



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GARLIN GILCHRIST II  
LT. GOVERNOR

September 16, 2024

The Honorable Xavier Becerra  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

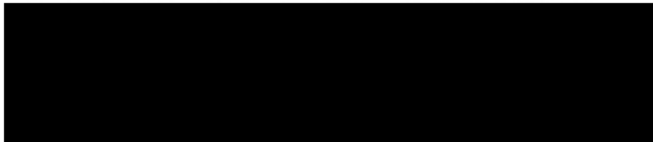
Dear Secretary Becerra:

On behalf of the State of Michigan, I am pleased to submit the State's Section 1115 Reentry Services Demonstration application. This new Demonstration is intended to improve care transitions for eligible Medicaid beneficiaries who are soon-to-be former inmates of public institutions. This demonstration grants the flexibility for Michigan Medicaid to provide coverage for certain pre-release services to eligible individuals who are incarcerated in state prisons, local county jails, and/or juvenile facilities and who are returning to the community.

The submitted Demonstration seeks to strengthen connections across Medicaid, carceral settings, health and social services agencies, community-based providers, and other entities to promote the health and well-being of justice-involved individuals and support their successful reentry into the community. Michigan's request aligns with the Centers for Medicare & Medicaid Services (CMS) State Medicaid Director (SMD) letter #23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," issued April 17, 2023.

The State looks forward to beginning this work with our federal partners at CMS to promote the health and well-being of Michigan's incarcerated populations and to support their successful reentry into the community.

Sincerely,



Gretchen Whitmer  
Governor of Michigan

Section 1115 Reentry Services Demonstration

State of Michigan  
Gretchen Whitmer, Governor

Elizabeth Hertel, Director  
Michigan Department of Health and Human Services  
333 S. Grand Avenue  
Lansing, MI 48913

9/16/2024

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## I. Program Description

### Summary

The Michigan Department of Health and Human Services (MDHHS) is seeking a five-year Section 1115 Demonstration from the Centers for Medicare & Medicaid Services (CMS) to improve care for adults and youth transitioning from correctional facilities into the community. Michigan's request aligns with CMS' State Medicaid Director (SMD) letter # 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," issued April 17, 2023.<sup>1</sup> Specifically, Michigan is seeking authority to provide:

- **Medicaid Coverage** for eligible individuals in the State's prisons; local county jails; and juvenile facilities. Eligible individuals include adults and youth exiting these facilities who are eligible for full coverage Medicaid.
- **A Targeted Benefit Package** for eligible individuals to include case management services, medication-assisted treatment for substance use disorder (SUD) and alcohol use disorder (AUD), a not less than 30-day supply of medications upon release, and certain other supportive services.
- **Coverage Period of Up to 90-days** immediately prior to the release of eligible incarcerated individuals from the correctional system.

The Demonstration will be implemented statewide with a phased approach, beginning with state prisons and juvenile facilities in Phase 1 and local county jails in Phase 2.

The proposed Reentry Demonstration seeks to strengthen connections across Medicaid, carceral settings, health and social services agencies, community-based providers, and other entities to promote the health and wellbeing of justice-involved individuals and support their successful reentry into the community. To support implementation, Michigan is seeking capacity building funding to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services.

### Background

As of December 1, 2022, there were over 32,000 prisoners under the supervision of the Michigan Department of Corrections (MDOC).<sup>2</sup> Approximately 7,500 individuals are released from Michigan prisons each year. According to data from the National Institute of Corrections, nearly 281,000 people are sent to local county jails annually.<sup>3</sup> There are significant racial disparities among the justice-involved population in Michigan. Michigan is one of 12 states where more than half (53%) of the prison population is Black, despite constituting 12% of the overall population<sup>4,5</sup>, and Black people in Michigan are incarcerated at a rate 6.5 times higher than white people.<sup>6</sup> Justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses, compared to individuals who have never been incarcerated, and once released, are more likely to experience adverse health events.<sup>7,8</sup> Individuals who were recently released from an incarcerated setting may lack the resources to access health care or

other critical social services. People leaving incarceration tend to have “high rates of mental illness, substance use disorders, and physical health problems, as well as the numerous barriers to securing housing, employment, food, and other social supports that affect health outcomes.”<sup>9</sup> In the United States, “an estimated 80 percent of people released from prison have chronic medical, psychiatric, or substance use disorders.”<sup>10</sup> The lack of access to physical and behavioral health care and social supports may lead to poorer health outcomes and complicate the ability of these individuals to reintegrate back into their communities upon their release from incarceration. This is particularly true for Black Americans who experience more significant health declines compared to white individuals post-incarceration and are more likely to return to medically underserved communities.<sup>11,12</sup>

Coverage of pre-release services will complement the “Targeted Case Management Services for Recently Incarcerated Beneficiaries” Michigan Medicaid policy that became effective in July 2023. Together, these pre and post release services will facilitate the incarcerated individual’s continuity of care and increase access to high-quality and coordinated care during reentry and result in improved quality health outcomes, thereby reducing emergency department visits and inpatient hospital admissions for both physical and behavioral health conditions.

### Demonstration Goals

The Reentry Demonstration will address the health care needs of Michigan’s justice-involved population, advance the State’s health equity priorities, and promote the objectives of the Medicaid program by ensuring justice-involved individuals with high physical or behavioral health risks receive needed coverage and health care services pre- and post-release into the community. By bridging relationships between community-based Medicaid providers and justice-involved populations prior to release, Michigan seeks to improve the probability that individuals with a history of substance use, mental illness, and/or chronic disease to receive stable and continuous care. Consistent with the CMS goals as outlined in the April 17, 2023, State Medicaid Director (SMD) letter # 23-003, Michigan’s specific goals for the Reentry Demonstration are to:

1. Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for a targeted suite of benefits in carceral settings prior to release;
2. Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;
3. Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
4. Increase investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;

5. Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs;
6. Provide intervention for certain behavioral health conditions using stabilizing medications (such as long-acting injectable anti-psychotics and medications for addiction treatment for substance use disorders (SUDs)) with the goal of reducing decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release; and
7. Reduce post-release acute care utilizations such as emergency department visits and inpatient hospitalizations and all-cause deaths among recently incarcerated beneficiaries through robust pre-release identification, stabilization, and management of certain serious physical and behavioral health conditions that may respond to ambulatory care and treatment (e.g., diabetes, heart failure, hypertension, schizophrenia, SUDs) as well as increase receipt of preventive and routine physical and behavioral health care.

#### Proposed Demonstration

MDHHS is seeking authority to provide a targeted benefit package to eligible individuals in the State's prisons, local county jails, and juvenile facilities for up to 90-days immediately prior to their expected date of release.

#### Eligible Facilities

Over the five-year Demonstration period, state prisons, local county jails, and juvenile facilities will be considered eligible facilities under the Demonstration.

The Demonstration will be implemented through a phased in approach:

- In Phase 1, all state prisons and juvenile facilities that demonstrate readiness, as determined by a readiness assessment to be developed by the State, will participate.
- In Phase 2, local county jails that demonstrate readiness can opt-in to the Demonstration.

#### Targeted Benefit Package

Michigan is seeking authority to cover a targeted benefit package for eligible individuals beginning up to 90-days prior to their expected release from an eligible correctional facility. The pre-release services authorized under the Demonstration include services currently covered under the Michigan Medicaid and CHIP State Plans.

Eligible individuals will have access to the following three services required under CMS' SMDL:

- **Case Management** under which providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication for Opioid Use Disorder and Alcohol Use Disorders (AUD)**, including medication in combination with counseling/behavioral therapies, as clinically appropriate.
- **At a Minimum, a 30-Day Supply of Prescription Medication** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

In addition to the above three services, Michigan plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and Behavioral Health Clinical Consultation Services**, as medically necessary, that are intended to support the creation of a comprehensive, robust, and successful reentry plan, such as clinical screenings and pre-release consultations with community-based providers.
- **Medications and Medication Administration** during the pre-release period, as clinically appropriate, consistent with Medicaid State Plan coverage.
- **Prescription or Written Order for Durable Medical Equipment** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

### Capacity Building Funds

To support implementation of the reentry initiative, Michigan is requesting 80.5 million dollars for capacity building funds. Capacity building funds will be available to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services. If secured, this funding will support planning and implementation activities, including but not limited to: development of new business and operational practices related to health information technology (IT) systems, hiring and training of staff to assist with implementing the reentry initiative, and outreach, education, and stakeholder convening to advance collaboration.

## II. Demonstration Eligibility

The Demonstration is intended to improve care transitions for incarcerated individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible for Medicaid. The Demonstration will provide coverage for certain pre-release services furnished to individuals who are incarcerated in state and/or local county jails, prisons, and juvenile facilities and who are returning to the community. Services will be available to individuals both pre- and post-adjudication.

### Eligible Populations

Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligible individuals must be:



- Adults or youth;
- Eligible for a Medicaid or CHIP eligibility groups that receives full-scope Medicaid or CHIP State Plan services (See Table 1 below).

No eligibility changes will be affected by this Demonstration. All full coverage eligibility groups are covered under the waiver. Medically needy groups are not covered. The incarcerated population in Michigan includes 7,500 individuals in prisons, 90,000 individuals in local county jails, and 400 juveniles in juvenile facilities on an annual basis; a subset of these individuals will be eligible for pre-release services each year.

Table 1. Eligibility Chart

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Aged and Disabled	42 CFR 435.120 42 CFR 435.130 - 42 CFR 435.138 42 CFR 435.201	0-100% FPL
Adult group	42 CFR 435.119	0 - 138% FPL
Breast and Cervical Cancer Prevention Treatment	42 CFR 435.213	0 – 250% FPL
Pregnant women	42 CFR 435.116	0 - 195% FPL
Children under 19	42 CFR 435.118 42 CFR 435.229	0 - 212% FPL
Former foster care youth	42 CFR 435.150	NOT APPLICABLE
Foster care children	42 CFR 435.145	NOT APPLICABLE
Parents and other caretaker relatives	42 CFR 435.110	0 - 54% FPL

#### Medicaid Eligibility and Enrollment Procedures

Michigan will establish pre-release eligibility and enrollment processes to all individuals eligible for Medicaid within the carceral facility upon the individual's incarceration. As is current practice, Michigan will not terminate Medicaid coverage upon entry into a correctional facility and will continue processes to limit Medicaid coverage to inpatient hospital services only for eligible individuals upon entry into a correctional facility and to reestablish full Medicaid benefits as soon as possible upon release. To implement the Reentry Demonstration, Michigan will establish pre-release eligibility and enrollment processes to permit coverage of the targeted benefit package during the 90-days prior to the expected day of release.

