. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from https://health.maryland.gov/mmcp/Pages/1115-HealthChoice-Waiver-Renewal.aspx. Hard copies of the application may be obtained by calling (410) 767-5683.

Interested parties may send written comments concerning the waiver amendment to Laura Goodman, Office of Innovation, Research and Development Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, MD 21201, or via email to mdh.healthchoicerenewal@maryland.gov. MDH will accept comments from January 12, 2024 - February 12, 2024.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders.

January 22, 2024, from 1—3 p.m.
Maryland Department of Health
January MMAC Meeting
GoToWebinar Virtual Platform
To participate in the public hearing, please visit:
https://attendee.gotowebinar.com/register/4637811950049413206

Please note that if you desire to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

February 5, 2024, from 10:30—11:30 a.m.
Maryland Department of Health
GoToWebinar Virtual Platform
To participate in the public hearing, please visit:
https://attendee.gotowebinar.com/register/330448759780462426

Please note that if you desire to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.
Contact: Laura Goodman 410-767-5683

[24-01-06]

MARYLAND DEPARTMENT OF HEALTH/VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DEMENTIAS COUNCIL

Subject: Public Meeting
Date and Time: January 24, 2024, 1 — 3 p.m.
Place: Via Google Meet — please see details below.
Add'l. Info: Quarterly Meeting
Join via video:
https://meet.google.com/cvh-uaae-hks
Join via phone:
+1 346-808-1813
PIN: 802 190 127#, MD
Contact: Monica McAllister 410-767-2577

[24-01-02]

MARYLAND STATE LOTTERY AND GAMING CONTROL COMMISSION

Subject: Public Meeting
Date and Time: January 25, 2024, 10 — 11 a.m.
Place: Montgomery Business Park, 1800 Washington Blvd., Ste. 330, Baltimore, MD
Add'l. Info: The meeting will be held in person and via livestream. Access to the link will be available on the day of the meeting at https://www.mdgaming.com/commission-meeting-1-25-2024/.
Contact: Kathy Lingo 410-230-8790

[24-01-08]

STATE ADVISORY COUNCIL ON QUALITY CARE AT THE END OF LIFE

Subject: Public Meeting
Date and Time: January 29, 2024, 10 a.m. — 12 p.m.
Place: Via Google Meet — please see details below.
Add'l. Info: The video conference may be accessed as follows:
Join with Google Meet:
meet.google.com/fdh-hmfq-hyw
Join by phone:
(US) +1 802-227-7077

PIN: 366 602 720#, MD

The public is welcome to attend the video conference.

Contact: Paul Ballard 410-767-6918

[24-01-01]

BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Subject: Public Meeting

Date and Time: January 18, 2024, 10 a.m. — 12 p.m.

Place: Remote Meeting — please see the Board's webpage for meeting details at https://mde.maryland.gov/programs/Permits/EnvironmentalBoards/Pages/BWW.aspx.

Add'l. Info: A portion of this meeting may be held in closed session.

Contact: J. Martin Fuhr 410-537-3588

[24-01-04]

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LEGAL NOTICES

Extra Space Storage, on behalf of itself or its affiliates, Life Storage or Storage Express, will hold a public auction at the location indicated: 4211 Shannon Dr, Baltimore , MD, 21213. Thursday, January 18th, 2024 12: 45pm. Units: 1210, 1308, 1815, 2015, 2126, 2143, ISV016. The auction will be listed and advertised on www.storagetreasures.com. Purchases must be made with cash only and paid at the above referenced facility in order to complete the transaction. Extra Space Storage may refuse any bid and may rescind any purchase up until the winning bidder takes possession of the personal property.
1/11/24 7564991

PUBLIC NOTICE
The Maryland Department of Health (MDH) is proposing to submit an amendment to its section1115 demonstration known as "HealthChoice" to the Centers for Medicare & Medicaid Services (CMS). The HealthChoice demonstration authorizes Maryland's Statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by MDH. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.
MDH intends to seek federal approval to offer a set of targeted Medicaid services to certain incarcerated individuals who are soon to be released from state prison or jail. Eligible justice-involved individuals will receive services up to 90 days prior to release that consists of case management, medication -assisted treatment (MAT), and a 30-day supply of prescribed medications upon release. The State's 30-day public comment period opens on January 12, 2024. The draft amendment application and more detailed information for submitting public comments will be available on that date at https://health.maryland.gov/mmcp/Pages/1115-HealthChoice-Waiver-Renewal.aspx. Hard copies of the application may be obtained by calling (410) 767-5683. MDH will hold two public hearings to solicit comments on the proposed amendment as listed below. Please note that if you desire to make a public comment at a hearing, you will need to either attend the meeting in person or register via the link provided below to appear virtually. After registering, you will receive a confirmation email containing audio and visual information about joining the hearing.
Hearing 1: January 22, 2024 from 1:00pm to 3:00pm
Maryland Department of Health Conference Room L3
In person: Room L3, 201 West Preston Street, Baltimore, MD 21201
January MMAC Meeting
Virtual: GoToWebinar Virtual Platform
To participate in the virtual public hearing, please visit: https://attendee.gotowebinar.com/register/4637811950049413206
Hearing 2: February 5, 2024 from 10:30 am to 11:30 am
In-Person: Marvin Thomas Room, East Columbia Branch of HC Library,
6600 Cradlerock Way, Columbia, MD 21045
Virtual: GoToWebinar Virtual Platform
To participate in the virtual public hearing, please visit: https://attendee.gotowebinar.com/register/3304487597804624 26
1/11/24 7565322

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GOLDADOR Mix between Labador Retriever and a Golden Retriever!! Avail 1/19/24 $1000. Text 410-253-8045 for more info!

MINIATURE SCHNAUZERS AKC,

BALTIMORE COUNTY LEGAL NOTICES

NOTICE OF PUBLIC HEARING
BALTIMORE COUNTY BOARD OF LIQUOR LICENSE COMMISSIONERS
TOWSON, MARYLAND 21204
410-887-3191 FAX 410-887-3970

Peter Wiens, Cherise Chamberlain of **DIAGEO AMERICAS SUPPLY, INC.** t/a Guinness Brewing Company 5001 Washington Blvd. Baltimore, MD 21227. Application for change of Corporate Officers of Class D (on premise consumption) Beer Exception License from Peter Wiens, Elizabeth Tong of Diageo Americas Supply, Inc. t/a Guinness Brewing Company.
(1:00 pm) (13)

Thomas Obrecht of **THE QUARRY AT GREENSPRING** 2592 Quarry Lake Dr. Baltimore, MD 21209. Application for transfer of Class B (on sale) Beer, Wine, Liquor License from Zhoukai Ni of Uni Sushi, LLC t/a Uni Sushi. (1:00 pm) (03)

Malini Dahal of **THREE BROTHERS USA, LLC** t/a Kenwood Liquors 6247 Kenwood Ave. Suite C Baltimore, MD 21237. Application for transfer of Class A (off sale) Beer, Wine, Liquor License from Bijal R. Patel of Mitt's Rosedale Liquors, LLC t/a Kenwood Liquors.
(1:00 pm) (14)

Angela Fray, Richard Fray of **FRAY DEVELOPMENT, INC.** t/a Dat Jerk Lansdowne 3597 Washington Blvd. #100 Halethorpe, MD 21227. Application for a New Class B (on sale) Beer, Wine, Liquor Shopping Center Exception License.
(1:00 pm) (13)

Jason Rose, John Gaburick of **OWINGS MILLS ROSE, INC.** t/a Applebee's 10131 Mill Run Circle Owings Mills, MD 21117. Application for a New Class B (on sale) Beer, Wine, Liquor Shopping Center Exception License.
(1:00 pm) (04)

HEARING UPON THE ABOVE MENTION APPLICATION WILL TAKE PLACE IN ROOM 104 OF THE JEFFERSON BUILDING 105 W. CHESAPEAKE AVE TOWSON, MD 21204
MONDAY: January 29, 2024
PUBLISHER: Baltimore Sun Newspaper

BOARD OF LIQUOR LICENSE COMMISSIONERS FOR BALTIMORE COUNTY
Susan Green, Chairwoman
Thomas Kaiser, Member
Richard Karceski, Member
3-S Jan. 11 & 18 7562476

NOTICE OF PUBLIC HEARING
BALTIMORE COUNTY BOARD OF LIQUOR LICENSE COMMISSIONERS
TOWSON, MARYLAND 21204
410-887-3191 FAX 410-887-3970

John Blum Jr., Wayne Resnick of **MARTIN'S CRANBROOK, INC.** t/a Valley Mansion 594 Cranbrook Rd. Cockeysville, MD 21030. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor License from John Blum Jr., Andrew Jones of Martin's Cranbrook, Inc. t/a Valley Mansion.
(1:00 pm) (08)

John Blum Jr., Wayne Resnick of **MARTIN'S WEST CATERERS, INC.** t/a Martin's West 6817 Dogwood Rd. Baltimore, MD 21244. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor License from John Blum Jr., Andrew Jones of Martin's West Caterers, Inc. t/a Martin's West.
(1:00 pm) (01)

Jeffrey Kratz, Sarah Mussetter, J. Todd Wilson of **RED ROBIN OF BALTIMORE COUNTY, INC.** t/a Red Robin Gourmet Burgers & Brews 4 Restaurant Park Dr. Owings Mills, MD 21117. Application for change of Corporate Officers of Class B (OMTC)(on sale) Beer, Wine, Liquor License from Michael Kaplan, Jeffrey Kratz, Lynn Schweinfurth of Red Robin of Baltimore County, Inc. t/a Red Robin Gourmet Burgers & Brews.
(1:00 pm) (04)

Jeffrey Kratz, Sarah Mussetter, J. Todd Wilson of **RED ROBIN OF BALTIMORE COUNTY, INC.** t/a Red Robin Gourmet Burgers & Brews 1238 Putty Hill Ave Towson, MD 21286. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor Exception License from Michael Kaplan, Jeffrey Kratz, Lynn Schweinfurth of Red Robin of Baltimore County, Inc. t/a Red Robin Gourmet Burgers & Brews.
(1:00 pm) (09)

Dilpaliben Jani, Usha Gupta, Shrutee Gupta of **NORTHWIND PLAZA LIQUORS, LLC** t/a Northwind Liquor 3005 Northwind Rd Baltimore, MD 21234. Application for change of Corporate Officers of Class A (off sale) Beer, Wine, Liquor License from Dipaliben Jani of Northwind Plaza Liquors, LLC t/a Northwind Liquors.
(1:00 pm) (11)

Ganesh Bahadur Adhikari of **HOT SHOT, LLC** t/a Oak Grove Liquors 300 Holly Dr Baltimore, MD 21220. Application for transfer of Class A (off sale) Beer, Wine, Liquor License from Donna Dorn, Donna Dorn Personal Rep, Donna Dorn Personal Rep of Oak Grove Liquors, Inc. t/a Oak Grove Liquors.
(1:00 pm) (15)

HEARING UPON THE ABOVE MENTION APPLICATION WILL TAKE PLACE IN ROOM 104 OF THE JEFFERSON BUILDING 105 W. CHESAPEAKE AVE TOWSON, MD 21204
MONDAY: January 22, 2024
PUBLISHER: Baltimore Sun Newspaper

BOARD OF LIQUOR LICENSE COMMISSIONERS FOR BALTIMORE COUNTY
Susan Green, Chairwoman
Thomas Kaiser, Member

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-003210

Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Khaalida A. Rodriguez
109 Center Street
Baltimore, MD 21222
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $140,000.00. The property sold herein is known as 109 Center Street, Baltimore, MD 21222.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-V Jan. 4, 11, 18 7558813

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-002067

Diane S. Rosenberg et al.
4340 East West Highway, Suite 600
Bethesda, MD 20814
Substitute Trustees, Plaintiff(s)
v
Estate of Kenneth T. Keller
Mary Vest
210 Lavern Avenue
Halethorpe, MD 21227
Defendant(s)

NOTICE

Notice is hereby given this 3rd day of January, 2024, by the Circuit Court for Baltimore County, Maryland, that the sale of 210 Lavern Avenue, Halethorpe, MD 21227, made and reported, will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 3rd day of February, 2024, provided a copy of this notice be inserted in The Baltimore Sun a daily newspaper printed in said County, once in each of three successive weeks.

The Report of Sale states the amount of the foreclosure sale price to be $218,400.00.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
3-R Jan. 11, 18, 25 7561815

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY
Case No.: C-03-CV-23-003708

MARK H. WITTSTADT
JUSTIN T. HOY
Substitute Trustees
1966 Greenspring Dr. Ste LL 2
Lutherville Timonium, MD 21093
V.
THE ESTATE OF JEFFERY P. DIVEN
SERVE ON: THERESA HOWELL, PERSONAL REPRESENTATIVE
7727 Charlesmont Rd
Baltimore, Maryland 21222
Defendant

NOTICE

ORDERED, by the Circuit Court for Baltimore County, this 20th day of December 2023, that the foreclosure sale of the real property known as 7727 Charlesmont Rd Baltimore, Maryland 21222, being the property mentioned in these proceedings, made and reported by Mark H. Wittstadt, Justin T. Hoy, Substitute Trustees, will be RATIFIED AND CONFIRMED, unless cause to the contrary thereof be shown on or before the 20th day of January, 2024. Provided a copy of this Order is inserted in some daily newspaper printed in Baltimore County, once in each of three successive weeks.

The Report states that the amount of the Foreclosure Sale price to be $156,000.00.

