**PRA Disclosure Statement:** The goal of this required template is to expedite CMS' reviews and approvals of states' requests for approval of Section 1115 Reentry Demonstration Initiative applications, and to support state implementation planning and related transparency, as outlined in Application Procedures Part 42 CFR Section 431.412.

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**Section 1115 Reentry Implementation Plan**
Version 2.0

## Background

The implementation plan documents the state's approach to implementing a section 1115 Reentry demonstration initiative and helps establish what information the state will report in its monitoring reports by describing whether and how the state will phase in implementation. The implementation plan does not supersede or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments. For states covering the CAA population under the section 1115 demonstration, the CAA-required operational protocol can be satisfied by the reentry implementation plan.

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

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

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

**Implementation Settings**

1. In the table below, report the total number of facilities anticipated for each facility type once the reentry demonstration is fully implemented.
   - Does the state intend to phase in facilities? Yes ☐ No ☐
     - If yes, provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented, and estimate the number of facilities to be phased-in by demonstration year (DY).
     - If no, only provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented.

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

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

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

3. Describe any challenges that the state anticipates in meeting Milestone 1 (e.g., providing access and assistance for Medicaid applications, ensuring appropriate provision of Medicaid enrollment documentation). For each challenge, describe the actions and timeframes needed to overcome the challenge.

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

4. Describe how, within two years from approval of the expenditure authority, the state will effectuate a policy to identify Medicaid and CHIP eligible individuals, or individuals who would be eligible for CHIP, except for their incarceration status.

Include in the description how the state will implement a screening process to identify individuals who qualify for pre-release services in line with the qualifying criteria outlined in the state's STCs.

5. Additional pre-release services:
   - Does the state intend that Medicaid-eligible individuals who are identified as demonstration participants will have access to any pre-release services that are in addition to the minimum pre-release benefit package? Yes ☐ No ☐
     - If yes, list the additional pre-release services in the table below, along with the Medicaid benefit category or authority for each service. If additional rows are needed, provide the information in a supplemental appendix.

| Pre-release service | Medicaid Benefit Category or Authority |
|---|---|
| 1 | • |
| 2 | • |
| 3 | • |
| 4 | • |
| 5 | • |
| 6 | • |
| 7 | • |
| 8 | • |
| 9 | • |
| 10 | • |
| 11 | • |
| 12 | • |

6. Does the state intend to phase-in pre-release services that are being covered in addition to the minimum pre-release benefit package? Yes ☐ No ☐ N/A ☐
   - If yes, complete the information in the Appendix A Table 2 template regarding participating facilities' Service Level selections and implementation timelines.

7. Describe any challenges not already described in the Milestone 2 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions and timeframes needed to overcome the challenge.

**SMDL Milestone 3: Promoting continuity of care.**

8. Person-centered care plan:

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

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

10. Describe any challenges not already described in the Milestone 3 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions and timeframes needed to overcome the challenge.

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

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

12. Describe any challenges not already described in the Milestone 4 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions and timeframes needed to overcome the challenge.

**SMDL Milestone 5: Ensuring cross-system collaboration.**

13. Describe the system(s) the state and participating facilities will employ (for example, a data exchange, with requisite data-sharing agreements) to allow the state Medicaid/CHIP agency to monitor individuals' access to and receipt of needed health care and SDOH (if applicable), both pre- and post-release. Include in the description any anticipated data challenges and potential solutions, as well as details of the data-sharing agreements.

14. Engagement of key entities:
    - Specify the types of key entities (e.g., correctional systems, community supervision entities, health care providers, managed care organizations, supported employment, and supported housing agencies) the state intends to include in existing and future engagement for this demonstration.

    - Describe the plan for the organizational-level engagement, coordination, and communication between the state and the entities listed above.

15. Describe the state's strategies for improving awareness about, and providing education on, health coverage and health care access among various stakeholders (e.g., individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers).

16. Describe any challenges not already described in the Milestone 5 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions and timeframes needed to overcome the challenge.