### III. Demonstration Benefits and Cost Sharing Requirements

#### Benefits

As described above, Michigan is requesting that the scope of pre-release services should be offered beginning up to 90-days prior to release from a participating correctional setting. Eligible individuals will have access to the following three services required under CMS' SMDL:

- **Case Management** under which providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication for Opioid Use Disorder, Alcohol Use Disorders (AUD)** including medication in combination with counseling/behavioral therapies, as clinically appropriate.
- **At a Minimum, a 30-Day Supply of Prescription Medication** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

In addition to the above three services, Michigan plans to provide the following additional services:

- **Physical and Behavioral Health Clinical Consultation Services** that are intended to support the creation of a comprehensive, robust, and successful reentry plan, such as clinical screenings and pre-release consultations with community-based providers.
- **Medications and Medication Administration** during the pre-release period, as clinically appropriate, consistent with Medicaid State Plan coverage.
- **Prescription or Written Order for Durable Medical Equipment** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

Accordingly, other benefits and services covered under the Michigan Medicaid and CHIP State Plans, as relevant, that are not included in the above-described pre-release services (e.g., EPSDT benefit for qualifying Medicaid beneficiaries under age 21) are not available to qualifying beneficiaries through this Demonstration.

#### Cost Sharing

Cost sharing will not be imposed on the services authorized under the demonstration or for demonstration enrollees.

### IV. Delivery System

There are no changes to Michigan's delivery system proposed under this Demonstration. Pre-release services will be reimbursed on a fee-for-service basis.

## **V. Implementation of Demonstration**

MDHHS is aware of CMS' Implementation Plan requirements and is currently engaging in planning activities to support reentry service implementation. MDHHS is pursuing this Demonstration with the support of several Michigan-based stakeholders. This support stems from discussions with the Michigan Department of Corrections, and numerous other areas within MDHHS. MDHHS is also engaging external stakeholders in the development of the Section 1115 application through public hearings, webinars, public comment, and other community forums. As planning and implementation begins MDHHS will continue to engage with multiple internal and external stakeholders throughout the waiver negotiation period to ensure a fluid implementation of this Demonstration. MDHHS will engage stakeholders including but not limited to local county jails, and/or the Michigan Sheriffs' Association; juvenile facilities; and community-based providers.

MDHHS will leverage qualified professionals and/or case managers to notify and enroll individuals into the waiver. The qualified professionals or case managers will assess individuals' Medicaid enrollment status at the time of incarceration and, where necessary, support the individual through the application process. During the prerelease period, Medicaid eligible individuals will receive the option to enroll into the waiver benefit. Individuals opting-in to the waiver benefit, will have their Medicaid coverage updated to authorize access to waiver covered benefits, as previously described.

The waiver benefit will be implemented as a fee-for-service benefit. MDHHS will utilize both correctional facility-based providers within the incarceration facilities and Medicaid enrolled community-based providers. The care plan should be shared with all providers involved in the care of beneficiary and includes the Medicaid health plan, primary care provider, and PIHP, as applicable, to the extent permitted under all applicable state and federal laws. The sharing of this information is intended to ensure continuity of care and to avoid duplication of services.

## **VI. Enrollment, Demonstration Financing and Budget Neutrality**

This section describes the projected enrollment, expected financial expenditures, and budget neutrality considerations associated with the proposed Demonstration. Additionally, Michigan is working with actuarial partners and contractor to document the full budget neutrality and projected expenditure process using the CMS-published budget neutrality template. The budget neutrality worksheet will be shared with CMS as part of the application submission. For the purposes of public notice and comment, Michigan has summarized in the tables below the estimated enrollment and projected expenditures for the new Demonstration. The State will include final projections in the Demonstration application request submitted to CMS.

## Enrollment

Table 2 provides a summary of the annual estimated number of eligible justice-involved individuals who may receive pre-release services under the Reentry Services Demonstration.

Table 2. Estimated Justice-Involved Individuals Under Reentry Services Demonstration

	<b>Estimated Number of Justice-Involved Individuals Affected by Reentry Services Demonstration</b>				
	<b>DY 1</b>	<b>DY 2</b>	<b>DY 3</b>	<b>DY 4</b>	<b>DY 5</b>
	7/1/2025-6/30/2026	7/1/2026-6/30/2027	7/1/2027-6/30/2028	7/1/2028-6/30/2029	7/1/2029-6/30/2030
<b>Justice-Involved Individuals</b>	0	7,900	15,800	21,582	27,363

## Expenditures

Michigan is seeking 104,526,472 dollars plus 80.5 million dollars for capacity building funds over the five-year Demonstration period. Table 3 provides a summary of annual projected computable expenditures under the Reentry Services Demonstration. The projected expenditures include estimated costs related to reentry services for eligible justice-involved individuals up to 90-days prior to release from a correctional facility. Capacity building funds will be available to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services.

Table 3. Projected Computable Expenditures Under Reentry Services Demonstration

	<b>Projected Total Computable Expenditures- With Waiver</b>					
	<b>DY 1</b>	<b>DY 2</b>	<b>DY 3</b>	<b>DY 4</b>	<b>DY 5</b>	<b>Total</b>
	7/1/2025-6/30/2026	7/1/2026-6/30/2027	7/1/2027-6/30/2028	7/1/2028-6/30/2029	7/1/2029-6/30/2030	
<b>Justice-Involved Reentry Services</b>	\$0	\$10,522,585	\$21,592,345	\$31,027,022	\$41,384,519	\$104,526,472
<b>Justice-Involved Capacity Building Funds</b>	\$40,000,000	\$18,000,000	\$18,000,000	\$4,500,000	\$0	\$80,500,000
<b>Total</b>	\$40,000,000	\$28,522,585	\$39,592,345	\$35,527,022	\$41,384,519	\$185,026,472

### Budget Neutrality

The Demonstration is expected to be budget neutral as evaluated by CMS. Budget neutrality will align with projected expenditures for the Reentry Services Demonstration. Michigan will continue to work with CMS to finalize budget neutrality during the demonstration negotiation and approval process.

## VII. Requested Waivers and Expenditure Authorities

Under the authority of Section 1115(a) of the Act, the following waivers and expenditure authorities shall enable Michigan to implement the Demonstration. To the extent that CMS advises the State that additional authorities are necessary to implement the programmatic vision and operational details described above, the State is requesting such waiver or expenditure authority, as applicable. Michigan's negotiations with the federal government, as well as State legislative/budget changes, could lead to refinements in these lists as we work with CMS to move this Demonstration forward.

### Waiver Authority Requests

Under the authority of Section 1115(a)(1) of the Act, the following waivers shall enable Michigan to implement this Demonstration.

Table 4. Proposed Waiver Authorities

Waiver Authority	Use for Authority
<b>Statewideness:</b> <i>Section 1902(a)(1)</i>	To enable the state to provide pre-release services, as described in this application, to qualifying beneficiaries on a geographically limited basis.
<b>Freedom of Choice:</b> <i>Section 1902(a)(23)(A)</i>	To enable the state to require qualifying beneficiaries to receive pre-release services, as described in this application, through only certain providers.
<b>Amount, Duration, and Scope of Services:</b> <i>Section 1902(a)(10)(B)</i>  <b>Comparability:</b> <i>Section 1902(a)(17)</i>	To enable the state to provide only a limited set of pre-release services, as described in this application, to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the Demonstration.
<b>Coverage of Certain Screening, Diagnostic, and Targeted Case Management Services for Eligible Juveniles in the 30 Days Prior to Release:</b> <i>Section 1902(a)(84)(D)</i>	To enable the state not to provide coverage of the screening, diagnostic, and targeted case management services identified in section 1902(a)(84)(D) of the Act for eligible juveniles described in section 1902(nn)(2) of the Act as a state



	plan benefit in the 30 days prior to the release of such eligible juveniles from a public institution, to the extent and for the period that the state instead provides such coverage to such eligible juveniles under the approved expenditure authorities under this demonstration. The state will provide coverage to eligible juveniles described in section 1902(nn)(2) in alignment with section 1902(a)(84)(D) of the Act at a level equal to or greater than would be required under the state plan.
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### Expenditure Authority Requests

Under the authority of Section 1115(a)(2) of the Act, Michigan is requesting the following expenditure authority to cover justice involved pre-release services during the five-year Demonstration period.

Table 5. Proposed Title XIX Expenditure Authorities

<b>Title XIX Expenditure Authority</b>	<b>Use for Authority</b>
<b>Expenditures for Pre-Release Services</b>	Expenditures for pre-release services, as described in this application, provided to qualifying Medicaid beneficiaries and beneficiaries who would be eligible for the Children's Health Insurance Program (CHIP) if not for their incarceration status, for up to 90 days immediately prior to the expected date of release from a participating state prison, county jail, or youth correctional facility.
<b>Expenditures for Building Capacity of Pre-Release Supports Through an Approved Reinvestment Plan</b>	For costs not otherwise matchable related to a variety of activities necessary to support successful transitions from a carceral facility into the community. The activities will include pre-release readiness assessments, improving the eligibility process, education and training, linking Electronic Health Records, and other activities to be submitted in the Implementation Plan and Reinvestment Plan.

Table 6. Proposed Title XXI Expenditure Authorities

<b>Title XIX Expenditure Authority</b>	<b>Use for Authority</b>
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<b>Expenditures for Pre-Release Services</b>	Expenditures for pre-release services, as described in this application, provided to qualifying Demonstration beneficiaries who would be eligible for CHIP if not for their incarceration status, for up to 90 days immediately prior to the expected date of release from a participating state prison, county jail, or youth correctional facility.
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The expenditure authority for pre-release services through this initiative comprises a limited exception to the federal claiming prohibition for medical assistance furnished to inmates of a public institution at clause (A) following section 1905(a) of the Act (“inmate exclusion rule”).