Julie L Ensor
CLERK OF THE CIRCUIT COURT
OF BALTIMORE COUNTY, MARYLAND
1-AA Dec. 28 - Jan. 4, 11 7556720

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-22-004175

CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. 03-C-19-001545

Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Scott Blakenship AND
Rachel Blankenship
11608 Bonaparte Road
White Marsh, MD 21162
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $414,311.07. The property sold herein is known as 11608 Bonaparte Road, White Marsh, MD 21162.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-R Jan. 4, 11, 18 7558724

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-003131

Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Charles W. Holmes
1247 Locust Avenue
Baltimore, MD 21227
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $226,818.69. The property sold herein is known as 1247 Locust Avenue, Baltimore, MD 21227.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-S Jan. 4, 11, 18 7558736

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-19-005019

CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101
Rockville, MD 20852
Substitute Trustees/Plaintiffs
vs.
MICHAEL EMMANUEL HARBER
17 Cedarwood Circle
Pikesville, MD 21208
Defendant(s)

NOTICE

Notice is hereby given this 20th day of December, 2023, by the Circuit Court for Baltimore County, Maryland, that the sale of the property mentioned in these proceedings and described as 17 Cedarwood Circle, Pikesville, MD 21208, made and reported by the Substitute Trustee, will be RATIFIED AND CONFIRMED, unless cause to the contrary thereof be shown on or before the 20th day of January, 2024, provided a copy of this NOTICE be inserted in some newspaper printed in said County, once in each of three successive weeks

The report states the purchase price at the Foreclosure sale to be $205,000.00.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
1-BB Dec. 28 - Jan. 4, 11 7557021

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-22-003368

CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101
Rockville, MD 20852

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1/11/24 7565322

ROOMS

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MISCELLANEOUS

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DENTAL INSURANCE from Physicians Mutual Insurance Company. Coverage for 350 plus procedures. Real dental insurance - NOT just a discount plan. Do not wait! Call now! Get your FREE Dental Information Kit with all the details! 1-855-337-5228 www.dental50plus.com/MDDC #6258

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WANTED TO BUY

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MINIATURE SCHNAUZERS AKC,

BALTIMORE COUNTY LEGAL NOTICES

NOTICE OF PUBLIC HEARING
BALTIMORE COUNTY BOARD OF LIQUOR LICENSE COMMISSIONERS
TOWSON, MARYLAND 21204
410-887-3191 FAX 410-887-3970

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(1:00 pm) (13)

Thomas Obrecht of **THE QUARRY AT GREENSPRING** 2592 Quarry Lake Dr. Baltimore, MD 21209. Application for transfer of Class B (on sale) Beer, Wine, Liquor License from Zhoukai Ni of Uni Sushi, LLC t/a Uni Sushi. (1:00 pm) (03)

Malini Dahal of **THREE BROTHERS USA, LLC** t/a Kenwood Liquors 6247 Kenwood Ave. Suite C Baltimore, MD 21237. Application for transfer of Class A (off sale) Beer, Wine, Liquor License from Bijal R. Patel of Mitt's Rosedale Liquors, LLC t/a Kenwood Liquors.
(1:00 pm) (14)

Angela Fray, Richard Fray of **FRAY DEVELOPMENT, INC.** t/a Dat Jerk Lansdowne 3597 Washington Blvd. #100 Halethorpe, MD 21227. Application for a New Class B (on sale) Beer, Wine, Liquor Shopping Center Exception License.
(1:00 pm) (13)

Jason Rose, John Gaburick of **OWINGS MILLS ROSE, INC.** t/a Applebee's 10131 Mill Run Circle Owings Mills, MD 21117. Application for a New Class B (on sale) Beer, Wine, Liquor Shopping Center Exception License.
(1:00 pm) (04)

HEARING UPON THE ABOVE MENTION APPLICATION WILL TAKE PLACE IN ROOM 104 OF THE JEFFERSON BUILDING 105 W. CHESAPEAKE AVE TOWSON, MD 21204
MONDAY: January 29, 2024
PUBLISHER: Baltimore Sun Newspaper

BOARD OF LIQUOR LICENSE COMMISSIONERS FOR BALTIMORE COUNTY
Susan Green, Chairwoman
Thomas Kaiser, Member
Richard Karceski, Member
3-S Jan. 11 & 18 7562476

NOTICE OF PUBLIC HEARING
BALTIMORE COUNTY BOARD OF LIQUOR LICENSE COMMISSIONERS
TOWSON, MARYLAND 21204
410-887-3191 FAX 410-887-3970

John Blum Jr., Wayne Resnick of **MARTIN'S CRANBROOK, INC.** t/a Valley Mansion 594 Cranbrook Rd. Cockeysville, MD 21030. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor License from John Blum Jr., Andrew Jones of Martin's Cranbrook, Inc. t/a Valley Mansion.
(1:00 pm) (08)

John Blum Jr., Wayne Resnick of **MARTIN'S WEST CATERERS, INC.** t/a Martin's West 6817 Dogwood Rd. Baltimore, MD 21244. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor License from John Blum Jr., Andrew Jones of Martin's West Caterers, Inc. t/a Martin's West.
(1:00 pm) (01)

Jeffrey Kratz, Sarah Mussetter, J. Todd Wilson of **RED ROBIN OF BALTIMORE COUNTY, INC.** t/a Red Robin Gourmet Burgers & Brews 4 Restaurant Park Dr. Owings Mills, MD 21117. Application for change of Corporate Officers of Class B (OMTC)(on sale) Beer, Wine, Liquor License from Michael Kaplan, Jeffrey Kratz, Lynn Schweinfurth of Red Robin of Baltimore County, Inc. t/a Red Robin Gourmet Burgers & Brews.
(1:00 pm) (04)

Jeffrey Kratz, Sarah Mussetter, J. Todd Wilson of **RED ROBIN OF BALTIMORE COUNTY, INC.** t/a Red Robin Gourmet Burgers & Brews 1238 Putty Hill Ave Towson, MD 21286. Application for change of Corporate Officers of Class B (on sale) Beer, Wine, Liquor Exception License from Michael Kaplan, Jeffrey Kratz, Lynn Schweinfurth of Red Robin of Baltimore County, Inc. t/a Red Robin Gourmet Burgers & Brews.
(1:00 pm) (09)

Dilpaliben Jani, Usha Gupta, Shrutee Gupta of **NORTHWIND PLAZA LIQUORS, LLC** t/a Northwind Liquor 3005 Northwind Rd Baltimore, MD 21234. Application for change of Corporate Officers of Class A (off sale) Beer, Wine, Liquor License from Dipaliben Jani of Northwind Plaza Liquors, LLC t/a Northwind Liquors.
(1:00 pm) (11)

Ganesh Bahadur Adhikari of **HOT SHOT, LLC** t/a Oak Grove Liquors 300 Holly Dr Baltimore, MD 21220. Application for transfer of Class A (off sale) Beer, Wine, Liquor License from Donna Dorn, Donna Dorn Personal Rep, Donna Dorn Personal Rep of Oak Grove Liquors, Inc. t/a Oak Grove Liquors.
(1:00 pm) (15)

HEARING UPON THE ABOVE MENTION APPLICATION WILL TAKE PLACE IN ROOM 104 OF THE JEFFERSON BUILDING 105 W. CHESAPEAKE AVE TOWSON, MD 21204
MONDAY: January 22, 2024
PUBLISHER: Baltimore Sun Newspaper

BOARD OF LIQUOR LICENSE COMMISSIONERS FOR BALTIMORE COUNTY
Susan Green, Chairwoman
Thomas Kaiser, Member

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-003210
Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Khaalida A. Rodriguez
109 Center Street
Baltimore, MD 21222
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $140,000.00. The property sold herein is known as 109 Center Street, Baltimore, MD 21222.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-V Jan. 4, 11, 18 7558813

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-002067
Diane S. Rosenberg et al.
4340 East West Highway, Suite 600
Bethesda, MD 20814
Substitute Trustees, Plaintiff(s)
v
Estate of Kenneth T. Keller
Mary Vest
210 Lavern Avenue
Halethorpe, MD 21227
Defendant(s)

NOTICE

Notice is hereby given this 3rd day of January, 2024, by the Circuit Court for Baltimore County, Maryland, that the sale of 210 Lavern Avenue, Halethorpe, MD 21227, made and reported, will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 3rd day of February, 2024, provided a copy of this notice be inserted in The Baltimore Sun a daily newspaper printed in said County, once in each of three successive weeks.

The Report of Sale states the amount of the foreclosure sale price to be $218,400.00.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
3-R Jan. 11, 18, 25 7561815

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY
Case No.: C-03-CV-23-003708
MARK H. WITTSTADT
JUSTIN T. HOY
Substitute Trustees
1966 Greenspring Dr. Ste LL 2
Lutherville Timonium, MD 21093
V.
THE ESTATE OF JEFFERY P. DIVEN
SERVE ON: THERESA HOWELL, PERSONAL REPRESENTATIVE
7727 Charlesmont Rd
Baltimore, Maryland 21222
Defendant

NOTICE

ORDERED, by the Circuit Court for Baltimore County, this 20th day of December 2023, that the foreclosure sale of the real property known as 7727 Charlesmont Rd Baltimore, Maryland 21222, being the property mentioned in these proceedings, made and reported by Mark H. Wittstadt, Justin T. Hoy, Substitute Trustees, will be RATIFIED AND CONFIRMED, unless cause to the contrary thereof be shown on or before the 20th day of January, 2024. Provided a copy of this Order is inserted in some daily newspaper printed in Baltimore County, once in each of three successive weeks.

The Report states that the amount of the Foreclosure Sale price to be $156,000.00.

Julie L Ensor
CLERK OF THE CIRCUIT COURT
OF BALTIMORE COUNTY, MARYLAND
1-AA Dec. 28 - Jan. 4, 11 7556720

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-22-004175
CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. 03-C-19-001545
Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Scott Blakenship AND
Rachel Blankenship
11608 Bonaparte Road
White Marsh, MD 21162
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $414,311.07. The property sold herein is known as 11608 Bonaparte Road, White Marsh, MD 21162.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-R Jan. 4, 11, 18 7558724

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-23-003131
Richard E. Solomon, Richard J. Rogers, Michael McKeefery, Christianna Kersey, Kevin Hildebeidel, Kyle Blackstone, Kathleen Young
1099 Winterson Road, Suite 301
Linthicum Heights, MD 21090
Substitute Trustees/Plaintiffs
v.
Charles W. Holmes
1247 Locust Avenue
Baltimore, MD 21227
Defendants

NOTICE

Notice is hereby given this 28th day of December, 2023, by the Circuit Court for Baltimore County, that the sale of the property mentioned in these proceedings, made and reported will be ratified and confirmed, unless cause to the contrary thereof be shown on or before the 28th day of January, 2024, provided a copy of this notice be published in a newspaper of general circulation in Baltimore County, once in each of three successive weeks.

The Report of Sale states the amount of foreclosure sale price to be $226,818.69. The property sold herein is known as 1247 Locust Avenue, Baltimore, MD 21227.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
2-S Jan. 4, 11, 18 7558736

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-19-005019
CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101
Rockville, MD 20852
Substitute Trustees/Plaintiffs
vs.
MICHAEL EMMANUEL HARBER
17 Cedarwood Circle
Pikesville, MD 21208
Defendant(s)

NOTICE

Notice is hereby given this 20th day of December, 2023, by the Circuit Court for Baltimore County, Maryland, that the sale of the property mentioned in these proceedings and described as 17 Cedarwood Circle, Pikesville, MD 21208, made and reported by the Substitute Trustee, will be RATIFIED AND CONFIRMED, unless cause to the contrary thereof be shown on or before the 20th day of January, 2024, provided a copy of this NOTICE be inserted in some newspaper printed in said County, once in each of three successive weeks

The report states the purchase price at the Foreclosure sale to be $205,000.00.

Julie L Ensor
Clerk of the Circuit Court
Baltimore County, MD
1-BB Dec. 28 - Jan. 4, 11 7557021

IN THE CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
Case No. C-03-CV-22-003368
CARRIE M. WARD, et al.
6003 Executive Blvd, Suite 101
Rockville, MD 20852

THE BALTIMORE SUN MEDIA GROUP
200 St Paul Street Suite 2490
Baltimore, MD 21202
tel: 410/332-6000
800/829-8000

WE HEREBY CERTIFY, that the annexed advertisement of Order No 7565322

Sold To:
Maryland Dept Of Health & Mental Hygiene - CU00302896
201 W Preston St Rm 224
Baltimore,MD 21201

Bill To:
Maryland Dept Of Health & Mental Hygiene - CU00302896
201 W Preston St Rm 224
Baltimore,MD 21201

Was published in "The Baltimore Sun", "Daily", a newspaper printed and published in Baltimore City and/or Baltimore County on the following dates:

Jan 11, 2024

The Baltimore Sun Media Group

By Shanna Evans

Subscribed and sworn to before me this 12 day of Jan 2024,

By Michele Elaine

Notary Public

My commission expires

MICHELE ELAINE GRIESBAUER
NOTARY PUBLIC
Comm. Exp
Oct 5, 2027
Baltimore County
STATE OF MARYLAND

Maryland

Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>

2024 1115 Waiver Amendment - Reentry Tribal Consultation

Joanna E. Ruth -MDH- <joannae.ruth@maryland.gov> Fri, Jan 12, 2024 at 2:30 PM
To: jessicad@nativelifelines.org
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>, Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>, Tricia Roddy -MDH- <tricia.roddy@maryland.gov>

Good afternoon Ms. Dickerson,

I work with the Maryland Medicaid Office of Innovation, Research, and Development and wanted to share that the Maryland Department of Health (the Department) is proposing an amendment application to its HealthChoice §1115 demonstration waiver.

MDH intends to seek federal approval to offer a set of targeted Medicaid services to certain incarcerated populations who are soon to be released from state prison or jail. Eligible people experiencing incarceration will receive services up to 90 days prior to release that consist of case management, medication -assisted treatment (MAT), and a 30-day supply of prescribed medications upon release.

The State's public comment period begins today, January 12, 2024 and ends February 11, 2024. I attached a copy of the proposal in case it's helpful, but it can also be found on our 1115 Waiver Renewal Website.

We would love to hear your comments, if you have any, and possibly set up a phone call to discuss the amendment with you. You may also send written comments concerning the waiver amendment to Laura Goodman, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov.

Thank you for your time and happy Friday!

Warm Regards,

Joanna

--

Joanna E. Ruth

(she/her/hers)

Health Policy Analyst Advanced

Office of Innovation, Research, and Development

Office of Health Care Financing

Maryland Department of Health

201 W. Preston Street

Baltimore, MD 21201
joannae.ruth@maryland.gov

We encourage you to check our website and social media often for updates.

For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov.
For questions about the Coronavirus, visit coronavirus.maryland.gov.
Follow us @MDHealthDept facebook.com/MDHealthDept and twitter.com/MDHealthDept.

Maryland Department of Health is committed to customer service. Click here to take the Customer Satisfaction Survey.

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For Public Comment_ MD Proposed JI Reentry 1115 Amendment (2).pdf
208K

Maryland

Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>

2024 1115 Waiver Amendment - Reentry Tribal Consultation

Jessica Dickerson <jessicad@nativelifelines.org> Wed, Jan 17, 2024 at 8:46 AM
To: "Joanna E. Ruth -MDH-" <joannae.ruth@maryland.gov>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>, Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>, Tricia Roddy -MDH- <tricia.roddy@maryland.gov>

Hi Joanna,

Thank you for reaching out. I am happy to set up a call if you wish to do so to discuss the amendment. Please let me know if you have any times available in the coming week.

Thanks,
Jessica

Jessica Dickerson, LMSW (she/her)
Medical Case Manager
Native American LifeLines
410-837-2258 x 102

From: Joanna E. Ruth -MDH- <joannae.ruth@maryland.gov>
Sent: Friday, January 12, 2024 2:30 PM
To: Jessica Dickerson <jessicad@nativelifelines.org>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>; Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>; Tricia Roddy -MDH- <tricia.roddy@maryland.gov>
Subject: 2024 1115 Waiver Amendment - Reentry Tribal Consultation

[Quoted text hidden]

Maryland

Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>

2024 1115 Waiver Amendment - Reentry Tribal Consultation

Jessica Dickerson <jessicad@nativelifelines.org> Fri, Feb 9, 2024 at 1:40 PM
To: "Joanna E. Ruth -MDH-" <joannae.ruth@maryland.gov>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>, Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>, Tricia Roddy -MDH- <tricia.roddy@maryland.gov>, "Nancy C. Brown -MDH-" <nancyc.brown@maryland.gov>

Hi Joanna,

Yes, thank you for taking the time to meet the other week. We are in support of the amendment and looking forward to partnering with you and your team on how to better support the Native community.