**Reinvestment Plan**

17. Describe the state's plan for reinvesting the total amount of federal matching funds received under the demonstration for any existing carceral health care services that are currently funded with state and/or local dollars. If the state has already submitted this plan separately, please indicate below.

**Consolidated Appropriations Act Population**

18. The state attests that it will address the required CAA services described in Section 5121 through the section 1115 demonstration.[2]

    ☐ Yes, the section 1115 demonstration includes the entire required Section 5121 population and all required Section 5121 services.

    ☐ Yes, but only partially. The section 1115 demonstration includes:

    Population Coverage

    ☐ All required Section 5121 services to a subset of the CAA population

[2]SHO# 24-004, "Provision of Medicaid and CHIP Services to Incarcerated Youth," is available in full here: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf.

**Describe any populations not included**:

☐ Only a subset of the required Section 5121 services

Service Coverage

| **Service** | **Included in 1115?** |
|---|---|
| Screening | Yes ☐ No ☐ |
| Diagnostic services | Yes ☐ No ☐ |
| Care management/TCM | Yes ☐ No ☐ |

**Describe any populations or services not included:**

19. The state attests that it will address the optional CAA services described in Section 5122 through the section 1115 demonstration.

☐ Yes, the section 1115 demonstration includes the entire optional Section 5122 population and all Section 5122 services.

☐ Yes, but only partially. The section 1115 demonstration includes:

Population Coverage

☐ All optional Section 5122 services to a subset of the CAA population

☐ Only a subset of the optional Section 5122 services

Service Coverage

| **Service** | **Included in 1115?** |
|---|---|
| Screening | Yes ☐ No ☐ |
| Diagnostic services | Yes ☐ No ☐ |
| Care management/TCM | Yes ☐ No ☐ |

**Describe any populations or services not included:**

☐ No, the section 1115 demonstration does not include the optional Section 5122 population.

## Appendix A: Reentry Implementation Phase-in Approach Template

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

### Service Level Description

1. In Table 1 below, provide the services included in each Service Level.

**Appendix Table 1: Services in each service level.**

| Service Level | Services included in the Service Level |
|---|---|
| 1 (Minimum pre-release benefit package) | • Case management to assess and address physical and behavioral health needs, and SDOH: Medicaid benefit/category<br>• Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: Medicaid benefit/category<br>• 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: Medicaid benefit/category |
| 2 | • |
| 3 | • |
| 4 | • |

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

### Service Level Information by Facility Type

3. In Appendix Table 2 below, provide the requested information regarding the number of

facilities anticipated to provide each service level, by facility type and demonstration year. Indicate the demonstration year (DY) for implementation, as well as the DYs following implementation, in the table below.

4. Describe any anticipated challenges and/or barriers experienced by facilities in providing a service(s) or service level(s).

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

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

| [Facility Type] | Service Level Implementation, By Facility Type and Demonstration Year (DY) | Service Level 1 (Minimum Pre-Release Benefit Package) | Service Level 2 | Service Level 3 | Service Level 4 |
|---|---|---|---|---|---|
| **Youth Correctional Facilities** | Planned number of facilities offering each service level | | | | |
| | Number of facilities anticipated to offer service level at implementation (during DY ) | | | | |
| | Number of facilities anticipated to implement service level, by DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |
| **Tribal Correctional Facilities** | Planned number of facilities offering each service level | | | | |
| | Number of facilities anticipated to offer service level at implementation (during DY ) | | | | |
| | Number of facilities anticipated to implement service level, by DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |

| [Facility Type] | Service Level Implementation, By Facility Type and Demonstration Year (DY) | Service Level 1 (Minimum Pre-Release Benefit Package) | Service Level 2 | Service Level 3 | Service Level 4 |
|---|---|---|---|---|---|
| **Other Facility Types** | Planned number of facilities offering each service level | | | | |
| | Number of facilities offering service level at implementation (during DY ) | | | | |
| | Number of facilities anticipated to implement service level, by DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |
| | DY | | | | |