## VIII. Evaluation Approach and Demonstration Hypotheses

Michigan will contract with an independent evaluator to assess the impact of the proposed reentry Demonstration. Michigan is proposing the research questions, hypotheses, and proposed evaluation approaches described below to include as part of its evaluation design.

Table 7. Proposed Evaluation Hypotheses, Approach, and Data Sources

Hypotheses	Evaluation Approach	Data Sources
The program will increase the eligibility and enrollment of individuals not previously covered and thereby increase coverage and service uptake.	Does the proportion of new individuals assessed demonstrate an increased number of eligible beneficiaries receiving coverage of Medicaid services?	<ul style="list-style-type: none"> <li>• Medicaid eligibility and enrollment</li> </ul>
Increasing physical and behavioral health services prior to release improve transitions and continuity of care following reentry into the community.	Is there an increase in the number individuals receiving physical and behavioral health care services in the community following release?	<ul style="list-style-type: none"> <li>• Medicaid claims data</li> <li>• Managed care data</li> </ul>
The program will improve coordination between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs.	Does the improved coordination between carceral and community providers lead to an increased uptake in services and result in fewer emergency department and inpatient	<ul style="list-style-type: none"> <li>• Correctional records</li> <li>• Medicaid claims data</li> <li>• Managed care data</li> </ul>

	hospital visits for the population?	
The program will provide intervention for certain behavioral health conditions using stabilizing medications and reduce decompensation, suicide, and overdose-related deaths.	Does an increase intervention for certain behavioral health conditions result in greater positive health outcomes and fewer suicide and overdose-related deaths?	<ul style="list-style-type: none"> <li>• Medicaid claims data</li> <li>• Managed care data</li> <li>• Community Mental Health data and surveys</li> </ul>

These hypotheses and plan are subject to change and will be further defined as Michigan works with CMS to develop an evaluation design consistent with the Special Terms and Conditions and CMS policy.

## **IX. Compliance with Public Notice Process**

### **Public Comment Process**

Michigan's compliance with the public notice process is described below and supporting documentation is provided in Appendix A.

On June 28, 2024, MDHHS released the requisite notices for the Demonstration and launched a state public comment period from June 28, 2024, through July 28, 2024. MDHHS presented and discussed the new Section 1115 Reentry Services Demonstration during two public hearings. The first public hearing session was held virtually on July 12, 2024, from 12:00 PM – 2:00 PM ET. The second public hearing session was held in-person on July 19, 2024, from 12:00 PM – 2:00 PM ET. This in-person hearing was held at The Library of Michigan & Historical Center. All information related to public comment and public hearings was made available on the dedicated website for this Demonstration.

MDHHS released a Tribal Public Notice to Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations on June 28, 2024. Tribal Comment period ended August 28, 2024.

Additionally, on June 28, 2024, MDHHS provided notice in various Michigan newspaper publications. MDHHS also used an electronic mailing list to provide notice of the proposed 1115 Demonstration to the public. Specifically, MDHHS provided notification through the MDHHS Government Subscriptions ListServ, which is Michigan's master ListServ of providers.



## **X. Demonstration Administration**

Name and Title: Jacqueline Coleman

Telephone Number: (517) 284-1190

Email Address: [ColemanJ@michigan.gov](mailto:ColemanJ@michigan.gov)

## Appendix A

### Public Notice

#### Full Public Notice

A copy of the full public notice is available [here](#).

The full public notices has been posed on the Demonstration website [here](#).

#### Abbreviated Public Notice

#### Abbreviated Waiver Public Notice

### Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

#### Section 1115 Reentry Services Demonstration New Request

In accordance with 42 CFR §431.408, the Michigan Department of Health and Human Services (MDHHS) is providing public notice of its intent to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a new Section 1115 Reentry Services Demonstration. MDHHS is seeking approval from CMS for a five-year Section 1115 Reentry Services Demonstration for Medicaid coverage of certain pre-release services for adults and youth transitioning from correctional facilities into the community. The complete application and attachments are available at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Medicaid Waivers >> Section 1115 Reentry Services Demonstration. Additionally, paper copies are available at the Bureau of Medicaid Policy, Operations and Actuarial Services located in the Capitol Commons Center, 400 S. Pine St., Lansing, MI 48913.

#### Public Hearings

MDHHS will host two hearings at which the public may provide comments.

#### **Public Hearing #1:**

Date and Time: Friday, July 12, 2024; 12:00 – 2:00 p.m.

Venue: Virtual Session; link to online access available upon registration.

Hearing Link: <https://somdhhs.adobeconnect.com/ebwq7h869ehf/event/registration.html>

**Public Hearing #2:**

Date and Time: Friday, July 19, 2024; 12:00 – 2:00 p.m.

Venue: Library of Michigan & Historical Center, 1<sup>st</sup> Floor Forum, 702 W. Kalamazoo St.,  
Lansing, MI 48933

Hearing Link: This event is held in-person at the above location.

**Written Public Comments**

MDHHS will also accept written public comments until 5:00 p.m. EST on July 28, 2024. Written comments may be sent via email to: [mdhhs-engagemedicaid@michigan.gov](mailto:mdhhs-engagemedicaid@michigan.gov). Please include “Section 1115 Reentry Services Demonstration” in the subject line. Additionally, comments may be mailed to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.

Link to Demonstration Website

[1115 Reentry Services Demonstration \(michigan.gov\)](#)

Certification of Two Public Hearings

**Public Hearing #1:**

Date and Time: Friday, July 12, 2024; 12:00 – 2:00 p.m.

Venue: Virtual Session; link to online access available upon registration.

Hearing Link:

<https://somdhhs.adobeconnect.com/ebwq7h869ehf/event/registration.html>

Recording of Hearing: [MDHHS Updates- 1115 Demonstration Waiver \(adobeconnect.com\)](#)

**Public Hearing #2:**

Date and Time: Friday, July 19, 2024; 12:00 – 2:00 p.m.

Venue: Library of Michigan & Historical Center, 1<sup>st</sup> Floor Forum, 702 W. Kalamazoo St.,  
Lansing, MI 48933

Hearing Link: This event is held in-person at the above location.



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**ANNOUNCEMENTS**  
Public Notices

## Abbreviated Waiver Public Notice

Michigan Department of Health and Human Services  
Behavioral and Physical Health and Aging Services Administration

## Section 1115 Reentry Services Demonstration New Request

In accordance with 42 CFR 84.11406, the Michigan Department of Health and Human Services (MDHHS) is providing public notice of its intent to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a new Section 1115 Reentry Services Demonstration. MDHHS is seeking approval from CMS for a five-year Section 1115 Reentry Services Demonstration for Medicaid coverage of certain pre-release services for adults and youth transitioning from correctional facilities into the community. The complete application and attachments are available at [www.michigan.gov/mdhhs](https://www.michigan.gov/mdhhs). Assistance Programs: Medicaid, Program Resources, Section 1115 Reentry Services Demonstration. Additionally, paper copies are available at the Bureau of Medicaid Policy, Operations and Actuarial Services located in the Capital Commons Center, 400 S. Pine St., Lansing, MI 48913.

**Public Hearings**  
MDHHS will host two hearings at which the public may provide comments.

**Public Hearing #1:**  
Date and Time: Friday, July 12, 2024; 12:00 - 2:00 p.m.  
Venue: Virtual Setting. Link to online access available upon registration.  
Hearing Link: <https://semdhhs.adobeconnect.com/vbvw78898et/evn0/registration.html>

**Public Hearing #2:**  
Date and Time: Friday, July 19, 2024; 12:00 - 2:00 p.m.  
Venue: Library of Michigan & Historical Center, 1st Floor Forum, 702 W. Kalamazoo St., Lansing, MI 48933



**ANNOUNCEMENTS**  
Public Notices

## Hearing Link: This event is held in-person at the above location.

**Written Public Comments**  
MDHHS will also accept written public comments until 5:00 p.m. EST on July 26, 2024. Written comments may be sent via email to: [mdhhs-regionalmedicaldemonstration@mdhhs.gov](mailto:mdhhs-regionalmedicaldemonstration@mdhhs.gov). Please include "Section 1115 Reentry Services Demonstration" in the subject line. Additionally, comments may be mailed to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.

**NOTICE OF PUBLIC HEARING:**  
Hearings will be held before the Flint Planning Commission at a meeting on July 9, 2024, at 5:30 p.m., or as soon thereafter as the agenda will permit to consider applications concerning enforcement of Chapter 50 of the Code of the City of Flint.

**Location:** Dome Auditorium, City Hall - South Building, 1101 S. Saginaw St., Flint, MI 48903.  
**PC 24-08:** Applicant Todd Stumper / 1125 N. Dort Hwy, LLC, DBA Priority Waste, request approval of a Planned Sign Program regarding the proposed Solid Waste Transfer Station & Materials Recovery Facility located at 1430 E. Pierson Rd (PID #47-32-101-031).  
**PC 24-12:** Applicant Christopher Asuncion / Souls of Artistas, Inc. requests approval of a Special Land Use application to operate a Charitable Organization / Social Service Club regarding the property located at 2902 Richfield Rd (PID #47-33-352-001).

**PC 24-13:** Applicant Samir Shetty / Star Buds Flint, LLC requests approval of a Complete Transfer of Ownership & Marquette Facilities License regarding the "Group E", Marquette Retail Facility, "The Sweet Leaf", located at 490 S. Dort Highway, Flint, MI 48903.  
**PC 24-34:** Applicant Mark Savary / MS Industries, LLC requests approval of a



**ANNOUNCEMENTS**  
Public Notices

**Complete Transfer of Ownership & Marquette Facilities License** regarding the "Group E", Marquette Retail Facility, "Leaf & Bud", located at 1227 James P. Cole Blvd, Flint, MI 48903 (PID #41-07-154-030).

**PC 24-16:** The City of Flint is seeking a positive recommendation from the City of Flint Planning Commission to the City of Flint City Council for approval to partially vacate Roberts St. between E Stewart Ave and the North lot line of Lot 294 (4601 Roberts St) and Lot 285 (4602 Robert St) of the Maclewood Plat.