Thank you for following up.

Thanks,
Jessica

Jessica Dickerson, LMSW (she/her)
Medical Case Manager
Native American LifeLines
410-837-2258 x 102

From: Joanna E. Ruth -MDH- <joannae.ruth@maryland.gov>
Sent: Friday, February 9, 2024 1:36 PM
To: Jessica Dickerson <jessicad@nativelifelines.org>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>; Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>; Tricia Roddy -MDH- <tricia.roddy@maryland.gov>; Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>
[Quoted text hidden]

1115 HealthChoice Waiver Renewal and Amendments

2022-2026 Renewal Period

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The Maryland Department of Health (MDH) accepted public comments from May 4, 2021, through June 4, 2021.

HealthChoice, first implemented in 1997 under the authority of Section 1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization that has been approved by the Maryland Department of Health. Each managed care organization is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet the health needs of each enrollee. For more information, see the current §1115 Waiver Special Terms and Conditions.

2024 §1115 Waiver Amendment

The Maryland Department of Health (MDH) intends to seek federal approval to offer a set of targeted Medicaid services to certain incarcerated populations who are soon to be released from state prison or jail. Eligible people experiencing incarceration will receive services up to 90 days prior to release that consist of case management, medication-assisted treatment (MAT), and a 30-day supply of prescribed medications upon release.

- Full Public Notice of 2024 Waiver
- Draft Waiver Amendment for Public Comment
- Notice in the Baltimore Sun - Printed January 11, 2024

Hard copies of the application may be obtained by calling 410-767-5683.

Public Comment Period

MDH will accept comments from January 12, 2024, and ending on February 12, 2024.

Interested parties may send written comments concerning the waiver amendment to Laura Goodman, Office of Innovation, Research and Development Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders. Please note that if you desire to make a public comment, you will need to either come to the meeting in person or register via the links below. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Hearing 1: January 22, 2024, from 1:00 p.m. to 3:00 p.m.

- January MMAC Meeting
- In person: Maryland Department of Health, Room L3, 201 West Preston Street, Baltimore, MD 21201
- Virtual: GoToWebinar Virtual Platform. To participate, visit https://attendee.gotowebinar.com/register/4637811950049413206

Hearing 2: February 5, 2024, from 10:30 a.m. to 11:30 a.m.

- In-Person: Marvin Thomas Room, East Columbia Branch of HC Library, 6600 Cradlerock Way, Columbia, MD 21045
- Virtual: GoToWebinar Virtual Platform. To participate, visit https://attendee.gotowebinar.com/register/3304487597804624 26

Pending CMS Approval

2023 §1115 Waiver Amendment

2022 §1115 Waiver Amendment

2021 §1115 Waiver Renewal Application

2017-2021 Renewal Period

Effective January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The Maryland Department of Health accepted public comments from April 29, 2016, through May 31, 2016.

2017-2021 Approved

2019 §1115 Waiver Amendment

2018 §1115 Waiver Amendment

2016 §1115 Waiver Renewal Application

Quick Links

Notices, Reports and Regulations

- Public Notices
- Reports and Publications
- Maryland Medicaid Parity Compliance Report
- Medicaid Data Requests
- Maryland Medicaid State Plan

Contact

- mdh.healthchoicerenewal@maryland.gov

INFORMATION

Wes Moore
Governor

Aruna Miller
Lt. Governor

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About MDH

201 W. Preston Street, Baltimore, MD 21201 2399
(410)767 6500 or 1 877 463 3464

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Monday, January 22, 2024
TIME: 1:00 - 3:00 p.m.
LOCATION: GoToWebinar

MMAC meetings will continue to be held through GoToWebinar only.

Please register for MMAC Meeting on January 22, 2024, 1:00 p.m. EST at:

https://attendee.gotowebinar.com/register/4637811950049413206

After registering, you will receive a confirmation email containing information about joining the webinar.

Those who would like to make public comment should email Ms. Meredith Lawler at, meredith.lawler@maryland.gov or use the question feature to submit questions to the host.

AGENDA

I. Departmental Report

II. 1115 Waiver Hearing: Reentry Demonstration

III. Legislative Session Preview

IV. HealthChoice Quality Overview

V. Waiver, State Plan and Regulations Changes

VI. Public Comments

VII. Adjournment

Next Meeting: Monday, February 26, 2024, 1:00 – 3:00 p.m.
PLEASE NOTE MEETINGS WILL BE HELD ON MONDAYS DURING THE LEGISLATIVE SESSION

Staff Contact: Ms. Meredith Lawler
meredith.lawler@maryland.gov

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

§1115 Waiver Amendment 2024

Public Hearing: February 5th, 2024

If you would like to participate in the public hearing by providing public comment, if you could kindly complete the next empty row with your information.

No.	Name (First name, Last name)	Organization
1		
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Maryland
DEPARTMENT OF HEALTH

§1115 Waiver Amendment
Reentry Demonstration

Laura Goodman
Medicaid Office of Innovation, Research and Development

February 5, 2024

Agenda

- **Welcome**
- **HealthChoice Overview**
- **§1115 Waiver Amendment**: Reentry Demonstration
- **Public Comment**

Maryland
DEPARTMENT OF HEALTH

Housekeeping

- Lines will be muted during the presentations; please also self-mute.
- Please indicate your name, title, organization, and email in the chat.
    - Please indicate if you will be submitting written comments or present verbal comments/questions during today's webinar.
- Send questions you have through the question function; you may also utilize this function to sign up for public comment.
- Additional comments, letters and questions can be submitted via email to mdh.healthchoicerenewal@maryland.gov.

Maryland
DEPARTMENT OF HEALTH

HealthChoice Overview

Maryland
DEPARTMENT OF HEALTH

History of HealthChoice

- HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees.
- The HealthChoice §1115 Demonstration Waiver was last renewed in 2021; the current waiver term extends for five years (calendar years 2022-2026).
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

Maryland
DEPARTMENT OF HEALTH

History of HealthChoice

- In December 2021, the Centers for Medicare and Medicaid Services (CMS) approved Maryland's application for a seventh extension of the HealthChoice demonstration.
- MDH submitted a previous waiver amendment application in October 2023 to establish an Express Lane Eligibility program to utilize data from the Supplemental Nutrition Assistance Program for Medicaid redeterminations, as well as to continue Maryland's waiver of the Four Walls Requirement, as previously granted under the COVID-19 Public Health Emergency. MDH is currently waiting for CMS approval.
- This current waiver amendment application will be submitted to CMS in March.

Maryland
DEPARTMENT OF HEALTH

Current Enrollment

As of December 2023…

- There were 1,495,136 individuals enrolled in HealthChoice, representing 87 percent of total Maryland Medicaid enrollment.
- 411,522 adults were enrolled through the ACA Medicaid expansion.

§1115 Waiver Amendment

Reentry Demonstration

Maryland
DEPARTMENT OF HEALTH

Reentry Demonstration

- On April 17, 2023, the CMS announced the new Medicaid Reentry §1115 Demonstration Opportunity to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution (hereinafter referred to as incarcerated individuals, except when quoting from statute) and who are otherwise eligible for Medicaid.
- This §1115 waiver amendment is requesting approval to authorize federal Medicaid matching funds for the provision of a set of targeted Medicaid services, described below, to be provided up to 90 days prior to release for eligible justice-involved populations.
- Pre-release services will prioritize individuals with substance use disorder (SUD) and/or severe mental illness and consist of comprehensive case management, medication-assisted treatment (MAT) for SUD as clinically appropriate, with accompanying counseling, and provision of all prescribed medications for 30 days upon release.

Reentry Demonstration

Goals

Reduce emergency department visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

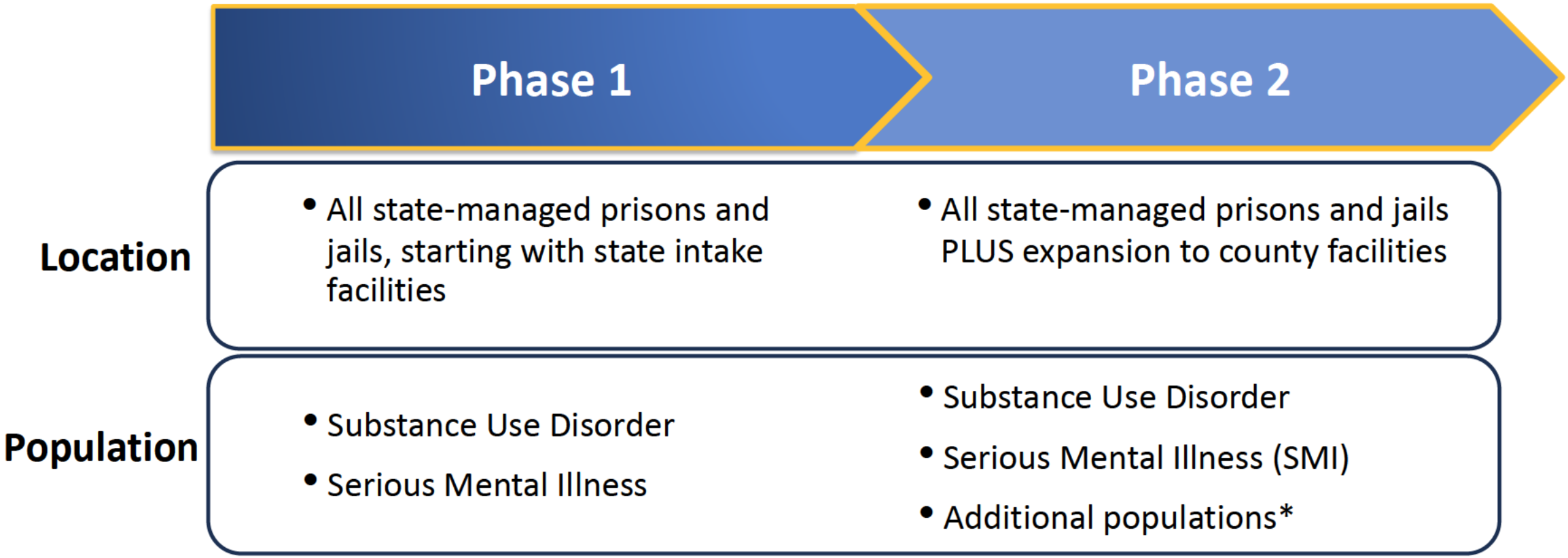
Improve connections between carceral settings and community services upon release to address physical health, behavioral health and health-related social needs (HRSN).

Pre-Release Services

- Case Management
- Medication-assisted treatment (MAT)
- MAT counseling
- Provision of prescribed medications for 30 days *upon release**

Maryland
DEPARTMENT OF HEALTH

Reentry Demonstration



*Future expansion may include HIV/AIDs population, transgender population and additional chronic conditions

Maryland
DEPARTMENT OF HEALTH

Public Notice

The following online public hearings will discuss the content of the waiver renewal and solicit feedback and input from stakeholders:

- First Public Hearing: 1/22/24, 1:00-3:00 pm
  Combined with the January MMAC Meeting
  In-Person Meeting Location: Room L3, 201 W Preston Street, Baltimore, MD 21201

- Second Public Hearing: 2/5/24, 10:30-11:30 am
  In-Person Meeting Location: Marvin Thomas Room, East Columbia Branch of Howard County Library, 6600 Cradlerock Way, Columbia, MD 21045

The full draft of the application became available for public comment on January 12, 2024.

Maryland
DEPARTMENT OF HEALTH

General Information

- The §1115 waiver amendment draft is available here:
  - On the main HealthChoice page;
  - Directly in pdf form; and
  - With a summary document.
- Hard copies may be obtained by calling (410) 767-5683.
- Interested parties may send written comments concerning the waiver amendment to mdh.healthchoicerenewal@maryland.gov.
- The Department is accepting comments from Friday, January 12, 2024 to Monday, February 12, 2024.

Maryland
DEPARTMENT OF HEALTH

Questions and Public Comment

Maryland
DEPARTMENT OF HEALTH

Attachment II: Public Comments Documentation

JOHN A. OLSZEWSKI, JR.
County Executive

February 12, 2024

Laura Goodman
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201

Deputy Director Goodman,

Opioid use disorder is a chronic health condition that has great impact on the citizens of Baltimore County. The County is grateful to the Maryland Department of Health and the Moore Administration for the commitment to overdose response efforts and helping save lives.

The need for treatment and recovery resources in the County is significant considering that the County has consistently had the second highest number of fatal overdoses among counties in Maryland, with 390 lost lives in 2021 and 2,878 from 2013-2021. The rate of fatal overdoses in the County has remained above that of the state, at 45.9 per 100,000 in 2021 compared to 42.8 respectively. Provisional reports for 2022 show 296 opioid intoxication deaths in Baltimore County, representing 13.2% of the total 2,230 opioid intoxication deaths in Maryland. The County responds to approximately 4,000 overdose-related EMS incidents annually since 2020. While these numbers represent the total population, the incarcerated population at the Baltimore County Detention Center experience substance use disorder at a higher rate than the general population and are also at 40 times the risk for overdose upon release.

Recognizing the need to provide medications for opioid use disorder in 2018, the County successfully applied for federal funds to start a limited program in April 2019. Initially only offering one medication, the program has been continued and expanded to offer all three FDA approved medications, in compliance with state law passed in 2019. Federal funding transitioned to state funding with current efforts paid by County funds.

Lessons learned from implementation have served to improve the service provision and positively impact program outcomes. The program demonstrated a statistically significant decrease in participants experiencing mental health symptoms and a higher self-rated quality of life. Decreased suicide attempts were also observed as compared to the general BCDC population (0 versus 1.5 per 1,000). Program participants experienced a significantly lower rate for use of force (7 per 1,000) as compared to the general population at BCDC (73 per 1,000) as well as showing considerable decrease as compared with prior to being medicated (118 per

1,000). Finally, program participants saw a decreasing re-arrest rate across time from 14% of participants re-arrested in FY19 to 0 in FY21. In spite of the successes, there were three fatal overdoses among program participants after release. Returning individuals are uniquely vulnerable, particularly if they suffer from opioid use disorder and they have a critical need for supportive re-entry services, including MOUD.

We know the value of the services being proposed as part of the draft amendment and we are committed to a successful state-local partnership under this demonstration waiver. Access to Medicaid funds to serve incarcerated individuals is critical to that success. We ask that you consider two modifications to the draft amendment.