The public may send public comments by contacting the Planning and Zoning office at 810-766-7426 and/or by emailing to [PCpubliccomment@cityofflnt.com](mailto:PCpubliccomment@cityofflnt.com), no later than 1 hour prior to the meeting start time of 5:30 p.m. Persons with disabilities may participate in the meeting by the aforementioned means. If assistance is needed, please email a request for accommodations to [PCpubliccomment@cityofflnt.com](mailto:PCpubliccomment@cityofflnt.com) with subject line: Planning Commission Request for Accommodation or by contacting the Planning and Zoning office at 810-766-7426 to request accommodations, including but not limited to interpreters. Requests must be made at least 4 hours in advance of the meeting, those seeking accommodation are encouraged to notify the Zoning office as soon as possible to ensure services can be arranged. The Planning Commission encourages participation in this matter. Please refer to the case number, whether you write or call for information.



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**French Bulldog - Beautiful looking Black Male.** 19 months old. Asking \$800. Also a Fawn Male that is 7 months old. Asking \$1250. AKC registered and 1 year health guarantee. 231-760-3762

**Purebred German Shepherd Puppies Solid Black.** Born April 1st. Both parents on site. 1st shots and de-wormed. Located near Clare, MI. Willing to meet. \$400 (909) 882-2400

**YORKIE PUPPIES - M-6400, F-5450.** Cute & adorable! Parents on site great hunters & Friendly. 909-745-3243, positive comments on therapy dog.

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**PUBLIC NOTICE**  
Date: June 28, 2024  
Permit No.: M06490000  
Permit Category: NPDES  
Wastewater

The Department of Environment, Great Lakes, and Energy (EGLE), Water Resources Division (WRD), proposes to reissue a general permit for discharges of process wastewater and mine dewatering water from facilities involved in sand, gravel, limestone, and clay mining operations, and other wastewater of similar nature. The applicability of this permit shall be limited to wastewater discharges that are of this type and that meet the criteria established in this permit. This permit is expected to apply to multiple discharges of this type throughout the state of Michigan. Discharges that may cause or contribute to a violation of water quality standards are not authorized by this permit.

In order to constitute a valid authorization to discharge at a specific facility, this permit must be complemented by a Certificate of Coverage (COC) issued by EGLE.

The draft permit includes the following modifications to the previously issued permit: Permit language has been revised to incorporate updated references and terminology. The following new conditions have been added to the draft permit: Total Maximum Daily Load (TMDL), Additional Monitoring, and Continuous Monitoring. Monitoring requirements for chloride

and sulfate have been added for all discharges, and the monitoring frequency for total dissolved solids was reduced. The monitoring location for total hardness is now specified. Loading rate reporting requirements for total suspended solids have been removed.

Copies of the Public Notice, Fact Sheet, Basis for Decision Memo, and draft permit may be obtained via the Internet at <https://www.michigan.gov/egle>, select "Public Notice Search," enter the permit number into the search field, and then click "Search," or at a WRD District Office, locations and contact information for which is available at <https://www.michigan.gov/egle>. Go to <https://www.michigan.gov/egle>, select "Public Notice Search," search for this public notice by entering the permit number into the search field, click "Search," click "View," click "Add Comment," enter information into the field, and then click "Submit." Comments or objections to the draft permit received by July 28, 2024 will be considered in the final decision to issue the permit, as will comments made at a public hearing should one be requested and held by the Department on the draft permit.

Persons wishing to submit comments on the draft permit should do so through MICHIGAN Portal. Go to <https://www.michigan.gov/egle>, select "Public Notice Search," search for this public notice by entering the permit number into the search field, click "Search," click "View," click "Add Comment," enter information into the field, and then click "Submit." Comments or objections to the draft permit received by July 28, 2024 will be considered in the final decision to issue the permit, as will comments made at a public hearing should one be requested and held by the Department on the draft permit.

Any person may request the Department to hold a public hearing on the draft permit. The request should include specific reasons for the request, indicating which portions of the draft permit constitute the need for a hearing. If submitted, comments indicate significant public interest in the draft permit or if useful information may be produced, the Department may, at its discretion, hold a public hearing on the draft permit. If a public hearing is scheduled, public notice of the hearing will be provided at least 30 days in advance. Inquiries should be directed

to Kathryn Gallagher, Permits Section, WRD, EGLE, P.O. Box 30408, Lansing, Michigan 48909-7950; telephonic: 517-667-8322; or email: [GallagherK1@Michigan.gov](mailto:GallagherK1@Michigan.gov).

## Abbreviated Waiver Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration Section 1115 Reentry Services Demonstration New Request

In accordance with 42 CFR 9431.406, the Michigan Department of Health and Human Services (MDHHS) is providing public notice of its intent to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a new Section 1115 Reentry Services Demonstration for Medicaid coverage of certain pre-release services for adults and youth transitioning from correctional facilities into the community. The complete application and attachments are available at [www.michigan.gov/mdhhs](https://www.michigan.gov/mdhhs). Assistance Programs >> Medicaid Waivers >> Program Resources >> Medicaid Waivers >> Section 1115 Reentry Services Demonstration. Additionally, paper copies are available at the Bureau of Medicaid Policy, Operations and Fiscal Services located in the Capitol Commons Center, 400 S. Pine St., Lansing, MI 48915.

Public Hearings MDHHS will host two hearings at which the public may provide comments.

Public Hearing #1: Date and Time: Friday, July 12, 2024; 12:00 - 2:00 p.m. Venue: Virtual Session link to online access available upon registration. Hearing Link: <https://somdhs.adobeconnect.com/ohw07h06nht/venue1/registration.html>

Public Hearing #2: Date and Time: Friday, July 19, 2024; 12:00 - 2:00 p.m.

Venue: Library of Michigan & Historical Center, 1st Floor Forum, 702 W. Kalamazoo St., Lansing, MI 48933. Hearing Link: This event is held in-person at the above location.

Written Public Comments MDHHS will also accept written public comments until 5:00 p.m. EST on July 28, 2024. Written comments may be sent via email to: [mdhhs-engage@mdhhs.michigan.gov](mailto:mdhhs-engage@mdhhs.michigan.gov). Please include "Section 1115 Reentry Services Demonstration" in the subject line. Additionally, comments may be mailed to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.



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## PETS & FARMS

AKC Boxer Puppies: 3 Sealed Brindle & 1 Brindle, 2 Males, 2 Females. Call Corrie 269-676-0557

Cavachon Puppies- Cute, Playful & Non-Shedding, First Shots & Dewormed. \$300-\$500. 251-625-6212

Cockapoo Puppies- Shots, Dewormed & Vet Checked, Good Colors. 989-420-3886 or 989-965-4278 Test Karen



English Cream Golden Retrievers We had two litters of pure bred English Cream Golden Retriever puppies and are down to four girls who really need loving families of their own. We raise the puppies in our family home so they are familiar with household items like the vacuum and they get lots of love from our kids. The puppies are now 20 weeks old (born January 31) and potty trained! They have their distemper, heartworm pill, and parvo shot, but will need to continue preventative care with your vet. The puppies are very well socialized and have the sweetest disposition. We have the mom and a neighbor has the stud. We have lots of referrals. Pet Pricing is now reduced. 1300.00 630-550-8332

French Bulldog Beautiful looking Black Male. 19 months old. Asking \$800. Also a Fawn Male that is 7 months old. Asking \$1250. AKC registered and 1 year health guarantee. 231-788-3762

Labradoodle Puppies Mini F1B Both parents small and under 25 lbs. Taking deposits - ready July 23 Raised inside my home www.labradoodleusa.com Vet checked twice. Calm & healthy \$750 616-446-0780

Pembroke Welsh Corgi puppies Excellent pels, no risk for genetic diseases, UTD on shots, red and white, ready to go. AKC papers, call to reserve yours! \$500 251-689-5067

Purebred German Shepherd Puppies Solid Black. Born April 1st. Both parents on site. 1st shots and dewormed. Located near Clare, MI. Willing to meet. \$400 (989) 802-3460

## GOOD THINGS TO EAT

Big dark sweet & light & dark sour cherries, u-pick/see pick. Light tarts pitted FREE & ready approx. June 24. Scrumptious baked goods, preserves, & more, all locally grown & made. Call Rasch Cherry & Apple Market for info at 616-899-2931. 17647 40th Ave. Conklin, 49403. Check out our FB page at Rasch Cherry & Apple Market for updates and our website, [www.raschcherryapplemarket.com](https://www.raschcherryapplemarket.com). Sorry, NO animals allowed.

Big dark sweet & light & dark sour cherries, u-pick/see pick. Light tarts pitted FREE & ready approx. June 24. Scrumptious baked goods, preserves, & more, all locally grown & made. Call Rasch Cherry & Apple Market for info at 616-899-2931. 17647 40th Ave. Conklin, 49403. Check out our FB page at Rasch Cherry & Apple Market for updates and our website, [www.raschcherryapplemarket.com](https://www.raschcherryapplemarket.com). Sorry, NO animals allowed.



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## ANNOUNCEMENTS

### Public Notices

#### Abbreviated Waiver Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration  
Section 1115 Reentry Services Demonstration New Request

In accordance with 42 CFR 9431.408, the Michigan Department of Health and Human Services (MDHHS) is providing public notice of its intent to submit an application to the Centers for Medicare and Medicaid Services (CMS) for a new Section 1115 Reentry Services Demonstration. MDHHS is seeking approval from CMS for a five-year Section 1115 Reentry Services Demonstration for Medicaid coverage of certain pre-release services for adults and youth transitioning from correctional facilities into the community. The complete application and attachments are available at [www.michigan.gov/mdhhs](https://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Medicaid Waivers >> Section 1115 Reentry Services Demonstration. Additionally, paper copies are available at the Bureau of Medicaid Policy, Operations and Actuarial Services located in the Capitol Commons Center, 400 S. Pine St., Lansing, MI 48913.

**Public Hearings**  
MDHHS will host two hearings at which the public may provide comments.

**Public Hearing #1:**  
Date and Time: Friday, July 12, 2024; 12:00 - 2:00 p.m.  
Venue: Virtual Session; link to online access available upon registration.  
Hearing Link: <https://smdhhs.adobeconnect.com/vbww7b89ehf/evonf/registration.html>

**Public Hearing #2:**  
Date and Time: Friday, July 19, 2024; 12:00 - 2:00 p.m.  
Venue: Library of Michigan & Historical Center, 1st Floor Forum, 702 W. Kalamazoo St., Lansing, MI 48933  
Hearing Link: This event is held in-person at the above

location.