First, we believe the eligibility criteria should be changed to include pre-trial individuals. The large majority of individuals in local jails are pre-trial. In our current MOUD program, only 14 of 126 individuals currently receiving medication are sentenced. Since our program began to offer all three FDA-approved medications, we've served 640 individuals and only 25% (159) were sentenced, leaving 75% of our population-in-need excluded from the eligibility as proposed. We know that pre-trial incarcerated individuals face the same withdrawal symptoms and increased risk of overdose upon release as those who have been sentenced. Excluding this population from treatment and case management coverage further exacerbates the challenges faced by county jails in providing necessary medical care.

Second, we are requesting that the timeline for implementation be adjusted to include Baltimore County in phase one. The County has been operating an MOUD program in the Detention Center since 2019 and is currently providing all three FDA-approved medications as well as case management and re-entry services. We have done this in compliance with the passage of state law mandating this transition. However, the County is funding this lifesaving care by leveraging nearly all of our opioid restitution funding to keep up with the significant costs, which we estimate to be $3 million annually once the program is fully implemented.

As mentioned previously, our County has consistently had the second highest number of overdose deaths in Maryland, behind only Baltimore City. Since Baltimore City does not operate a local correctional facility, we can infer that Baltimore County's correctional MOUD program is the largest in the state. We respectfully request to engage in the 1115 waiver implementation earlier than currently proposed. Becoming a local pilot site during the initial phase of the waiver implementation would allow the County to work closely with the state to address a significant health care need and address equity in access to treatment while building the foundation for other counties to follow.

We thank you again for your commitment to addressing this crisis in partnership and we look forward to continuing to work without federal, state and other local partners to combat this epidemic, support those struggling with substance use disorder and save lives.

Sincerely,

[redacted]

John A. Olszewski, Jr.
Baltimore County Executive

Historic Courthouse | 400 Washington Avenue | Towson, MD 21204-4665 | Phone 410-887-2450 | Fax 410-887-4049
johnnyo@baltimorecountymd.gov | www.baltimorecountymd.gov

Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

Laura Goodman
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201
By email: mdh.healthchoicerenewal@maryland.gov

February 12, 2024

RE: Maryland HealthChoice §1115 Reentry Demonstration Waiver Amendment Application

Dear Ms. Goodman,

On behalf of the MD-DC Society of Addiction Medicine, we appreciate the opportunity to comment on Maryland's amendment to the HealthChoice §1115 Demonstration for a Reentry Demonstration.

ADEQUATE INTENSITY OF SERVICE AND USE OF AN IDENTIFIED MODEL PROGRAM:

Because of the importance of a successful demonstration, we are interested in learning about the anticipated intensity of services, and whether the application is modeled after any particular successful programs. We did not see this information in the draft application.

To this end, we would like to bring to your attention the Intensive Recovery Treatment Support (IRTS) Program in New Jersey, launched in 2018. IRTS USES face-to-face meetings with a peer health navigator at least once a week for the first four months after release, then twice a month for the next four months, then monthly through the end of the first year in the community. The program has been able to connect everyone seeking MOUD or MAUD in the community to sustained, ongoing treatment including medication. IRTS has achieved impressive results: recidivism rate has been maintained at less than 2.5%, and the overdose rate has been less than 1% for those engaged in the program. High intensity services in the critical initial period post-release may be needed.

This program was described in a January 2024 SAMHSA report and webinar: Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders

Report and Webinar.

https://store.samhsa.gov/product/medicaid-coverage-medications-reverse-opioid-overdose-treat-alcohol-opioid-use-disorders/pep22-06-01-009

IRTS is summarized on pg. 33 of the report.

(continued . . .)

In the accompanying webinar https://www.youtube.com/watch?v=Ev0w_kOs3Aw go to 24:42 for an introduction of Micah Willis, of Rutgers University Behavioral Healthcare, then skip to 28:40 for his brief description of the IRTS program.

MENTAL ILLNESS AS ONE OF THE ELIGIBILITY CRITERIA:

In the referenced January 2023 'Report to Congress' ("Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group"), in Section 6 (pg. 9) there is a chart of eleven states with pending 1115 demonstration requests at that time. The majority included mental illness, or all persons eligible for Medicaid among the eligibility criteria. i.e., for the mental illness criteria, "serious mental illness" was not specified. We believe that all identified mental illness diagnoses should be included as an eligibility criterion in Maryland.

Also, we wanted to clarify several references on page 10 referring to "SUD and SMI" as eligibility criteria; elsewhere this is described as SUD and/or SMI.

In sum, we are grateful for this opportunity to provide comments, and excited about the prospect of improved care for this population.

Respectfully,

Joseph A. Adams, MD, FASAM
internal medicine and addiction medicine
Co-Chair, Public Policy Committee, Maryland-DC Society of Addiction Medicine
joeadamsmd@gmail.com

CareFirst BlueCross BlueShield
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February 9, 2024

Laura Goodman
Acting Director
Office of Innovation, Research and Development
Health Care Financing Administration
Maryland Department of Health (MDH)
201 West Preston Street
Room 224
Baltimore, MD 21201

Submitted via email to mdh.healthchoicerenewal@maryland.gov

RE: Draft Reentry Section 1115 Amendment Waiver

Dear Acting Director Goodman:

CareFirst BlueCross BlueShield Community Health Plan Maryland (CHPMD) appreciates the opportunity to voice our support on the draft reentry Section 1115 demonstration amendment, which proposes to offer a set of targeted Medicaid services to certain eligible individuals who are soon to be released from state prison or jail, as issued on January 12, 2024.

As a HealthChoice Managed Care Organization (MCO) proudly serving over 95,000 Marylanders, CHPMD applauds the efforts of the Maryland Department of Health (MDH) to promote health equity by offering pre-release services for individuals being released from jails and prisons, with the ultimate goals of reducing recidivism and decreasing overdose deaths. We look forward to Maryland joining other states such as California in offering pre-release services to individuals experiencing incarceration as they re-enter the broader community.

As stated in the draft public notice for the reentry Section 1115 demonstration amendment, pre-release services will be offered in a phased fashion, starting with individuals with substance use disorder (SUD) and serious mental illness (SMI), and eventually expanding to additional populations. It is also stated that services will include comprehensive case management, medication-assisted treatment (MAT) and accompanying counseling for all individuals with SUD as clinically appropriate, and supply of all prescribed medications for 30 days upon release. In review of these benefits, we would like MDH to consider the following:

- **Specify the types of case management services offered**: As stated in the public notice, one of the primary goals of the reentry demonstration is to improve the connections between carceral settings and community services to address physical health, behavioral health, and health-related social needs (HRSNs) through case management. To help ensure

that beneficiaries' HRSNs are met, it would be helpful if MDH identified how a case manager may assist in addressing various needs critical to transitioning into the community such as shelter, phones, transition employment, and food access. Leveraging partnerships with community-based organizations that work closely with incarcerated populations will be vital to ensuring the demonstration's success, namely regarding the goal of reducing recidivism. It is also important to clarify which services will be provided during the pre-release versus post-release periods, and we ask MDH to ensure that these services are carried out in a culturally competent manner.

- **Consider expanding to additional populations in the initial phase**: Incarcerated individuals have complex care needs. Currently, the prioritized populations in the reentry demonstration as stated are individuals with SUD and/or SMI. We recommend individuals with chronic and life-threatening conditions (e.g., cancer) be included within the initial phase as well. In addition to facing high rates of SUD and SMI, incarcerated individuals are more likely to suffer from chronic conditions, such as hypertension and asthma, than the general population. Additionally, when individuals leave prison or jail, they are more likely to experience adverse health outcomes, notably within the first two weeks post-reentry. Including a broader range of conditions within the priority phase of the demonstration will help ensure the demonstration can maximize its reach and success.
- **Provide an analysis of the availability of providers to meet the needs of this population**: As stated in the public notice, Maryland estimates that about 1,350 individuals released from state-run facilities each year will be eligible to participate in the reentry demonstration, and at least 5,400 individuals will benefit from the demonstration over a five-year period. As stated, the prioritized populations are individuals with SUD and/or SMI. In order for the demonstration to be optimally effective, it is vital that there is a sufficient supply of physicians, notably those who are able to prescribe MAT. To this end, it would be helpful for MDH to provide an analysis, notably in areas across the state with high concentrations of overdose-related deaths, of provider capacity to appropriately meet the needs of this population. Additionally, the areas with the highest incarceration rates in Maryland are Baltimore City and the southern Eastern shore, which warrants a close look at provider capacity and availability in these communities in particular .

Once again, CHPMD applauds MDH for pursuing the reentry Section 1115 demonstration amendment, as it has the capacity to transform lives and improve the health status of justice involved individuals, which is a highly vulnerable population. We look forward to continued collaboration and partnership with you.

Sincerely,

[redacted]

Mike Rapach

President and CEO

Behavioral Health System Baltimore

February 10, 2024

Laura Goodman
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Goodman,

Behavioral Health System Baltimore, Inc. (BHSB) is pleased to offer public comment on Maryland's HealthChoice Program §1115 Amendment published January 12, 2024. BHSB commends the Maryland Department of Health (MDH) for pursuing this reentry demonstration project and taking advantage of the opportunities provided by section 5032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) and the resulting State Medicaid Director Letter issued on April 17, 2023.

The proposed demonstration sets important goals and objectives that will improve the behavioral health and well-being of our communities and BHSB is pleased to offer the following feedback:

Demonstration Eligibility and Enrollment

BHSB supports the amendment's proposed eligibility and enrollment policies, in particular, initiating Medicaid enrollment 120 days prior to release, using presumptive eligibility determination, and beginning service eligibility at 90 days prior to release. Please consider the following two recommendations to expand eligibility to additional Medicaid populations who would benefit from the demonstration, either during this phase or a future phase of the project.

- ***Expand eligibility to include youth incarcerated in juvenile correctional facilities***
  The amendment does not specify an age range but seems to imply that only adults are eligible based on the types of institutions listed. Considering that youth are explicitly mentioned as a potential population in the State Medicaid Director (SMD) letter describing Medicaid reentry opportunities, BHSB urges MDH to consider adding youth as an eligible group. Justice-involved youth generally have adverse childhood experiences and experienced significant traumas. Many are involved in the child welfare system and other public systems. The youth and their parents or guardians can face tremendous difficulties navigating these systems and could benefit from the case management and behavioral health support envisioned in this demonstration. Time spent in a youth correctional facility can be an opportunity to intervene and help the young person achieve stability.

  Youth correctional facilities already provide significant behavioral health and case management services. MDH should consider not only adding youth as eligible, but potentially creating additional services for youth under the demonstration such as therapy and other specialty behavioral health care. The state could then acquire a federal match on services that are already occurring and use the cost savings to invest in sorely needed community behavioral health services for youth.

- ***Expand eligibility to include soon-to-be-released individuals who are pretrial***
  Only individuals who have been sentenced are currently eligible under the proposed amendment. This unnecessarily excludes a large proportion of incarcerated individuals. Over 80% of individuals in local jail are awaiting trial, including virtually all of those incarcerated in Baltimore City's Booking and Intake Center.[1] This pretrial population represents many individuals who could benefit from the package of reentry services provided in the demonstration. It may be challenging to determine a release date for all pretrial individuals, but jails should have the discretion to deem someone eligible for Medicaid-funded reentry services if it is likely they will be released from their pretrial detention upon sentencing. Even a brief period of incarceration can be disruptive to the health care and social needs of an individual. Reentry services such as case management and medication supply would help those individuals transition back to the community when their case is adjudicated. As such BHSB urges MDH to allow the pretrial population to be eligible.

<u>Demonstration Benefits</u>

The three benefits described in the amendment represent the minimum benefit package described in the SMD letter from April 2023. This package is adequate and would represent a significant improvement in reentry services and fiscal sustainability. Other benefits could enhance public health outcomes as well, but BHSB will focus on the clarifications and additions most pertinent to the behavioral health and stability of returning citizens.

- ***Include peer recovery support services as a distinct benefit***
  The proposed amendment states that the medication assisted treatment (MAT) benefit will include Certified Peer Recovery Specialists as clinically appropriate, but the benefits of peer recovery services are not limited only to support with MAT. Peer recovery support services are a best practice in and of themselves. It can be especially beneficial for individuals being released from incarceration to receive reentry services from others who have similar lived experiences as recently released individuals. These peer professionals can act as mentors to help navigate reentry challenges and can develop a deeper, more trusting relationship with the individual. Individuals may feel more comfortable relaying a personal challenge, conflict, or health concern, including a relapse, to a peer rather than a case manager or correctional officer.[2] Such a relationship with a justice-involved peer can also provide unique support upon release. Maryland established a stand-alone Medicaid benefit for individual and group peer services in 2023 and benefit should be included in this demonstration.

- ***Explicitly state that individuals receiving the MAT benefit will be provided a choice between full opioid agonist, partial opioid agonist, or long-acting opioid antagonist medication***
  Maryland correctional facilities have demonstrated a reluctance to provide MAT to inmates, especially full and partial opioid agonists. This is despite legislation in recent years to require that each type of MAT be made available. Strong evidence shows that full and partial opioid agonists are effective treatments for opioid use disorder and that many people respond best to a particular type of MAT.[3] This decision should be made between the individual and the prescriber, but all options must be offered. This amendment should make it clear that MDH expects each type to be made available under this demonstration project.

- ***Require that returning citizens are offered naloxone upon release when appropriate as part of their 30-day supply of medication***
  The rate of fatal overdose has skyrocket in recent years, with over 1,000 people dying of overdose in Baltimore City each year, over three times the population-adjusted rate of the state as a whole.[4]

The risk of fatal overdose is especially elevated at the time of release from a correctional facility.[5] Naloxone should be included whenever a returning citizen has a history of opioid use. Many prescribers may do this of their own accord, but the amendment should explicitly require providing naloxone and overdose prevention education upon release.

Behavioral Health Service Delivery

The proposed demonstration allows services to be provided by carceral health providers. This may be necessary due to workforce shortages or other extenuating circumstances, but the services under this demonstration should be provided by licensed community behavioral health providers that could continue to work with individuals upon release. This allows providers to build trust during the 90 days prior to release and to increase the likelihood that they will remain in care. BHSB urges MDH to clearly state in the amendment that licensed community-based behavioral providers are to be used for service delivery.

Reinvestment Plan

The Center for Medicare and Medicaid Services expects states to reinvest the total amount of federal matching funds received for carceral health services currently funded through state and local dollars. MDH should outline the amount of state and local carceral health costs they expect to save and the required reinvestment plan. BHSB recommends that the state prioritize substance use treatment for youth, including MAT, and community-based services for adults with severe mental illness.

Thank you again for the opportunity to provide feedback on the proposed §1115 waiver amendment. Please do not hesitate to contact BHSB if we can be a resource.

Sincerely,

[redacted]

Adrienne Breidenstine
Vice President, Policy & Communications
Behavioral Health System Baltimore

Endnotes:

[1] Local Detention Center Population Statistics Dashboard, available at: https://goccp.maryland.gov/data-dashboards/local-detention-center-dashboard/
[2] https://nationalreentryresourcecenter.org/resources/formerly-incarcerated-peer-mentoring-can-offer-chance-give-back
[3] National Institute on Drug Abuse. Medications to Treat Opioid Use Disorder Research Report. Available at: https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview
[4] Maryland's Overdose Data Dashboard, available at: https://stopoverdose.maryland.gov/dashboard/
[5] Ranapurwala, S. et al., Opioid overdose mortality among former North Carolina inmates: 2000-2015. American Journal of Public Health, 2018 Sept; 108(9):1207–1213. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6085027/.

LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

Laura Goodman
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201

February 12, 2024

RE: Maryland HealthChoice §1115 Reentry Demonstration Waiver Amendment Application

Dear Ms. Goodman,

Thank you for the opportunity to submit comments on Maryland's amendment to the HealthChoice §1115 Demonstration (Project Number: 11-W-00099/3) for the addition of a Reentry Demonstration. These comments are submitted by the Legal Action Center, along with the 10 undersigned organizations. The Legal Action Center a law and policy organization that has worked for 50 years to fight discrimination, build health equity, and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the federal Mental Health Parity and Addiction Equity Act (Parity Act) in both public and private insurance. The Legal Action Center also works to expand support for alternatives to incarceration and reentry programs across the country and improve access to health care for those involved with, or with a history of involvement with, the criminal legal system, and has engaged on Medicaid reentry at the state and federal level.[1]

We applaud the Maryland Department of Health (MDH) for working to expand access to a targeted set of Medicaid services to certain eligible people who will soon be released from state prison or jail. By improving access to Medicaid coverage and needed health care services as people prepare to return to the community from prison and jail, this demonstration would strengthen reentry outcomes, improve individual and public health, and promote greater racial justice and equity. People reentering the community are 129% more likely to die from a drug overdose and are at significantly higher risk to die by suicide. Untreated MH and SUDs are a significant driver of the overrepresentation of Black and brown people in jails and prisons. Strengthening people's access to quality community-based health care upon reentry would foster racial justice and equity by improving Black and brown people's health outcomes and reducing rates of re-involvement with the criminal legal system. Allowing for Medicaid coverage just prior to release also would reduce the use and cost of emergency department care, hospitalizations, and other medical expenses connected to health care needs upon reentry.

While we recognize that MDH intends to expand this demonstration in future years, we are concerned

[1] Legal Action Center, "HHS Releases Guidance Encouraging States Nationwide to Apply for Medicaid Reentry Waivers (First Conceived of by LAC) to Bridge Dangerous Health Care Gap for People Leaving Incarceration" (Apr. 18, 2023), https://www.lac.org/news/hhs-releases-guidance-encouraging-states-nationwide-to-apply-for-medicaid-reentry-waivers-first-conceived-of-by-lac-to-bridge-dangerous-health-care-gap-for-people-leaving-incarceration.

by the limited number of carceral settings that will be included in this initial phase of the waiver. Failure to cover all local detention centers will miss an important opportunity to provide treatment and reduce incarceration associated with untreated SUD and MH conditions. **We strongly recommend MDH consider expanding the initial demonstration to help improve community transitions and health outcomes for all Maryland individuals who are being released from carceral settings**. At a minimum, MDH should work with the Maryland Department of Public Safety and Correctional Services to build capacity to provide greater access to these life-saving services across all correctional settings in the state and to Medicaid coverage upon release.

Additionally, **we recommend MDH provide greater detail on its plans to engage people with lived experience in the development and execution of this demonstration and how it plans to regularly elicit patient feedback from participants throughout the demonstration**, as "strongly encourage[d]" by the Centers for Medicare and Medicaid Services (CMS).[2] We also recommend MDH work with CMS to ensure this waiver is designed, implemented, and evaluated in a way that is consistent with CMS's principles of health equity.[3] In addition, **MDH should detail its plans to inform people participating in this demonstration about their rights and benefits as Medicaid beneficiaries**.

Moreover, Maryland should use this opportunity to identify how existing state funding for carceral health services – especially insofar as Medicaid coverage will now cover some services that are already being provided – will continue to support access to necessary care and achievement of positive health outcomes for the justice-involved population. For example, to the extent that not all carceral settings have medication units that provide all FDA-approved medications for SUD, Maryland should build capacity in these settings to ensure that all those who are incarcerated with SUD have access to these life-saving medications, including naloxone and other harm reduction services. **In addition to reinvesting savings from this demonstration into SUD and MH care, both in carceral settings and the community, we recommend Maryland ensure those reentering the community have uninterrupted access to Medicaid coverage, including requiring continuous Medicaid coverage for at least one year after release.**

Furthermore, we offer the following recommendations:

A. MDH should extend eligibility to all individuals with a SUD or MH diagnosis, not just serious mental illness, and provide regular and comprehensive screenings in jails and prisons by licensed community-based providers to identify eligible participants for the demonstration.
B. MDH should prioritize and facilitate having culturally and linguistically effective community-based providers deliver demonstration services.
C. MDH should clarify and expand the covered benefits under this demonstration to facilitate successful transitions into the community and improve health outcomes, including transportation, ongoing case management in the community, housing and employment supports, sexual and reproductive health screening and treatment, and HIV/HCV screening and treatment.

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[2] Centers for Medicare & Medicaid Services, "SMD #23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated" (Apr. 17, 2023), https://www.medicaid.gov/sites/default/files/2023-04/smd23003.pdf [hereinafter "SMD #23-003"].
[3] *See id.* at 38.

A. MDH Should Extend Eligibility to All Individuals with a SUD or MH Diagnosis and Provide Regular and Comprehensive Screenings in Jails and Prisons by Licensed Community-Based Providers to Identify Eligible Participants for the Demonstration.

We support MDH's proposal to provide Medicaid coverage for individuals with SUD and/or severe mental illness (SMI) for up to 90 days prior to release from jail or prison. However, we urge MDH to cover all individuals with MH conditions, rather than just individuals with SMI, which would be more consistent with California's approved demonstration waiver.[4] Many individuals in Maryland's jails and prisons may meet the criteria for a mental illness under the DSM-5 and have a critical need for treatment and care coordination, even if their MH condition does not rise to the level of SMI. Expanding this waiver application to include individuals with any MH condition, if not other chronic health conditions frequently associated with MH and SUDs, is also consistent with CMS's guidance to states in which, "CMS encourages states interested in the Reentry Section 1115 Demonstration Opportunity to propose *a broadly defined* demonstration population that includes otherwise eligible, soon-to-be former incarcerated individuals." (emphasis added).[5]

Additionally, in the proposal, MDH has indicated that it would identify people who have a qualifying diagnosis that constitutes SMI and that the entire institution populations will be assessed for SUD using a recognized assessment tool. To ensure that eligible individuals are appropriately identified for this demonstration, we recommend MDH provide greater clarity on who will be conducting the SUD evaluations and the frequency at which such assessments will occur, and align this proposal with evidence-based practices for screening and assessment. We recommend MDH require a full SUD evaluation be administered by a community-based clinician who is licensed to evaluate, diagnose, and treat SUDs when an individual is initially incarcerated, and a clinical update and SUD screening should be administered at least annually thereafter and at the point when MDH is identifying individuals who are eligible for this demonstration (around 120 days prior to release or shortly before that). This model would both improve access to care within the carceral setting and ensure individuals are appropriately identified for the demonstration. We also recommend MDH extend the proposal for comprehensive assessment of the institution's population to MH conditions, to ensure that both those who are incarcerated and those who are soon to be released from incarceration receive the treatment and linkages to care they need.

In summary, we offer the following recommendations with respect to the populations eligible for this demonstration and the assessments of MH and SUDs:

1. MDH should extend eligibility to all individuals who have a SUD and/or MH condition (*not just SMI*) for the 90-day period prior to their release from incarceration.
2. MDH should require a community-based provider who is licensed to evaluate, diagnose, and treat SUDs to administer a full SUD evaluation for all individuals when they are initially incarcerated, with a clinical update and additional screenings on an annual basis thereafter, to ensure that all individuals who are incarcerated receive the appropriate SUD treatment they need throughout their incarceration and effective reentry planning can occur as early as possible. To

[4] Medicaid Reentry Waiver Approval Letter from CMS to California Department of Health Care Services, Attachment W (Jan. 26, 2023), https://www.medicaid.gov/sites/default/files/2023-01/ca-calaim-ca1.pdf.
[5] *See* "SMD #23-003" *supra* note 2, at 13.

ensure that all eligible individuals for the demonstration are identified, MDH should screen all individuals again 120 days prior to their release from incarceration, or shortly before, at the point when MDH intends to submit Medicaid enrollment applications for those individuals.

3. MDH should also identify an appropriate evaluation tool that assesses for all MH conditions, and provide this assessment to all individuals upon their initial incarceration, with additional screenings on an annual basis thereafter, and at the time when MDH would need to submit a Medicaid application for someone who would be eligible for this demonstration. As with SUD, this would ensure that individuals receive the appropriate MH treatment they need throughout their incarceration and are identified for this demonstration.

B. MDH Should Prioritize and Facilitate Having Culturally and Linguistically Effective Community-Based Providers Deliver Demonstration Services.

Recognizing the goal of this demonstration to facilitate successful reentry into the community, and to provide the best possible health care that is consistent with Medicaid funding requirements, we strongly encourage MDH to ensure that all of the services under this demonstration be provided and supervised by community-based providers rather than carceral health providers. This country has a long history of extremely poor quality jail- and prison-based health care, and there have been numerous lawsuits demonstrating that individuals who are incarcerated are unable to get the appropriate treatment they need, especially for SUDs.[6] Culturally and linguistically effective community-based providers should be the primary source of care delivery for this demonstration, and MDH should leverage other benefits in Medicaid – such as transportation and telehealth – to ensure that those soon to be released from incarceration have access to the highest quality care and build the capacity of our state's MH and SUD workforce. Having community providers deliver services for the demonstration will allow participants to develop relationships with these providers, which will increase the likelihood that they continue with their treatment upon reentry. These community-based providers can also help identify and treat co-morbid medical conditions, which full further improve health outcomes for this population.

We support MDH's proposal to use Community Health Workers and Certified Peer Recovery Specialists to help deliver services for this demonstration. We urge MDH to clarify that these individuals should be people "with lived experience." We also request greater clarification as to who will be delivering the majority of the services, as well as the roles and activities of Community Health Workers and Certified Peer Recovery Specialists. For example, MDH has identified Community Health Workers as part of the case management team, but has not identified their role or activities for the case management benefit or the other individuals who will work on this team. MDH has identified Certified Peer Recovery Specialists as being included in the provision of Medication Assisted Treatment, but does not identify their role in relationship to those who administer medications and deliver the range of therapeutic services provided by certified and licensed SUD and MH counselors. Certified Peer Recovery Specialists have a critical role in the interdisciplinary treatment team and provide essential support the target population. We recommend MDH clarify in this application. We also recommend MDH identify the other types of providers who will be delivering and supervising the services to provide clearer explanation or plans to CMS and to the carceral settings on how Maryland Medicaid

[6] ACLU, "Over-Jailed and Un-Treated: How the Failure to Provide Treatment for Substance Use in Prisons and Jails Fuels the Overdose Epidemic" 12 (2021), https://www.aclu.org/wp-content/uploads/legal-documents/20210625-mat-prison_1.pdf.

intends to administer this demonstration and ensure it most effectively meets the needs of participants.

In summary, we offer the following recommendations with respect to the providers for this demonstration:

1. MDH should clearly identify that culturally and linguistically effective community-based providers will be the primary providers of demonstration services, and carceral health providers will be used only for activities in which no community-based service is available.
2. MDH should clarify the type and credential of providers (i.e., licenses or certifications) who will be delivering each of the services (i.e., who is part of the "case management team," prescribing the medications and delivering counseling services based on diagnosis), and should also clarify that Certified Peer Recovery Specialists should be involved in all services under this demonstration that they are authorized to perform by the state.
3. MDH should clarify that Community Health Workers and Certified Peer Recovery Specialists should be people "with lived experience." Additionally, recognizing that Community Health Workers and Certified Peer Recovery Specialists generally are unable to bill Medicaid directly for their services, MDH should also ensure that these individuals are supervised by community-based Medicaid providers and programs, and ideally by Registered Peer Supervisors, rather than carceral health providers.
4. MDH has identified telehealth as a delivery method for these demonstration services. We fully support telehealth service delivery to connect individuals with appropriate services and providers to the extent practitioners are not otherwise available on site and an individual's health needs can be addressed effectively via telehealth. As discussed further in the following section, MDH should also incorporate Medicaid transportation benefits into this waiver application to help individuals in the demonstration access community-based providers and services in a way that best facilitates their transition back into the community.

C. MDH Should Clarify and Expand the Covered Benefits Under This Demonstration to Facilitate Successful Transitions into the Community and Improve Health Outcomes.

We support MDH's proposal to cover case management (to also address physical and behavioral health needs); medication-assisted treatment (hereinafter referred to as "medications for SUDs"); and a 30-day medication supply upon release. We request clarification regarding these benefits and offer recommendations to best achieve MDH's goals. Additionally, we note that MDH has only proposed to include the bare minimum of services that CMS has required for such waivers, when, in fact, "CMS expects that state proposals for benefit designs will be *sufficiently robust* to be likely to improve care transitions as contemplated in section 5032 of the SUPPORT Act." (emphasis added).[7] A much broader range of Medicaid services have been proposed in other states' demonstration waiver applications, and inclusion of those services are necessary to achieve the objectives laid out by MDH. We urge the state to incorporate additional benefits into this demonstration, as described below.

With respect to the case management benefit, MDH has proposed providing services in a manner similar to the current "Targeted Case Management" benefit offered to people with SMI. We appreciate the clarification that this benefit will follow CMS guidelines laid out in the April 2023 State Medicaid

[7] *See* "SMD #23-003" *supra* note 2, at 16.

Director Letter on Reentry Strategies, although we believe MDH needs to elaborate further on how this benefit will be tailored to meet the needs of Marylanders who are incarcerated with MH and SUD. SAMHSA's Treatment Improvement Protocol (TIP) 27, "Comprehensive Case Management for Substance Abuse Treatment," offers a detailed exploration on case management principles and strategies, including specific considerations for clients in criminal justice settings,[8] which we urge MDH to incorporate into this demonstration.