**Written Public Comments**  
MDHHS will also accept written public comments until 5:00 p.m. EST on July 25, 2024. Written comments may be sent via email to [mdhhs-enquiries@mdhhs.michigan.gov](mailto:mdhhs-enquiries@mdhhs.michigan.gov). Please include "Section 1115 Reentry Services Demonstration" in the subject line. Additionally, comments may be mailed to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.



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989-426-3866 or 989-965-4278 Text Karen

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English Cream Golden Retrievers We had two litters of pure breed English Cream Golden Retriever puppies and are down to four girls who really need loving families of their own. We raise the puppies in our family home so they are familiar with household items like the vacuum and they get lots of love from our kids. The puppies are now 20 weeks old (born January 31) and potty trained. They have their distemper, heartworm pill, and parvo shot, but will need to continue preventative care with your vet. The puppies are very well socialized and have the sweetest disposition. We have the mom and a neighbor has the stud. We have lots of referrals. Pet Pricing is now reduced. 1300.00 630-550-8332

French Bulldog Beautiful looking Black Male. 19 months old. Asking \$800. Also a Fawn Male that is 7 months old. Asking \$1250. AKC registered and 1 year health guarantee. 231-788-3762

Labradoodle Puppies Mini F1B Both parents onsite and under 15 lbs. Taking deposits - ready July 23! Raised inside my home. [www.labradoodleusa.com](https://www.labradoodleusa.com) Vet checked twice. Calm & healthy \$750 616-446-0780

Pembroke Welsh Corgi puppies Excellent pets, no risk for genetic diseases, UTI on shots, red and white, ready to go, AKC papers, call to reserve yours! \$500 231-689-5087

Purebred German Shepherd Puppies Solid Black. Born April 1st. Both parents on site. 1st shots and de-wormed. Located near Clare, MI. Willing to meet. \$400 (989) 802-2460

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## ANNOUNCEMENTS

### PUBLIC NOTICES

#### Abbreviated Waiver Public Notice

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Behavioral and Physical Services Administration  
Section 1115 Reentry Services Demonstration New Request

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## ANNOUNCEMENTS

### PUBLIC NOTICES

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Venue: Virtual Session; link to online access available upon registration.

Hearing Link: <https://smdhhs.adobeconnect.com/section1115reentryservicesdemonstration/>

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Venue: Library of Michigan & Historical Center, 1st Floor Forum, 702 W. Kalamazoo St., Lansing, MI 48933  
Hearing Link: This event is held in-person at the above location.

Written Public Comments MDHHS will also accept written public comments until 5:00 p.m. EST on July 28, 2024. Written comments may be sent via email to: [mdhhs-engagemedicaid@michigan.gov](mailto:mdhhs-engagemedicaid@michigan.gov). Please include "Section 1115 Reentry Services Demonstration" in the



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## ListServ Electronic Message

**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Friday, June 28, 2024 10:42 AM  
**To:** Wise, Tyler (DHHS)  
**Subject:** Section 1115 Reentry Services Demonstration New Request



Dear Provider:

The Michigan Department of Health and Human Services (MDHHS) is providing public notice of its intent to submit an application to the Centers for Medicare and Medicaid Services (CMS) under Section 1115 of the Social Security Act. MDHHS is seeking approval from CMS for a five-year Section 1115 Reentry Services Demonstration for Medicaid coverage of certain pre-release services for adults and youth transitioning from correctional facilities into the community. The anticipated effective date for the new Section 1115 Reentry Services Demonstration is January 1, 2027. Attached is the formal Public Notice, which is available at [Public Notices \(michigan.gov\)](https://www.michigan.gov/mdhhs). The complete application and attachments are available at [www.michigan.gov/mdhhs](https://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Medicaid Waivers >> Section 1115 Reentry Services Demonstration. Additionally, paper copies are available at the Bureau of Medicaid Policy, Operations and Actuarial Services located in the Capitol Commons Center, 400 S. Pine St., Lansing, MI 48913.

MDHHS will also accept written public comments until 5:00 p.m. EST on July 28, 2024. Written comments may be sent via email to: [mdhhs-engagemedicaid@michigan.gov](mailto:mdhhs-engagemedicaid@michigan.gov). Please include "Section 1115 Reentry Services Demonstration" in the subject line. Additionally, comments may be mailed to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.

- [Public Notice - New Section 1115 Reentry Services Demonstration - 6-28-24.pdf](#)

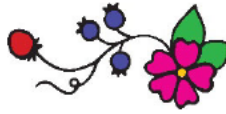


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## Tribal Public Notice

A copy of the Tribal public notice is available [here](#).



## **THD/BHCN JULY 2024 MEETING**

### **Part II MDHHS Updates & Issues**

### **AGENDA**

**Thursday, August 22, 3:30 – 5:00 PM**

MDHHS Consultation Update		Lorna Elliott-Egan
Proposed Medicaid 1115 Waiver- Inmate Reentry Program (Jail & Prison)		Meghan Vanderstelt & Tyler Wise
Medicaid Policy Updates		Natasha Radke
Medicaid Health Plan Update		Brad Barron
TGS&P Benefits Troubleshooting Assistance		Lorna Elliott-Egan
New Tribal Gov Services & Policy Website	Feedback requested	Lorna Elliott-Egan & Mary Calcaterra
TGS&P MMIP Work and possible impact on BH service needs.		Lorna Elliott-Egan

Tribal Meeting Presentation Method

Tribal Meeting Power Point Presentation:



## Section 1115 Reentry Services Demonstration Tribal Consultation August 2024



## CMS Guidance on 1115 Demonstration Opportunity

On April 17, 2023, CMS released a State Medicaid Director Letter (SMDL) that describes a section 1115 demonstration opportunity to support community reentry and improve care transitions for justice-involved populations.



The SMDL implements Section 5032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, which directed the U.S. Department of Health and Human Services (HHS) to issue guidance on how states can design section 1115 reentry demonstrations to provide services to justice-involved individuals prior to release to support their reentry into the community.

Source: Center for Medicare and Medicaid Services, State Medicaid Director Letter #23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who are Incarcerated," April 17, 2023, available at <https://www.medicare.gov/federalpolicy-guidance/downloads/smd23003.pdf>.



## Goals of this Demonstration

**By working to ensure justice-involved populations have a ready network of health care services and supports upon discharge, under the Reentry Services Demonstration, Michigan expects to achieve the following goals:**

- Improve access to services prior to release;
- Improve transitions and continuity of care into the community upon release and during reentry;
- Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- Increase investments in health care and related services to improve the quality of care for beneficiaries in carceral settings and in the community;
- Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs; and
- Reduce post-release acute care utilizations such as emergency department visits and inpatient hospitalizations among recently incarcerated beneficiaries.



## Eligible Populations

**CMS guidance gives states flexibility to propose a broadly defined Demonstration population that includes otherwise eligible, soon-to-be formerly incarcerated individuals.**

Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligible individuals must be:

- Adults or youth;
- Eligible for a Medicaid or CHIP eligibility groups that receives full -scope Medicaid or CHIP State Plan services

No eligibility changes will be affected by this Demonstration. All full coverage eligibility groups are covered under the waiver. Medically needy groups are not covered. It is anticipated that Michigan may provide pre-release services for 7,500 individuals in prisons, 90,000 individuals in local county jails, and 400 juveniles in juvenile facilities annually through this Demonstration.



## Eligible Facilities

**CMS guidance gives states flexibility to provide coverage of pre-release services in state or local correctional facilities (e.g., state prisons, jails, and/or youth correctional facilities).**

Over the five-year Demonstration period, state prisons, local county jails, and juvenile facilities will be considered eligible facilities under the Demonstration.

The Demonstration will be implemented through a phased in approach:

- In Phase 1, all state prisons and juvenile facilities that demonstrate readiness, as determined by a readiness assessment to be developed by the State, will participate.
- In Phase 2, local county jails that demonstrate readiness can opt-in to the Demonstration.



## Pre-Release Timeframe

**CMS guidance gives states the flexibility to provide coverage of pre-release services for up to 90 days before the incarcerated individual's expected date of release.**

### 90-Days Pre-Release

MDHHS is seeking authority to provide a targeted benefit package to eligible individuals in the State's prisons, local county jails, and juvenile facilities for up to 90-days immediately prior to their expected date of release.



## Targeted Benefit Package- Required Services

CMS requires states to provide a minimum benefit package of three covered services under the demonstration. In addition, states have flexibility to cover other important physical and behavioral health services that support reentry into the community.

Eligible individuals will have access to the following three services required under CMS' SMDL:

- **Case Management** under which providers, in collaboration with Community Health Workers, will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication for Opioid Use Disorder and Alcohol Use Disorders (AUD)**, including medication in combination with counseling/behavioral therapies, as clinically appropriate.
- **At a Minimum, a 30-Day Supply of Prescription Medication** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.



## Targeted Benefit Package- Michigan Specific Services

CMS has granted states the flexibility to cover other important physical and behavioral health services that support reentry into the community.

In addition to the required three services, Michigan plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and Behavioral Health Clinical Consultation Services**, as medically necessary, that are intended to support the creation of a comprehensive, robust, and successful reentry plan, such as clinical screenings and pre-release consultations with community-based providers.
- **Medications and Medication Administration** during the pre-release period, as clinically appropriate, consistent with Medicaid State Plan coverage.
- **Prescription or Written Order for Durable Medical Equipment** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.



## Enrollment

The table below provides a summary of the annual estimated number of eligible justice-involved individuals who may receive pre-release services under the Reentry Services Demonstration.

	Estimated Number of Justice-Involved Individuals Affected by Reentry Services Demonstration				
	DY 1	DY 2	DY 3	DY 4	DY 5
	1/1/27 – 12/31/27	1/1/28 – 12/31/28	1/1/29 – 12/31/29	1/1/30 – 12/31/30	1/1/31 – 12/31/31
<b>Justice-Involved Individuals</b>	7,900	7,900	19,463	19,463	19,463



## Expenditures

Michigan is seeking \$ 56.15 million dollars (plus a yet to be determined amount of capacity building funds) over the five -year Demonstration period. Table 3 provides a summary of annual projected computable expenditures under the Reentry Services Demonstration. The projected expenditures include estimated costs related to reentry services for eligible justice -involved individuals up to 90 -days prior to release from a correctional facility. Capacity building funds , if secured, will be available to provide start -up funding to correctional facilities and implementing partners for the planning and implementation of reentry services .