Two critically important aspects of case management, as identified by SAMHSA, are establishing appropriate housing that will facilitate recovery and developing job-seeking skills.[9] We strongly recommend MDH explicitly list these two aspects of case management in the waiver application and ensure that the case management team is appropriately trained and qualified to perform these tasks. MDH should strengthen this application even further by adding supportive housing and supported employment as additional benefits that should be covered under the demonstration, which would not only improve the transition into the community but also improve health outcomes. Furthermore, given MDH's plan to enroll individuals in managed care plans upon their release from incarceration, the case management team should also be explicitly required to help individuals in the demonstration identify and enroll in a plan that will best meet their needs. Recognizing the importance of telehealth and the need to communicate with providers, the case management team should also help individuals in the demonstration apply for and access cell phones through the Affordable Connectivity Program.

We further encourage MDH to consider how to ensure case management remains available to formerly incarcerated individuals with MH and SUD upon reentry into the community, as well as all Maryland Medicaid enrollees with MH and SUD. Legal Action Center has previously noted that MDH does not cover case management services as a benefit in the fee-for-service carve-out of MH and SUD treatment, as compared to the case management that is available for special needs populations through managed care. COMAR 10.67.04.04.[10] Individuals with SUDs were eligible for case management as a special needs population prior to the carve-out of SUD services. While a subset of individuals with MH and SUDs is eligible for case management through the health home program, those services are available only in certain care settings. People with these conditions need access to the navigation services, assistance with health related social needs (HRSN), and advocacy that improve health outcomes. It is critical that MDH ensure that case management services continue to be available to all Medicaid enrollees with MH and SUD who are in the community, as many of the issues that are identified during the 90-day period prior to release from incarceration will not be resolved in this timeframe.

With respect to the medications for SUD benefit, we urge MDH to clarify that all FDA-approved medications for opioid use disorder and alcohol use disorder will be covered in this demonstration, consistent with CMS's guidance to states.[11] We note that "CMS encourages states to cover the full array

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[8] Substance Abuse and Mental Health Services Administration (SAMHSA), "TIP 27: Comprehensive Case Management for Substance Abuse Treatment" 57 (2015), https://store.samhsa.gov/sites/default/files/sma15-4215.pdf.
[9] *Id.* at 58.
[10] *See, e.g.*, Letter from the Legal Action Center to Maryland Department of Health, Legal Action Center 3 (Dec. 22, 2022), https://www.lac.org/assets/files/LAC-Comment-Letter_Maryland-Medicaid-Parity-Compliance-Report-12.22.22.pdf.
[11] "Medicaid coverage is available for all U.S. Food and Drug Administration (FDA) approved medications for opioid use disorder (MOUD), including buprenorphine, methadone, and naltrexone as well as acamprosate and naltrexone for alcohol use disorder." "SMD #23-003" *supra* note 2, at 23.

of FDA-approved medications, including buprenorphine and methadone. States should encourage providers, including those practicing in correctional facilities, to utilize the medication that is most appropriate for each individual, with a focus on MAT induction, stabilization, and maintenance of treatment, including post-release."[12] We also recommend that MDH explicitly identify naloxone, both as a medication that should be available to individuals who are incarcerated, as well as a medication that should be provided upon release to prevent overdose deaths once people are back in the community. To the extent that other harm reduction services may be covered by Medicaid, MDH should incorporate those into this demonstration as well. MDH should also clarify that medications for SMI and other MH conditions should be covered benefits under this demonstration, which is particularly important for individuals with co-occurring diagnoses for whom medications for SUD alone may not be sufficient.

We appreciate MDH's inclusion of counseling under the medications for SUD benefit, although we encourage MDH to identify counseling and behavioral therapies as a separate benefit for demonstration participants. While counseling can be helpful to some individuals who receive medications for SUD, it is not a necessary component of this treatment. On the other hand, many individuals with MH and SUDs who do not receive medication would benefit greatly from counseling and psychotherapy, particularly as they approach this transition into the community.

Furthermore, we strongly encourage MDH to add HIV/HCV screening and treatment, as well as sexual and reproductive health counseling and treatment, to the list of benefits for this demonstration to improve linkages to care and health outcomes for this population. SAMHSA has noted that SUDs are more prevalent amount people with HIV than the general population, and that for people experiencing these co-occurring conditions, effective SUD treatment improves both HIV- and SUD-related health outcomes.[13] The National Institute on Drug Abuse (NIDA) has also identified the importance of linking people with have HIV and a history of substance use to community HIV and SUD services, and other wrap-around services, upon their release from incarceration:

> Testing for and treating HIV in criminal justice settings benefits both the health of inmates and overall public health. People with HIV infection are overrepresented in prisons; in 2010, there were 20,093 inmates with HIV/AIDS in state and federal prisons. Most incarcerated individuals with HIV acquired it in the community prior to incarceration. Individuals with HIV often begin treatment while incarcerated, but they experience a disruption of care when they return to the community, in addition to facing challenges coping with substance use and mental health problems. Therefore it is particularly important to link people who have HIV and a history of substance use to community HIV services, substance abuse treatment, mental health services, and other wrap around services in their community to reduce recidivism, improve their health, reduce the spread of the infection to others, and prevent relapse to substance abuse.[14]

Finally, not all services or medications for SUD and MH may be available at all Maryland jails and prisons that will participate in this demonstration. CMS has noted, "In cases where MAT benefits may

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[12] *Id.* at 23-24.
[13] SAMHSA, "Treating Substance Use Disorders Among People with HIV" 1 (2020), https://store.samhsa.gov/sites/default/files/pep20-06-04-007.pdf.
[14] National Institute on Drug Abuse (NIDA), "The Connection Between Substance Use Disorders and HIV" (April 2020), https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-3-connection-between-substance-use-disorders-hiv.

be limited or not easily accessible, such as when provided by a state-only program or by the carceral system directly, demonstration coverage may be used to enhance the benefit to help ensure robust coverage and access to MAT services for beneficiaries for whom they are appropriate."[15] As such, we also recommend that MDH include Medicaid-covered transportation benefits to enable individuals to access appropriate services and providers – including all medications for SUD in the case where they are not available at the carceral setting – and identify strategies to remove barriers to methadone for individuals in this demonstration upon their release when a 30-day prescription is not available, such as mobile vans, delivery, and unsupervised dosing flexibilities.

In summary, we recommend:

1. MDH should clearly identify and tailor the case management benefit to include services that are necessary for individuals with MH and SUD who have involvement with the criminal legal system, based on models that are consistent with guidance from SAMHSA.
    a. MDH should ensure that all Medicaid enrollees with a MH or SUD have equitable access to this benefit in the community, and that those who were enrolled in this demonstration continue to have access to case management services upon their reentry.
2. As part of the case management benefit, or separately if appropriate, we also recommend MDH explicitly identify:
    a. Helping individuals identify and access appropriate **housing and employment** that will facilitate their recovery.
    b. Helping individuals identify an appropriate **managed care plan** and enroll upon their release, to ensure that their ongoing coverage meets their needs once in the community.
    c. Helping individuals in the demonstration apply for and access **cell phones** through the Affordable Connectivity Program, to ensure they have the ability to continue to use telehealth services upon their release and connect with their providers in the community.
3. MDH should clarify that the medication for SUD benefit includes:
    a. **All FDA-approved medications for SUDs** and should be available for all types of SUD as clinically appropriate, utilizing the medication that is most appropriate for each individual;[16]
    b. **Naloxone and other harm reduction services**, both through this demonstration and more broadly throughout Maryland's carceral system. Naloxone should also be provided to individuals upon their release, along with the other medications for which they are prescribed for 30 days; and
    c. **Medications for MH conditions**.
4. MDH should further clarify that counseling services and behavioral therapies should be a separate benefit that is covered for all individuals under the demonstration, not just those who are receiving medications for SUD, and that not all individuals who receive medications for SUD need counseling services.
5. Consistent with CMS's recommendations,[17] MDH should also clarify that the 30-day supply of all prescription medications includes medications for SUD, as clinically appropriate, including

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[15] *See "*SMD #23-003" *supra* note 2, at 22-23.
[16] *See supra* notes 11-12, and accompanying text.
[17] "CMS expects the Reentry Section 1115 Demonstration Opportunity to facilitate the provision of a 30-day supply of any prescription medication(s) (as clinically appropriate based on the medication dispensed and the indication) for physical and behavioral health conditions, including MAT prescription(s), at the point of release." *Id.* at 24.

naloxone, and consider benefit expansion to enable individuals who are receiving methadone to continue to access their medication – such as mobile vans, delivery to the individual upon release, or unsupervised methadone dosing flexibilities, as permitted under HHS's final rule on Medications for Treatment of Opioid Use Disorder.[18]

6. MDH should also consider incorporating additional benefits that are necessary for the treatment of SUD and MH conditions, and other physical health conditions, and that would help facilitate the transition into the community for this population:
    a. MDH should cover **transportation services** to appointments in the community that provide the services under this demonstration to enable individuals to travel to culturally and linguistically effective community-based providers who can best meet their needs and ideally continue providing treatment upon their release.
    b. Recognizing the high rate of homelessness upon release, MDH should propose covering **housing supports, including recovery housing**, for individuals in the demonstration upon release.[19] MDH should also consider other HRSN for which Medicaid coverage may be available, such as **food, employment, utilities, and transportation support**.
    c. Recognizing the high correlation between SUD and HIV/AIDS, as well as other conditions that may be transferred through drug use, MDH should also propose covering **sexual and reproductive health information and connectivity** (as New York as proposed) and **HIV/HCV screening and treatment** (as West Virginia has proposed).[20]

Thank you for considering our comments. We look forward to working with you to improve access to care and health outcomes for Marylanders reentering the community. Please contact Deborah Steinberg, Senior Health Policy Attorney at the Legal Action Center, dsteinberg@lac.org, with any questions.

Sincerely,

Legal Action Center
AHEC West
Community Behavioral Health Association
James' Place Inc.
Maryland Coalition of Families
Maryland-DC Society of Addiction Medicine
Maryland Psychiatric Society
MATOD
Montgomery Goes Purple
NAMI Maryland
Institutes for Behavior Resources, Inc.

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[18] U.S. Dep't. Health & Human Services, "Medications for the Treatment of Opioid Use Disorder," 89 Fed. Reg. 7528, 7531 (Feb. 2, 2024).
[19] For example, Kentucky has proposed covering recovery residence supports for up to 90 days for adults with an SUD diagnosis upon release and participating in the Behavioral Health Conditional Dismissal Program. *See* KFF, "Medicaid Waiver Tracker: Approved and Pending Waivers by State" (Jan. 23, 2024), https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/.
[20] *See id.*

MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

February 12, 2024

Sent via email: mdh.healthchoicerenewal@maryland.gov

Laura Goodman, MPH
Deputy Director, Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street - Room 224
Baltimore, Maryland 21201

Dear Ms. Goodman,

On behalf of the Mid-Atlantic Association of Community Health Centers (MACHC), I want to register MACHC's strong support for the Maryland HealthChoice Program §1115 Waiver Amendment the State is submitting to CMS for consideration. MACHC is the federally designated Primary Care Association for Maryland and Delaware Community Health Centers. As the backbone of the primary care safety net, federally qualified health centers (FQHCs) are united by a shared mission to ensure access to high-quality health care for all individuals, regardless of ability to pay. MACHC supports its members in delivering accessible, affordable, cost-effective, and quality primary health care to those most in need.

MACHC applauds the Department's commitment to seeking approval for Medicaid services to be provided 90 days before re-entry for newly released incarcerated persons who seek continuous treatment for diagnoses of a substance use disorder and/or serious mental illness. The amendment will provide much-needed care to one of Maryland's most vulnerable populations and help avoid consequences such as recidivism and overdose deaths through a health equity lens.

MACHC's members have found that FQHCs and other community health centers and clinics can better meet behavioral health needs and improve continuity of care with the pre-release services this amendment would cover, such as comprehensive case management, counseling, medication-assisted treatment and, when appropriate, prescribed medications for 30 days post-release. As a result, MACHC believes that the amendment will greatly improve patient outcomes while decreasing the total cost of care through preventive measures, such as lowering patients' chances of visiting the ED or being hospitalized.

MACHC appreciates the opportunity to comment on the Maryland HealthChoice Program §1115 Waiver Amendment request. MACHC's member support for these initiatives cannot be overstated, and the association looks forward to working with the State as it seeks its approval.

Sincerely,

[redacted]

Nora Hoban, Chief Executive Officer

cc: Pamela Metz Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A., Counsel

Laura Goodman
Office of Innovation
Research and Development Office of Health Care Financing
Maryland Department of Health
201 West Preston Street
Room 224
Baltimore, Maryland 21201

February 9, 2024

Dear Ms. Goodman,

Thank you for this opportunity to comment on the Department of Health's Medicaid Reentry §1115 waiver amendment request to authorize federal Medicaid matching funds for targeted Medicaid services to be provided up to 90 days prior to release for eligible justice-involved populations. We strongly support incarcerated Marylanders who are soon-to-be former inmates getting the Medicaid services they need as they transition out of incarceration, including case management, medication-assisted treatment and counseling, and prescribed medications for 30 days upon release. This should help reduce emergency department visits and inpatient hospitalizations through increased receipt of preventive and routine physical and behavioral care, and create better connections between services received in carceral settings and in the community, ultimately saving lives and reducing recidivism. In addition to targeting incarcerated individuals with substance use disorder and serious mental illness, we support expansion to additional populations that could benefit from services.

Thank you for your continued commitment toward ensuring access to quality, affordable health care for all Marylanders.

Sincerely,

Stephanie Klapper
Deputy Director
Maryland Citizens' Health Initiative

2600 St. Paul Street Baltimore, MD 21218
www.healthcareforall.com
Phone (410)235-9000 Fax (410)235-9000

MMCOA
MARYLAND MCO ASSOCIATION

January 26, 2024

Laura Goodman, Deputy Director
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room224
Baltimore, MD 21201
Via Email: mdh.healthchoicerenewal@maryland.gov

Re: Reentry Demonstration Amendment

Dear Deputy Director Goodman:

On behalf of the nine managed care plans that arrange for the care of over 1.7 million Marylanders enrolled in the HealthChoice program, the Maryland Managed Care Organization Association (MMCOA) appreciates the opportunity to comment on the Maryland Department of Health's (MDH) proposed amendment to the HealthChoice §1115 Demonstration.

MMCOA supports the state's effort to seek additional tools with which to provide health services for eligible individuals with substance use disorder (SUD) and/or serious mental illness (SMI) up to 90 days prior to their release from state prison facilities and the state-managed jail. The amendment's focus on providing essential health services before release is a commendable step towards reducing recidivism and improving public health. These proposed health services are beneficial for the individuals receiving them and the community at large, as they foster reintegration and reduce the strain on health and social services post-release.

The commitment to expanding this program to county and local correctional facilities by 2026 further demonstrates a comprehensive approach to health care that aligns with our organization's goals of improving health outcomes and promoting equitable access to care. Maryland's Medicaid MCOs look forward to partnering with the Department on future implementation of this important amendment to the HealthChoice waiver.

Sincerely

[redacted]

Kathlyn Wee
President, MMCOA Board of Directors
CEO, United Healthcare of the Mid-Atlantic, Inc.

Maryland

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

Re: MMCOA Letter in support of MDH reentry amendment

1 message

Laura Goodman -MDH- <laura.goodman@maryland.gov> Wed, Jan 31, 2024 at 8:52 AM
To: MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>
Cc: Joseph Winn <jwinn@marylandmco.org>, "Wee, Kathlyn G" <kathlyn.wee@uhc.com>

Outstanding, thank you!

On Wed, Jan 31, 2024 at 8:48 AM MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov> wrote:

> Thank you Joe!
>
> On Wed, Jan 31, 2024 at 5:15 AM Joseph Winn <jwinn@marylandmco.org> wrote:
>
> > Good morning. Please see the attached letter from MMCOA Board President Kathlyn Wee in support of the reentry amendment.
> >
> > Joseph Winn
> >
> > Executive Director
> >
> > Maryland Managed Care Organization Assocaition
> >
> > PO Box 43
> >
> > Annapolis, MD 21404
> >
> > 301-873-2150
> >
> > jwinn@marylandmco.org
> >
> > MMCOA
> > MARYLAND MCO ASSOCIATION

--
Laura Goodman, MPH
Deputy Director, Office of Innovation, Research and Development
Health Care Financing Administration
Maryland Department of Health
laura.goodman@maryland.gov
667-203-6776

We encourage you to check our website and social media often for updates.
For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov.
For questions about the Coronavirus, visit coronavirus.maryland.gov.
Follow us @MDHealthDept facebook.com/MDHealthDept and twitter.com/MDHealthDept.

The Maryland Department of Health is committed to customer service. Click here to take the Customer Satisfaction Survey.

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Maryland

Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>

2024 1115 Waiver Amendment - Reentry Tribal Consultation

Jessica Dickerson <jessicad@nativelifelines.org> Fri, Feb 9, 2024 at 1:40 PM
To: "Joanna E. Ruth -MDH-" <joannae.ruth@maryland.gov>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>, Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>, Tricia Roddy -MDH- <tricia.roddy@maryland.gov>, "Nancy C. Brown -MDH-" <nancyc.brown@maryland.gov>

Hi Joanna,

Yes, thank you for taking the time to meet the other week. We are in support of the amendment and looking forward to partnering with you and your team on how to better support the Native community.

Thank you for following up.

Thanks,
Jessica

Jessica Dickerson, LMSW (she/her)
Medical Case Manager
Native American LifeLines
410-837-2258 x 102

From: Joanna E. Ruth -MDH- <joannae.ruth@maryland.gov>
Sent: Friday, February 9, 2024 1:36 PM
To: Jessica Dickerson <jessicad@nativelifelines.org>
Cc: Laura Goodman -MDH- <laura.goodman@maryland.gov>; Kristin deGrouchy -MDH- <kristin.degrouchy@maryland.gov>; Tricia Roddy -MDH- <tricia.roddy@maryland.gov>; Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>
[Quoted text hidden]

Maryland

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

Maryland Health Choice §1115 Waiver Amendment

1 message

Howard Ashkin <HAshkin@medmark.com> Tue, Jan 30, 2024 at 11:43 AM
To: "mdh.healthchoicerenewal@maryland.gov" <mdh.healthchoicerenewal@maryland.gov>
Cc: "Ryan B. Moran -MDH-" <ryan.moran@maryland.gov>, Tricia Roddy -MDH- <tricia.roddy@maryland.gov>

To: Laura Goodman, Office of Innovation, Research and Development Office of Health Care Financing, Maryland Department of Health via email; copied to Mr. Ryan Moran and Ms. Tricia Roddy via email

Good morning,

Thank you for the opportunity to send comments about the attached proposed Medicaid 1115 Waiver.

I am writing as the Past President of the State Association of Opioid Treatment Programs (MATOD), and an OTP organization that operates eight (8) Maryland OTPs, including one of only three (3) licensed, certified and accredited OTPs embedded in a correctional facility.

I commend the BHA and Medicaid Administration and fully support the need for this waiver, but want to share some safety and logistical concerns related to the “provision of 30 days of all prescribed medications upon release” (please see pages 4, 10 and 11).

While the language on page 4 includes a footnoted reference “as clinically appropriate based on the medication and the indication”, this important safety modifier belongs within the body of the proposal, as written on page 11.

The greater concern relates to the safety and potential unintended negative consequences of providing an individual leaving a highly structured environment with up to a month of narcotic medications.

There are significant dangers associated with a patient, especially if new to MAT, ingesting and storing these medications accurately and safely, leading to potentially disastrous outcomes of overdose, relapse, and/or diversion.

Patients can be released from incarceration after receiving their first or very few doses of OUD medication, before complete clinical assessments and medication dosage adjustments can occur. Providing a month of this medication can be very dangerous.

Incarcerated individuals newly treated with MAT lack the knowledge to safely manage a month of narcotic medication upon release, potentially leading to the return of the behaviors that led to their opioid use disorder and incarceration.

The provision of 30 days of narcotic medications used to treat OUD can also lead to the selling and sharing of these narcotic medications, which can lead to fatal and non-fatal overdoses of family and community members, as well as illegal activities.

Lastly, the provision of 30 days of narcotic medications used to treat OUD can decrease the likelihood/motivation of a patient with a chronic behavioral health disease keeping an initial appointment with the treatment provider in their Re-Entry plan, potentially leading to relapse.

In addition to the safety concerns noted above, it is important to note that SAMHSA **prohibits** licensed, certified and accredited Opioid Treatment Programs (Maryland Provider Type 32) from **writing prescriptions** for any medications used to treat Opioid Use Disorder (OUD), including Methadone and Buprenorphine.

SAMHSA regulates that Type 32 OTPs can only **dispense** (**not prescribe**) OUD medications, and establishes regulatory guidelines regarding the provision of medication doses to be ingested away from the OTP (referred to as Take Homes).

Patients receiving MAT during incarceration do not have the demonstrated stability required by SAMHSA and State oversight entities to receive more than 1 to 3 days of Take Homes, if any.

SAMHSA defines the highest number of Take Homes that a stable and established OTP patient may receive is twenty-seven (27), provided the patient meets the specific extended Take Home eligibility criteria set forth by SAMHSA.

As the provision of 30 days of MOUD medications upon release raises a number of safety and logistical concerns, I hope that this specific language can be rethought.

MedMark and MATOD fully support the importance and intent of this waiver, and would be happy to discuss the above concerns.

Thank you for considering these matters and for always being proactive on behalf of our community members with OUD.

Howard Ashkin, MMH, PsA

Director of Admissions & Community Engagement

MATOD - Past President

MedMark TREATMENT CENTERS
A BayMark Health Provider

817 North Calvert Street | Suite B | Baltimore, MD 21202

O: 410.225.5452| C: 410.608.1517 | F: 410.358.2072

E: hashkin@medmark.com

For Public Comment_ MD Proposed JI Reentry 1115 Amendment.pdf
207K

February 9, 2024

Submitted via: mdh.healthchoicerenewal@maryland.gov.

Laura Goodman
Deputy Director
Office of Innovation, Research, and Development
Office of Health Care Financing
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, Maryland 21201

RE: HealthChoice §1115 Demonstration (Project Number: 11-W-00099/3)

Dear Deputy Director Goodman:

ViiV Healthcare Company (ViiV) appreciates the opportunity to submit comments to the Maryland Department of Health regarding its proposed amendment to the Maryland HealthChoice Program §1115 Demonstration to offer reentry health care services to people experiencing incarceration with substance use disorders (SUD) who are Medicaid-eligible.[1]

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people with HIV (PWH) and those vulnerable to HIV. From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

ViiV is proud to be part of the nation's success in reducing the number of new HIV cases and increasing viral suppression rates.[2,3] We recognize our important role as a research-based pharmaceutical company is limited without the ongoing collaboration among public health officials such as those in Maryland.

In the United States, an estimated 1.1 million people are living with HIV, at least 13 percent of whom are unaware that they have the virus.[4,5] Despite groundbreaking treatments that have slowed the progression and burden of the disease, surveillance and retention remain a

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1 Maryland Department of Health. Maryland HealthChoice Program §1115 Waiver Amendment: Draft for Public Comment. January 12, 2024. https://health.maryland.gov/mmcp/Documents/1115%20Waiver%20Medicaid/For%20Public%20Comment_%20%20MD%20Proposed%20JI%20Reentry%201115%20Amendment.pdf. Accessed January 19, 2024.

2 AIDS Vu: United States https://aidsvu.org/local-data/united-states/. Accessed October 11, 2023.

3 America's HIV Epidemic Analysis Dashboard. Ending the HIV Epidemic in the US. https://ahead.hiv.gov/. Accessed October 11, 2023.

4 Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. HIV Surveillance Supplemental Report, 2023; 28 (No.3). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed January 12, 2024.

5 AIDSVu. Local Data: United States. https://aidsvu.org/local-data/united-states/. Accessed January 12, 2024.

challenge. In 2020, at least one in five new HIV cases in the United States were diagnosed in late stages of the disease.[6] Only half of all PWH are retained in treatment.[7]

In Maryland, there were 33,467 PWH in 2021, with a population prevalence rate 67 percent higher than the national rate.[8]

In 2019, the U.S. Department of Health and Human Services (HHS) launched *Ending the HIV Epidemic in the U.S*. (EHE).[9] which has set a goal to reduce new cases of HIV by 90 percent by 2030.[10] The plan proposes to use scientific advances in antiretroviral therapy to treat PWH and expand proven models of effective HIV care and prevention. The EHE includes four pillars—*Diagnose*, *Treat*, *Prevent*, and *Respond*—and coordinates efforts across government agencies to stop the HIV epidemic with a focus on state and local areas.

Maryland has a significant role in achieving these goals. The state has three localities included in Phase 1 of the national EHE initiative because of significant HIV prevalence in those areas—Baltimore City, Montgomery County, and Prince George's County.[11] As of January 2024, all three jurisdictions have not yet met their six EHE targets.[12] The Montgomery County Department of Health and Human Services and the Prince George's County Health Department have developed EHE jurisdiction plans expanded testing services, better linkage to treatment, and access to pre-exposure prophylaxis (PrEP).[13,14]

ViiV therefore urges MDH to consider the intersection of the HIV and SUD epidemics and to align this proposed HealthChoice Program §1115 Waiver Amendment with national and county EHE plans by:[15]

- **Including HIV testing in the pre-release comprehensive assessments**
- **Providing HIV treatment and linkage to care upon release to people with HIV**
- **Providing access to PrEP prior to release for people with SUD**
- **Provide specific case management services for individuals who are HIV positive.**

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[6] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020: National Profile. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-27-no-3/content/national-profile.html. Accessed January 10, 2024.

[7] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020: National Profile. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-27-no-3/content/national-profile.html. Accessed January 10, 2024.

[8] AIDSVu. Local Data: Maryland. https://aidsvu.org/local-data/united-states/south/maryland/. Accessed January 18, 2024.

[9] HIV.gov. Ending the HIV Epidemic. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview. Accessed January 12, 2024.

[10] Centers for Disease Control and Prevention. Ending the HIV Epidemic in the U.S. https://www.cdc.gov/endhiv/index.html. Accessed January 10, 2024.

[11] Centers for Disease Control and Prevention. Ending the HIV Epidemic in the U.S. (EHE) Jurisdictions. June 13, 2022. https://www.cdc.gov/endhiv/jurisdictions.html. Accessed February 7, 2024.

[12] US department of Health and Human Services. America's HIV Epidemic Analysis Dashboard, Jurisdictional Dashboard. January 9, 2024. https://ahead.hiv.gov/data/geographic/indicators/maryland/. Accessed January 24, 2024.

[13] Montgomery County, MD, Department of Health and Human Services. A Plan to End HIV in Montgomery County. December 30, 2020. https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/PHSDocs/HIV/Attachment_1_A_Plan_to_End_HIV_in_Montgomery_County.pdf. Accessed January 24, 2024.

[14] Prince George's County Health Department. Accelerating State and Local HIV Planning to End the HIV Epidemic: The Prince George's County Elimination Plan Summary. January 27, 2023. https://www.princegeorgescountymd.gov/sites/default/files/media-document/EtHE%20Plan%20For%20Prince%20George%27s%20County.pdf. Accessed January 24, 2024.

[15] Centers for Disease Control and Prevention. About the Ending the HIV Epidemic in the U.S. Pillars webpage. June 16, 2022. https://www.cdc.gov/endhiv/about-ehe/pillars.html. Accessed January 19, 2024.

PWH are disproportionately involved in the criminal justice system with sero-positive rates more than three times that of the general population;[16] often they face complex medical, mental health, and substance abuse needs.[17] In 2006, an estimated 14 percent, or more than 150,000 PWH, passed through a correctional facility, while the proportion was closer to 20 percent for Black and Hispanic PWH.[18] The population of state and federal prisoners living with HIV has been falling steadily since 1998,[19] although in 2021, it was higher in Maryland (1.8 percent) than the national average (1.1 percent).[20] During that year, Maryland had 258 male and 13 female prisoners who were HIV positive.[21] Incorporating HIV services into Maryland's proposed amendment is important because both incarceration and substance use increase an individual's risk for HIV.

People experiencing incarceration are more likely to engage in behaviors that increase their risk for HIV transmission, including having multiple sexual partners, condomless sex, and injection drug use.[22] In 2021, HIV prevalence rates in federal and state prisons in Maryland and were 2.6 times higher than the general population.[23,24]

Substance use can increase risky behaviors for HIV transmission, and injection drug use in a population can fuel transmission of blood-borne infectious diseases such as HIV.[25] People who inject drugs intravenously in their lifetime are more than 30 times as likely to be diagnosed with HIV.[26] In 2021, people who inject drugs accounted for 7 percent of new HIV infections.[27]

Include HIV testing in the pre-release comprehensive assessments

ViiV recommends that an HIV test be offered to individuals with a SUD going through the reentry program, consistent with guidelines from the Centers for Disease Control and Prevention (CDC), the American Society of Addiction Medicine (ASAM), and the US

[16] Cheever, Laura. HRSA's Ryan White HIV/AIDS Program Discusses Engaging the Criminal Legal System to End the HIV Epidemic. September 9, 2020. HIV.gov. https://www.hiv.gov/blog/hrsa-s-ryan-white-hivaids-program-discusses-engaging-criminal-legal-system-end-hiv-epidemic/**.** Accessed November 14, 2023.

[17] Westergard et al. HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. Curr Opin Infect Dis. 2013 Feb;26(1):10-6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682655/. Accessed November 14, 2023.

[18] Beckwith, Curt et al. Opportunities to Diagnose, Treat, and Prevent HIV in the Criminal Justice System. Journal of the Acquired Immune Deficiency Syndrome, January 7, 2011. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3017345/. Accessed August 17, 2023.