## Expenditures

The table below provides a summary of annual projected computable expenditures under the Reentry Services Demonstration.

Projected Total Computable Expenditures					
	DY 1	DY 2	DY 3	DY 4	DY 5
	1/1/27 – 12/31/27	1/1/28 – 12/31/28	1/1/29 – 12/31/29	1/1/30 – 12/31/30	1/1/31 – 12/31/31
Justice-Involved Reentry Services	\$5,290,254	\$5,555,050	\$14,369,737	\$15,088,224	\$15,842,635
Justice-Involved Capacity Building Funds	TBD	TBD	TBD	TBD	TBD



## Budget Neutrality

The Demonstration is expected to be budget neutral as evaluated by CMS. Budget neutrality will align with projected expenditures for the Reentry Services Demonstration. Michigan will continue to work with CMS to finalize budget neutrality during the demonstration negotiation and approval process.





# Demonstration Evaluation

Michigan will contract with an independent evaluator to assess the impact of the proposed Reentry Services Demonstration. Michigan is proposing the following hypotheses:

- The program will increase the eligibility and enrollment of individuals not previously covered and thereby increase coverage and service uptake.
- Increasing physical and behavioral health services prior to release improve transitions and continuity of care following reentry into the community.
- The program will improve coordination between carceral settings and community services upon release to address physical health, behavioral health, and health -related social needs.
- The program will provide intervention for certain behavioral health conditions using stabilizing medications and reduce decompensation, suicide, and overdose -related deaths.



## Comments

Any interested party wishing to comment on the Section 1115 Reentry Services Demonstration may send comments by **August 28, 2024**, to the Behavioral and Physical Health and Aging Services Administration by U.S. postal mail or email. If commenting by email, please include "Section 1115 Reentry Services Demonstration" in the subject line.

**By mail:**

MDHHS/Behavioral and Physical Health and Aging Services Administration,  
Program Policy Division,  
PO Box 30479,  
Lansing, MI 48909-7979.

**By email:** [mdhhs-engagemedicaid@michigan.gov](mailto:mdhhs-engagemedicaid@michigan.gov)



## Public Comment Summary

During the public comment period from June 28, 2024, to July 28, 2024, MDHHS received questions and comments from 37 individuals and professional organizations. Of the 37 respondents 13 letters of support were provided, 28 individual questions were submitted, and 24 comments were received. All questions have been categorized and summarized in the following questions. MDHHS has provided a response for each category's question(s). Additionally, received comments were categorized and a response has been provided by MDHHS.

### **Data and Coordination**

Question: What data will MDHHS provide to health plans?

*MDHHS Response: While developing the Implementation Plan required by CMS, MDHHS will consider data reporting and exchange requirements. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. MDHHS will continue to update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. MDHHS thanks you for this feedback.*

How will data collection and responsibility be managed to ensure effective coordination of services?

*MDHHS Response: While developing the Implementation Plan required by CMS, MDHHS will consider data reporting and exchange requirements. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. MDHHS will continue to update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. MDHHS thanks you for this feedback.*

### **Provider Capacity and Engagement**

How is the department ensuring sufficient provider capacity and engagement, including implementing a robust stakeholder input process, and applying lessons learned from other states?

*MDHHS Response: MDHHS will establish a formal convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the*

*next few months after formal submission of the application to CMS. MDHHS will continue to update all stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established.*

## **Covered Services**

How will the demonstration address the integration of Social Determinants of Health (SDOH)?

*MDHHS Response: As part of case management provided to individuals eligible for the demonstration, case management providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports. This will include establishing appropriate linkages and referrals to services and supports to address Social Determinants of Health (SDOH) in the post-release period.*

Will the demonstration include dental benefits?

*MDHHS Response: No, MDHHS is seeking to align the covered services with CMS' State Medicaid Director Letter (SMDL) # 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," issued April 17, 2023.*

- **Case Management** under which providers, in collaboration with Community Health Workers, will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.
- **Medication for Opioid Use Disorder and Alcohol Use Disorders (AUD)**, including medication in combination with counseling/behavioral therapies, as clinically appropriate.
- **At a Minimum, a 30-Day Supply of Prescription Medication** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

*In addition to the above three services, Michigan plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:*

- **Physical and Behavioral Health Clinical Consultation Services**, as medically necessary, that are intended to support the creation of a comprehensive, robust, and successful reentry plan, such as clinical screenings and pre-release consultations with community-based providers.
- **Medications and Medication Administration** during the pre-release period, as clinically appropriate, consistent with Medicaid State Plan coverage.

- ***Prescription or Written Order for Durable Medical Equipment*** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

### **In-Reach Timeframe:**

How many days does the waiver cover prior to release?

*MDHHS Response: This waiver will provide pre-release services for a period of up to 90 days prior to an individual's expected date of release. The stakeholder engagement process and implementation planning period will be used to develop policy and guidance around implementation of the coverage and pre-release services.*

### **Eligible Populations:**

Can you clarify the eligibility criteria for the demonstration, particularly regarding what is meant by high physical or behavioral health (BH) risk?

*MDHHS Response: Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status.*

*Justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses, compared to individuals who have never been incarcerated, and once released, are more likely to experience adverse health events. Individuals who were recently released from an incarcerated setting may lack the resources to access health care or other critical social services. People leaving incarceration tend to have "high rates of mental illness, substance use disorders, and physical health problems, as well as the numerous barriers to securing housing, employment, food, and other social supports that affect health outcomes." The Reentry Demonstration will address the health care needs of Michigan's justice-involved population, advance the State's health equity priorities, and promote the objectives of the Medicaid program by ensuring justice-involved individuals with high physical or behavioral health risks receive needed coverage and health care services pre- and post-release into the community.*

Will the demonstration extend coverage to pre-adjudicated and non-adjudicated populations, and what are the implications for those with physical health needs compared to those with behavioral health needs?

*MDHHS Response: The demonstration will extend coverage to pre and non-adjudicated populations. This demonstration offers services that address*

*behavioral and physical health needs. Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligibility is not limited to individuals who meet certain clinical criteria.*

### **Incarceration and Release**

How will the demonstration address Medicaid enrollment and prerelease service coverage for incarcerated individuals, especially those without set release dates or who may be released unexpectedly?

*MDHHS Response: While developing the Implementation Plan required by CMS, MDHHS will consider the operational details related to care coordination in the post-release period. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS.*

### **Implementation and Administration**

How will this demonstration be implemented, i.e., who is responsible for creating and following the care plans for the incarcerated individuals once they are in the community?

*MDHHS Response: MDHHS reads this comment to be operational in nature and these questions will be considered by MDHHS and its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS.*

Can you explain or how does this waiver interface with the TCM policy?

*MDHHS Response: The Section 1115 Reentry Services Demonstration covers the period of up to 90 days pre-release, and the Targeted Case Management for Recently Incarcerated Individuals State Plan Amendments covers the period of up to twelve months post-release.*

### **Billing and Financial Aspects**

Will the demonstration allow for retroactive billing, and how will funding adequacy be ensured to support the provision of reentry services without affecting other critical services?

*MDHHS Response: Billing for services associated with this demonstration will be contingent on CMS approval. MDHHS will ensure that details associated with the reimbursement of waiver services will be refined during the implementation planning period.*

How does the state plan to ensure that Medicaid funding is sufficient to support this demonstration, especially in light of funding not being included in the FY25 budget?

*MDHHS Response: MDHHS is committed to the implementation of this demonstration, and MDHHS anticipates that future funding will be available.*

### **Stakeholder and Public Engagement**

*How will the demonstration involve peers in planning and implementation?*

*MDHHS Response: MDHHS will establish a formal convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. Individuals with lived experience are imperative to ensuring successful implementation of the demonstration and will be included in the stakeholder structure.*

Are jails required to participate in this demonstration?

*MDHHS Response: No jails will not be required to participate in this demonstration. However, based on readiness, jails are encouraged to participate in this demonstration in Phase 2.*

Will there be any incentives provided to encourage jails to participate in this demonstration?

*MDHHS Response: To support implementation of the reentry initiative, Michigan is requesting capacity building funds. Capacity building funds, if secured, will be available to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services. If secured, this funding will support planning and implementation activities, including but not limited to: development of new business and operational practices related to health information technology (IT) systems, hiring and training of staff to assist with implementing the reentry initiative, and outreach, education, and stakeholder convening to advance collaboration.*

### **Policy and Approval**

*Will the state address existing barriers that exclude peer service providers with felonies from meeting eligibility qualifications and serving populations included in this demonstration?*

*MDHHS Response: MDHHS recognizes the value of peer support providers with lived experience in supporting justice-involved individuals in staying engaged in the recovery process, improve their mental health and well-being, and reduce the likelihood of a recurrence of symptoms. MDHHS is exploring options to maximize the participation of peer support providers under the demonstration.*

Has Michigan received any opposition to this demonstration proposal?

*MDHHS Response: MDHHS has received overwhelming support for this demonstration.*

### **Comments**

#### **Data and Coordination**

To ensure the effectiveness of reentry services, the demonstration should include robust monitoring and evaluation framework that tracks the performance and impact of community providers who deliver services to justice-involved youth. Key metrics to monitor should include the quality and accessibility of services provided, the coordination between the provider and the facilities, recidivism rates, health outcomes, and demographic information. The demonstration must create a feedback loop that allows those with lived experience to directly inform the process through both qualitative and quantitative means.

*MDHHS Response: MDHHS appreciates your comment. As required by CMS, Michigan will contract with an independent evaluator to assess the impact of the proposed Reentry Demonstration. MDHHS will take the recommendation into consideration as the state works with CMS to develop an evaluation design.*

#### **Covered Services**

Recommend the State consider the following additional recommendations as part of the benefit package:

- Food as Medicine
- Peer support
- Telehealth services
- Additional support to address the special needs of the Juvenile population and their families:
- Benefits that help remove SDOH/HRSN barriers

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

The integration of SDOH considerations and lived experience into reentry programs is not just a recommendation—it is a pressing necessity that can lead to transformative, positive outcomes for individuals and communities alike.

*MDHHS Response: MDHHS is committed to addressing SDOH under the demonstration. As part of case management provided to individuals eligible for the demonstration, case management providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports. This will include establishing appropriate linkages and referrals to services and supports to address SDOH in the post-release period.*

The demonstration should include a stronger focus on providing comprehensive mental health assessments and continuous care plans that extend beyond the initial 90-day period post-release.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

The demonstration should include explicit language that highlights the support of services that facilitate family counseling and reunification efforts, helping to rebuild and strengthen family bonds that may have been strained during incarceration.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Include any pre-legal contact Medicaid approved services, prescriptions, or procedures in the waiver. For example: Maintenance prescription drugs like hypertension, AIDS, or Hepatitis drugs, dialysis, etc.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Include preventative checkups and tests, diagnostic tests, and medically necessary treatment resulting from those encounters, including prescription drugs, physical, and behavioral health.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*



Include inpatient and outpatient medically necessary procedures, including physical health and behavioral health services, that would otherwise be covered by Medicaid.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Evidence supports the use of peer support services provided by formerly incarcerated people, and the more we are able to fund those services through Medicaid, the better reentry outcomes we are likely to see.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

### **In-Reach Timeframe:**

Recommend care managers be allowed to engage individuals in county jails within the first week of incarceration.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

### **Eligible Populations:**

Include pre-adjudicated and non-adjudicated populations in the waiver.

*MDHHS Response: The demonstration will extend coverage to pre and non-adjudicated populations.*

Make sure the targeted sub-population includes those with physical health needs at least on par with those with behavioral health needs.

*MDHHS Response: Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligibility is not limited to individuals who meet certain clinical criteria.*

### **Incarceration and Release**

Suggest the state ensure that state prisons, local county jails, and juvenile facilities implement or confirm a clear process to determine eligibility and enroll eligible individuals in Medicaid or any supporting government programs.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

### **Implementation and Administration**

Recommend Medicaid Health Plans (MHPs) be responsible for facilitating Reentry services and benefits.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Include jails in the first stage of implementation, provide automatic entry, and include sheriffs and representatives of the Community Mental Health system and County Boards of Commissioners in the process.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Include pre-adjudicated front-end access to Medicaid until adjudication occurs. Include post-adjudicated back-end access to Medicaid within 90 days of release.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Recommend the State consider the crucial role of Prepaid Inpatient Health Plans (PIHPs).

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Give providers bias training specific to working with the incarcerated population, to instill cultural competencies necessary to do this work effectively.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Recommend adopting a closed-loop referral technology (CLRT) with integrated invoicing and payments capabilities to achieve the goals of the proposed waiver.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Recommend the state also consider using the following measures and outcomes to identify and establish success:

- Recidivism for all populations. The Indiana Department of Correction's internal data indicates a lower rate of recidivism (9-10%) among returning citizens served by us than the state average of 30%. A more rigorous approach to evaluating impacts on recidivism would include criminogenic risk as a control variable, if available.
- Education and future out-of-home placements (with an emphasis on foster care) outcomes for the youth population.
- Intermediate measures should focus on evidence of individuals accessing services in the community over an extended period, as treatment retention is predictive of longer-term outcomes.
- All-cause mortality as an outcome measure. The relative risk of any type of death is higher for individuals transitioning out of incarceration.
- Metrics to assess health equity

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

### **Billing and Financial Aspects**

Ensure that the Medicaid dollars provided to the state's public mental health system, its Community Mental Health Services Programs and its Prepaid Inpatient Health Plans, are sufficient to provide, directly or via contractual providers, the behavioral health services needed by these inmates.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Take care that funding is adequate to ensure capacity of providers to provide reentry services without impacting provision of other services.

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

Recommend consideration of the following capacity-building activities in addition to those listed in the proposal:

- Technology and IT support, including support of EHR adoption among organizations (including Correctional Facilities) that currently lack resources to share data digitally or participate in the MiHIN
- Development of standardized protocols and procedures
- Stakeholder collaboration and planning activities

- Hiring and training of staff who can deploy key evidence-based practices, including Functional Family Therapy (FFT). Trainings for these programs can be costly and do not qualify for reimbursement under Fee-for-Service payment models

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.*

### **Stakeholder and Public Engagement**

Recommend the following be included part in an advisory committee:

- Sheriffs as well as jail staff who would have a role in implementing the demonstration
- MDOC (particularly representatives from parole, probation, reentry, and the Bureau of health care services)
- Community corrections
- County officials
- CMHs/PIHPs
- Local DHHS offices
- Medicaid managed care plans
- Federally Qualified Health Centers
- Local public health departments
- Physical health and behavioral health organizations and providers

*MDHHS Response: MDHHS appreciates your comment. MDHHS will take the recommendation into consideration as it establishes its Stakeholder Advisory Committee.*

## References

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**MDHHS-Pub-1938 (8/24)**

**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	BASE YEAR DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WOW
			DY 01	DY 02	DY 03	DY 04	DY 05	

<b><u>Hypo 1 - Services</u></b>								
<b>Pop Type:</b>								
Eligible Member Months	15,800	0.0%	-	7,900	15,800	21,582	27,363	72,645
PMPM Cost	\$ 1,173.05	5.2%	\$ -	\$ 1,331.97	\$ 1,366.60	\$ 1,437.67	\$ 1,512.43	\$ 1,438.88
Total Expenditure			\$ -	\$ 10,522,585	\$ 21,592,345	\$ 31,027,022	\$ 41,384,519	\$ 104,526,472

<b><u>Hypo 2 - Planning and Implementation (Non-Services)</u></b>								
<b>Pop Type:</b>								
Total Expenditure			\$ 40,000,000	\$ 18,000,000	\$ 18,000,000	\$ 4,500,000	\$ -	\$ 80,500,000

### DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP		TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
	DY 00		DY 01	DY 02	DY 03	DY 04	DY 05	
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
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10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11
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25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26
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47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51	51

<u>Hypo 1 - Services</u>													
Pop Type:	Hypothetical												
Eligible Member Months		-	7,900	15,800	21,582	27,363							
PMPM Cost		\$	1,331.97	\$	1,366.60	\$	1,437.67	\$	1,512.43				
Total Expenditure		\$	-	\$	10,522,585	\$	21,592,345	\$	31,027,022	\$	41,384,519	\$	104,526,472

Hypo 2 - Planning and Implementation (Non-Services)							
Pop Type:	Hypothetical						
Total Expenditure		\$ 40,000,000	\$ 18,000,000	\$ 18,000,000	\$ 4,500,000	\$ -	\$ 80,500,000



Budget Neutrality Summary

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05		
Hypo 1 - Services	\$ -	\$ 10,522,585	\$ 21,592,345	\$ 31,027,022	\$ 41,384,519		\$ 104,526,472
Hypo 2 - Planning and Implementation (Non-Services)	\$ 40,000,000	\$ 18,000,000	\$ 18,000,000	\$ 4,500,000	\$ -		\$ 80,500,000
TOTAL	\$ 40,000,000	\$ 28,522,585	\$ 39,592,345	\$ 35,527,022	\$ 41,384,519		\$ 185,026,472

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05		
Hypo 1 - Services	\$ -	\$ 10,522,585	\$ 21,592,345	\$ 31,027,022	\$ 41,384,519		\$ 104,526,472
Hypo 2 - Planning and Implementation (Non-Services)	\$ 40,000,000	\$ 18,000,000	\$ 18,000,000	\$ 4,500,000	\$ -		\$ 80,500,000
TOTAL	\$ 40,000,000	\$ 28,522,585	\$ 39,592,345	\$ 35,527,022	\$ 41,384,519		\$ 185,026,472

HYPOTHETICALS VARIANCE	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
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GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

September 13, 2024

**TO:** Interested Party

**RE:** Consultation Summary 1115 Waiver Application

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

**Comment:** What data will MDHHS provide to health plans?

**Response:** While developing the Implementation Plan required by CMS, MDHHS will consider data reporting and exchange requirements. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. MDHHS will continue to update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. MDHHS thanks you for this feedback.

**Comment:** How will data collection and responsibility be managed to ensure effective coordination of services?

**Response:** While developing the Implementation Plan required by CMS, MDHHS will consider data reporting and exchange requirements. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. MDHHS will continue to update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. MDHHS thanks you for this feedback.

**Comment:** To ensure the effectiveness of reentry services, the demonstration should include robust monitoring and evaluation framework that tracks the performance and impact of community providers who deliver services to

justice-involved youth. Key metrics to monitor should include the quality and accessibility of services provided, the coordination between the provider and the facilities, recidivism rates, health outcomes, and demographic information. The demonstration must create a feedback loop that allows those with lived experience to directly inform the process through both qualitative and quantitative means.

**Response:** MDHHS appreciates your comment. As required by CMS, Michigan will contract with an independent evaluator to assess the impact of the proposed Reentry Demonstration. MDHHS will take the recommendation into consideration as the state works with CMS to develop an evaluation design.

**Comment:** How is the department ensuring sufficient provider capacity and engagement, including implementing a robust stakeholder input process, and applying lessons learned from other states?

**Response:** MDHHS will establish a formal convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. MDHHS will continue to update all stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established.

**Comment:** How will the demonstration address the integration of Social Determinants of Health (SDOH)?

**Response:** As part of case management provided to individuals eligible for the demonstration, case management providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports. This will include establishing appropriate linkages and referrals to services and supports to address Social Determinants of Health (SDOH) in the post-release period.

**Comment:** Will the demonstration include dental benefits?

**Response:** No, MDHHS is seeking to align the covered services with CMS' State Medicaid Director Letter (SMDL) # 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," issued April 17, 2023.

- **Case Management** under which providers, in collaboration with Community Health Workers, will establish client relationships,

conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports.