[19] Maruschak LM. HIV in Prisons 2021-Stat Tables. US Department of Justice. https://bjs.ojp.gov/document/hivp21st.pdf. Accessed February 6, 2024.

[20] Maruschak LM. HIV in Prisons 2021-Stat Tables (Appendix Table 2). US Department of Justice https://bjs.ojp.gov/document/hivp21st.pdf. Accessed February 6, 2024

[21] Maruschak LM. HIV in Prisons 2021-Stat Tables (Appendix Table 3). US Department of Justice https://bjs.ojp.gov/document/hivp21st.pdf. Accessed February 6, 2024.

[22] Wise A, Finlayson T, Sionean C, Paz-Bailer G. Incarceration, HIV Risk–Related Behaviors, and Partner Characteristics Among Heterosexual Men at Increased Risk of HIV Infection, 20 US Cities. Public Health Rep. 2019 May-Jun; 134(1 Suppl): 63S–70S. Accessible at: https://pubmed.ncbi.nlm.nih.gov/31059417/.

[23] Maruschak LM. HIV in Prisons, 2021 – Statistical Tables. U.S. Department of Justice. March 2023. https://bjs.ojp.gov/document/hivp21st.pdf. Accessed February 2, 2024.

[24] Centers for Disease Control and Prevention. Estimated HIV Incidence and Prevalence in the United States, 2017–2021: Tables. May 31, 2023 https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/content/tables.html. Accessed February 6, 2024.

[25] National Institute of Drug Abuse. HIV. December 2021. https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis. Accessed February 2, 2024.

[26] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The National Survey on Drug Use and Health (NSDUH) Report: HIV/AIDS and Substance Use. December 1, 2010. https://www.samhsa.gov/sites/default/files/hiv-aids-and-substance-use.pdf. Accessed January 12, 2024.

[27] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. HIV Surveillance Supplemental Report, 2023; 28 (No.3). May 2023. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Accessed January 10, 2024.

Preventive Services Task Force (USPSTF).[28,29,30] While the state's prison system offers HIV testing during intake and for different clinical or situational reasons while incarcerated, it does not test for HIV at discharge.[31] For some individuals, this may be a missed opportunity to identify the HIV virus, initiate antiretroviral treatment, and achieve viral suppression before returning to the community.

In 2021, injection drug use in Maryland caused 3.7 percent of new HIV infections among men and 6.6 percent of new infections among women.[32] Despite the link between the HIV and opioid epidemics, HIV testing is an often-overlooked part of SUD treatment efforts, and HIV infections among people with SUD may be missed without routine HIV testing. Many people may not be aware of how substance use can increase their HIV risk.

The CDC recommends opt-out HIV screening for all individuals entering a correctional facility and additional screening for people who inject drugs.[33] The CDC, ASAM, and USPSTF all recommend routine HIV testing for people who inject drugs or are being assessed for opioid use disorder.[34,35,36] Screening for HIV in SUD programs for people experiencing incarceration is critical for identifying HIV status and linking PWH to care.

In an analysis across six major American cities, targeted on-site HIV testing for patients receiving medication for opioid use disorder was projected to be cost saving or highly cost-effective.[37] Early detection of HIV and initiation of antiretroviral therapy significantly improve survival compared to deferred therapy.[38]

Provide HIV treatment and linkage to care upon release to people with HIV

ViiV supports the state's proposal to provide a 30-day supply of clinically necessary medications upon release, including antiretrovirals to treat HIV. People experiencing incarceration with HIV often have access to HIV treatment and care during incarceration that is disrupted following their release.[39]

For PWH, adherence to treatment is vitally important. The HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV emphasize the importance of adherence in treatment selection, stating that, "Regimens should be tailored for the individual

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[28] Centers for Disease Control and Prevention. HIV Basics: Getting Tested webpage. June 22, 2022. https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html. Accessed January 10, 2024.
[29] American Society of Addiction Medicine. National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. December 18, 2019. https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline. Accessed February 6, 2024.
[30] US Preventive Services Task Force. Screening for HIV Infection. JAMA. 2019 Jun 18;321(23):2326-2336. Accessible at: https://pubmed.ncbi.nlm.nih.gov/31184701/.
[31] Maruschak LM. HIV in Prisons 2021-Statistical Tables. US Department of Justice. March 2023. https://bjs.ojp.gov/document/hivp21st.pdf Accessed February 6, 2024.
[32] AIDSVu. Local Data: Maryland. https://aidsvu.org/local-data/united-states/south/maryland/. Accessed January 18, 2024.
[33] Centers for Disease Control and Prevention. At-A-Glance: CDC Recommendations for Correctional and Detention Settings. April 24, 2023. https://www.cdc.gov/correctionalhealth/rec-guide.html. January 23, 2024.
[34] US Centers for Disease Control and Prevention. HIV Basics: Getting Tested. June 22, 2022. https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html. Accessed January 10, 2024.
[35] American Society of Addiction Medicine. National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. December 18, 2019. https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline.
[36] US Preventive Services Task Force. Screening for HIV Infection. JAMA. 2019 Jun 18;321(23):2326-2336. Accessible at: https://pubmed.ncbi.nlm.nih.gov/31184701/.
[37] Krebs E, Zang X, Enns B, et al. The impact of localized implementation: determining the cost-effectiveness of HIV prevention and care interventions across six United States Cities. AIDS. 2020, 34:447-458. Accessible at: https://pubmed.ncbi.nlm.nih.gov/31794521/.
[38] Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. N Engl J Med. 2009 Apr 30;360(18):1815-26. Accessible at: https://www.ncbi.nlm.nih.gov/pubmed/19339714.
[39] Iroh, P, Mayo, H, Nijhawan A. The HIV Care Cascade Before, During, and After Incarceration: A Systematic Review and Data Synthesis. Am J Public Health. 2015 Jul;105(7):e5-16. Accessible at: https://pubmed.ncbi.nlm.nih.gov/25973818/.

patient to enhance adherence and support long-term treatment success."[40] High adherence is necessary for HIV treatments to be effective. When PWH cannot adhere to antiretroviral (ARV) treatment, the virus can damage the immune system. Non-adherence can also increase the risk of treatment resistance.[41]

If taken as prescribed, antiretrovirals have the potential to reduce the amount of HIV in the blood to a very low level—below what can be measured by a lab test—which promotes a long and healthy life for a person with HIV.[42] Effective ARV treatment that reduces the amount of HIV in the blood to undetectable levels has a secondary public health benefit of preventing new transmission of HIV to others. This is commonly referred to as Treatment as Prevention,[43] or Undetectable = Untransmissible (U=U).[44] It is estimated people with HIV who are not retained in medical care may transmit the virus to an average of 5.3 additional people per 100-person years.[45]

Advancements in ARV treatment often enables PWH to be treated successfully while incarcerated, resulting in viral suppression. Upon release, however, PWH often face multiple challenges to maintaining their continuity of care.[46] For these reasons, ViiV urges MDH to include transitional services that maintain continued access to ARV treatment and other prescribed medications, such as linkages to care, including scheduling a first appointment with an HIV specialist.

Provide access to PrEP for SUD populations prior to release

ViiV recommends that any reentry plan include testing for HIV prior to release, especially for individuals with SUD, and that the amendment include counseling on HIV pre-exposure prophylaxis (PrEP) and PrEP prescriptions in accordance with CDC guidelines on PrEP.[47,48]

For the majority who will not test positive for HIV, ViiV urges MDH to include education on remaining HIV negative, including information and potential initiation of PrEP as part of its reentry protocol. In 2023, the USPSTF assigned a "Grade A" rating to PrEP as a highly effective preventive intervention.[49] PrEP has been shown to reduce the risk of acquiring HIV from sex by 99 percent and from injection drug use by 74 percent.[50] The CDC recommends

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[40] U.S. Department of Health and Human Services. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed January 26, 2024.

[41] National Institutes of Health. HIV Treatment Adherence. HIVinfo.NIH.gov. August 12, 2021. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-adherence. Accessed January 22, 2024.

[42] HIV.gov. Viral Suppression and Undetectable Viral Load. June 7, 2022. https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/viral-suppression. Accessed August 23, 2023.

[43] Centers for Disease Control and Prevention (CDC). HIV Treatment as Prevention. July 21, 2022. https://www.cdc.gov/hiv/risk/art/index.html. Accessed August 23, 2023.

[44] National Institutes of Health (NIH). HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention. May 21, 2019. https://www.niaid.nih.gov/diseases-conditions/treatment-prevention. Accessed February 6, 2024.

[45] Skarbinski J, Rosenberg E, Paz-Bailey G, et al. Human immunodeficiency virus transmission at each step of the care continuum in the United States. JAMA Intern Med. 2015;175(4):588-596. Accessible at: https://pubmed.ncbi.nlm.nih.gov/25706928/.

[46] Cheever, Laura. HRSA's Ryan White HIV/AIDS Program Discusses Engaging the Criminal Legal System to End the HIV Epidemic. September 9, 2020. HIV.gov https://www.hiv.gov/blog/hrsa-s-ryan-white-hivaids-program-discusses-engaging-criminal-legal-system-end-hiv-epidemic/. Accessed February 6, 2024.

[47] Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021: Persons in Correctional Facilities. September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/correctional.htm. Accessed January 22, 2024.

[48] Centers for Disease Control and Prevention (CDC). HIV Risk and Prevention: PrEP (Pre-Exposure Prophylaxis). July 5, 2022. https://www.cdc.gov/hiv/risk/prep/index.html. Accessed November 14, 2023.

[49] US Preventive Services Task Force, Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis. November 14, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis. Accessed February 6, 2024.

[50] Centers for Disease Control and Prevention (CDC). HIV Risk and Prevention: PrEP (Pre-Exposure Prophylaxis). July 5, 2022. https://www.cdc.gov/hiv/risk/prep/index.html. Accessed November 14, 2023.

that for soon-to-be-released individuals who engage in behaviors that increase their risk for HIV infection, such as injection drug use, "starting HIV PrEP (or providing linkage to a community clinic for HIV PrEP) for HIV prevention should be considered."[51]

Maryland falls behind 36 other states and the District of Columbia in its PrEP coverage. Eight in ten people in Maryland who could benefit from PrEP are not prescribed it.[52]

PrEP is available in either a daily oral option or an LA injectable option with dosing every 2 months, or as few as 6 times per year.[53,54] LA PrEP offers an important prevention option for vulnerable populations like those individuals recently released from incarceration who are experiencing transitions in housing, employment, community, and health care. LA PrEP also may benefit those who fear disclosure of taking PrEP to avoid stigma associated with daily oral pills.

Providing people experiencing incarceration with better access to PrEP could improve racial disparities in HIV incidence. People experiencing incarceration in Maryland are disproportionately Black.[55] In Maryland, Black individuals account for 71 percent of new HIV diagnoses but only 33 percent of PrEP users.[56]

Provide specific case management services for individuals who are HIV positive

ViiV supports the state's proposal to provide case management services for people with SUD, especially for those individuals who may be identified as HIV positive.

One study published in the American Journal of Public Health found that PWH who were provided a transitional care plan and connections to health care providers upon their release from New York City Jails were more likely to have better treatment adherence six months after their release, as compared to individuals without those services.[57]

Targeted interventions for HIV and SUD can complement each other and benefit from coordination between correctional and community health systems.[58]

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[51] Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021: Persons in Correctional Facilities. September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/correctional.htm. Accessed January 22, 2024.

[52] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. HIV Surveillance Supplemental Report, 2023; 28(No. 4). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Accessed February 7, 2024.

[53] Drug Database: Cabotegravir/Rilpivirine. HIV.gov. https://clinicalinfo.hiv.gov/en/drugs/cabotegravir-rilpivirine/patient Accessed February 7, 2024.

[54] Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021: Persons in Correctional Facilities. September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/correctional.htm. Accessed January 22, 2024.

[55] Vera Institute of Justice. Incarceration Trends in Maryland. 2019. https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-maryland.pdf. Accessed January 22, 2024.

[56] AIDSVu. Local Data: Maryland. https://aidsvu.org/local-data/united-states/south/maryland/. Accessed January 18, 2024.

[57] Teixeria PA, Jordan AO, Zaller N, et al. Health Outcomes for HIV-Infected Persons Released from the New York City Jail System with a Transitional Care-Coordination Plan. Am J Public Health. 2015 Feb;105(2):351-7. Accessible at: https://pubmed.ncbi.nlm.nih.gov/25521890/.

[58] Rush EN, Puglisi L, Eber GB, et al. Prison and Jail Reentry and Health. October 28, 2021. https://www.healthaffairs.org/do/10.1377/hpb20210928.343531. Accessed November 14, 2023.

Studies demonstrate that medical case management can improve care engagement and treatment adherence.[59,60,61]

Case management services can also smooth reentry for PWH by helping them navigate the complex US healthcare system.

Conclusion

ViiV urges MDH to align the efforts of this proposed HealthChoice Program §1115 Waiver Amendment[62] with national and county EHE efforts to improve health outcomes for soon-to-be-released people with SUD, people who could benefit from PrEP, and people with HIV.[63] Thank you for considering ViiV's recommendations. Please feel free to contact me directly if you have any questions.

Sincerely,

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201-306-2394 (c)

[59] Brennan-Ing M, Seidel L, Rodgers L, et al. The Impact of Comprehensive Case Management on HIV Client Outcomes. PLoS One. 2016 Feb 5;11(2):e0148865. Accessible at: https://pubmed.ncbi.nlm.nih.gov/26849561/.

[60] Cahill SR, Mayer KH, Boswell SL. The Ryan White HIV/AIDS program in the age of health care reform. Am J Public Health. 2015 Jun;105(6):1078-85. Accessible at: https://pubmed.ncbi.nlm.nih.gov/25880940/.

[61] Mugavero MJ, Amico KR, Horn T, Thompson MA. The state of engagement in HIV care in the United States: From cascade to continuum to control. Clin Infect Dis. 2013 Oct;57(8):1164-71. Accessible at: https://pubmed.ncbi.nlm.nih.gov/23797289/.

[62] Maryland Department of Health. Maryland HealthChoice Program §1115 Waiver Amendment: Draft for Public Comment. January 12, 2024. https://health.maryland.gov/mmcp/Documents/1115%20Waiver%20Medicaid/For%20Public%20Comment_%20%20MD%20Proposed%20JI%20Reentry%201115%20Amendment.pdf. Accessed January 19, 2024.

[63] Centers for Disease Control and Prevention. About the Ending the HIV Epidemic in the U.S. Pillars webpage. June 16, 2022. https://www.cdc.gov/endhiv/about-ehe/pillars.html. Accessed January 19, 2024.

Attachment 3: Budget Neutrality Worksheet

Please see “MD BN Workbook - HealthChoice - 1115 Waiver Amendment CY 2023” (Excel Spreadsheet).