- **Medication for Opioid Use Disorder and Alcohol Use Disorders (AUD)**, including medication in combination with counseling/behavioral therapies, as clinically appropriate.
- **At a Minimum, a 30-Day Supply of Prescription Medication** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

In addition to the above three services, Michigan plans to provide the following additional services to assist in improving care transitions for incarcerated individuals:

- **Physical and Behavioral Health Clinical Consultation Services**, as medically necessary, that are intended to support the creation of a comprehensive, robust, and successful reentry plan, such as clinical screenings and pre-release consultations with community-based providers.
- **Medications and Medication Administration** during the pre-release period, as clinically appropriate, consistent with Medicaid State Plan coverage.
- **Prescription or Written Order for Durable Medical Equipment** in hand upon release, consistent with Medicaid and CHIP State Plan coverage.

**Comment:** Recommend the State consider the following additional recommendations as part of the benefit package:

- Food as Medicine
- Peer support
- Telehealth services
- Additional support to address the special needs of the Juvenile population and their families:
- Benefits that help remove SDOH/HRSN barriers

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** The integration of SDOH considerations and lived experience into reentry programs is not just a recommendation—it is a pressing necessity that can lead to transformative, positive outcomes for individuals and communities alike.

**Response:** MDHHS is committed to addressing SDOH under the demonstration. As part of case management provided to individuals eligible for the demonstration, case management providers will establish client relationships, conduct a needs assessment, develop a person-centered care plan, and make appropriate linkages and referrals to post-release care and supports. This will include establishing appropriate linkages and referrals to services and supports to address SDOH in the post-release period.

**Comment:** The demonstration should include a stronger focus on providing comprehensive mental health assessments and continuous care plans that extend beyond the initial 90-day period post-release.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** The demonstration should include explicit language that highlights the support of services that facilitate family counseling and reunification efforts, helping to rebuild and strengthen family bonds that may have been strained during incarceration.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Include any pre-legal contact Medicaid approved services, prescriptions, or procedures in the waiver. For example: Maintenance prescription drugs like hypertension, AIDS, or Hepatitis drugs, dialysis, etc.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Include preventative checkups and tests, diagnostic tests, and medically necessary treatment resulting from those encounters, including prescription drugs, physical, and behavioral health.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Include inpatient and outpatient medically necessary procedures, including physical health and behavioral health services, that would otherwise be covered by Medicaid.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Evidence supports the use of peer support services provided by formerly incarcerated people, and the more we are able to fund those services through Medicaid, the better reentry outcomes we are likely to see.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** How many days does the waiver cover prior to release?

**Response:** This waiver will provide pre-release services for a period of up to 90 days prior to an individual's expected date of release. The stakeholder engagement process and implementation planning period will be used to develop policy and guidance around implementation of the coverage and pre-release services.

**Comment:** Recommend care managers be allowed to engage individuals in county jails within the first week of incarceration.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Can you clarify the eligibility criteria for the demonstration, particularly regarding what is meant by high physical or behavioral health (BH) risk?

**Response:** Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status.

Justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses, compared to individuals who have never been incarcerated, and once released, are more likely to experience adverse health events. Individuals who were recently released from an incarcerated setting may lack the resources to access health care or other critical social services. People leaving incarceration tend to have "high rates of mental illness, substance use disorders, and physical health problems, as well as the numerous barriers to securing housing, employment, food, and other social supports that affect health outcomes." The Reentry Demonstration will address the health care needs of Michigan's justice-involved population, advance the State's health equity priorities, and promote the objectives of the Medicaid program by ensuring justice-involved individuals with high physical or

behavioral health risks receive needed coverage and health care services pre- and post-release into the community.

**Comment:** Will the demonstration extend coverage to pre-adjudicated and non-adjudicated populations, and what are the implications for those with physical health needs compared to those with behavioral health needs?

**Response:** The demonstration will extend coverage to pre and non-adjudicated populations. This demonstration offers services that address behavioral and physical health needs. Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligibility is not limited to individuals who meet certain clinical criteria.

**Comment:** Include pre-adjudicated and non-adjudicated populations in the waiver.

**Response:** The demonstration will extend coverage to pre and non-adjudicated populations.

**Comment:** Make sure the targeted sub-population includes those with physical health needs at least on par with those with behavioral health needs.

**Response:** Individuals eligible to participate in the proposed Reentry Demonstration will include adults and youth in a state prison, local county jail, or juvenile facilities who would be eligible for full scope Medicaid or CHIP if not for their incarceration status. Eligibility is not limited to individuals who meet certain clinical criteria.

**Comment:** How will the demonstration address Medicaid enrollment and prerelease service coverage for incarcerated individuals, especially those without set release dates or who may be released unexpectedly?

**Response:** While developing the Implementation Plan required by CMS, MDHHS will consider the operational details related to care coordination in the post release period. MDHHS will also consider these questions during its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS.

**Comment:** Suggest the state ensure that state prisons, local county jails, and juvenile facilities implement or confirm a clear process to determine eligibility and enroll eligible individuals in Medicaid or any supporting government programs.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** How will this demonstration be implemented, i.e., who is responsible for creating and following the care plans for the incarcerated individuals once they are in the community?

**Response:** MDHHS reads this comment to be operational in nature and these questions will be considered by MDHHS and its convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS.

**Comment:** Can you explain or how does this waiver interface with the TCM policy?

**Response:** The Section 1115 Reentry Services Demonstration covers the period of up to 90 days pre-release, and the Targeted Case Management for Recently Incarcerated Individuals State Plan Amendments covers the period of up to twelve months post-release.

**Comment:** Recommend Medicaid Health Plans (MHPs) be responsible for facilitating Reentry services and benefits.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Include jails in the first stage of implementation, provide automatic entry, and include sheriffs and representatives of the Community Mental Health system and County Boards of Commissioners in the process.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Include pre-adjudicated front-end access to Medicaid until adjudication occurs. Include post-adjudicated back-end access to Medicaid within 90 days of release.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.



**Comment:** Recommend the State consider the crucial role of Prepaid Inpatient Health Plans (PIHPs).

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Give providers bias training specific to working with the incarcerated population, to instill cultural competencies necessary to do this work effectively.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Recommend adopting a closed-loop referral technology (CLRT) with integrated invoicing and payments capabilities to achieve the goals of the proposed waiver.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Recommend the state also consider using the following measures and outcomes to identify and establish success:

- Recidivism for all populations. The Indiana Department of Correction's internal data indicates a lower rate of recidivism (9-10%) among returning citizens served by us than the state average of 30%. A more rigorous approach to evaluating impacts on recidivism would include criminogenic risk as a control variable, if available.
- Education and future out-of-home placements (with an emphasis on foster care) outcomes for the youth population.
- Intermediate measures should focus on evidence of individuals accessing services in the community over an extended period, as treatment retention is predictive of longer-term outcomes.
- All-cause mortality as an outcome measure. The relative risk of any type of death is higher for individuals transitioning out of incarceration.
- Metrics to assess health equity

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Will the demonstration allow for retroactive billing, and how will funding adequacy be ensured to support the provision of reentry services without affecting other critical services?

**Response:** Billing for services associated with this demonstration will be contingent on CMS approval. MDHHS will ensure that details associated with the reimbursement of waiver services will be refined during the implementation planning period.

**Comment:** How does the state plan to ensure that Medicaid funding is sufficient to support this demonstration, especially in light of funding not being included in the FY25 budget?

**Response:** MDHHS is committed to the implementation of this demonstration, and MDHHS anticipates that future funding will be available.

**Comment:** Ensure that the Medicaid dollars provided to the state's public mental health system, its Community Mental Health Services Programs and its Prepaid Inpatient Health Plans, are sufficient to provide, directly or via contractual providers, the behavioral health services needed by these inmates.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Take care that funding is adequate to ensure capacity of providers to provide reentry services without impacting provision of other services.

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** Recommend consideration of the following capacity-building activities in addition to those listed in the proposal:

- Technology and IT support, including support of EHR adoption among organizations (including Correctional Facilities) that currently lack resources to share data digitally or participate in the MiHIN
- Development of standardized protocols and procedures
- Stakeholder collaboration and planning activities
- Hiring and training of staff who can deploy key evidence-based practices, including Functional Family Therapy (FFT). Trainings for these programs can be costly and do not qualify for reimbursement under Fee-for-Service payment models

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration.

**Comment:** How will the demonstration involve peers in planning and implementation?

**Response:** MDHHS will establish a formal convening of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. Individuals with lived experience are imperative to ensuring successful implementation of the demonstration and will be included in the stakeholder structure.

**Comment:** Are jails required to participate in this demonstration?

**Response:** No jails will not be required to participate in this demonstration. However, based on readiness, jails are encouraged to participate in this demonstration in Phase 2.

**Comment:** Will there be any incentives provided to encourage jails to participate in this demonstration?

**Response:** To support implementation of the reentry initiative, Michigan is requesting capacity building funds. Capacity building funds, if secured, will be available to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services. If secured, this funding will support planning and implementation activities, including but not limited to: development of new business and operational practices related to health information technology (IT) systems, hiring and training of staff to assist with implementing the reentry initiative, and outreach, education, and stakeholder convening to advance collaboration.

**Comment:** Will the state address existing barriers that exclude peer service providers with felonies from meeting eligibility qualifications and serving populations included in this demonstration?

**Response:** MDHHS recognizes the value of peer support providers with lived experience in supporting justice-involved individuals in staying engaged in the recovery process, improve their mental health and well-being, and reduce the likelihood of a recurrence of symptoms. MDHHS is exploring options to maximize the participation of peer support providers under the demonstration.

**Comment:** Has Michigan received any opposition to this demonstration proposal?

**Response:** MDHHS has received overwhelming support for this demonstration.

**Comment:** Recommend the following be included part in an advisory committee:

- Sheriffs as well as jail staff who would have a role in implementing the demonstration
- MDOC (particularly representatives from parole, probation, reentry, and the Bureau of health care services)
- Community corrections
- County officials
- CMHs/PIHPs
- Local DHHS offices
- Medicaid managed care plans
- Federally Qualified Health Centers
- Local public health departments
- Physical health and behavioral health organizations and providers

**Response:** MDHHS appreciates your comment. MDHHS will take the recommendation into consideration as it establishes its Stakeholder Advisory Committee.

Thank you for your inquiry. We trust that previous responses addressed the concerns and questions noted. If you wish to comment further, send your comments to MDHHS-ENGAGEMEDICAID@michigan.gov.

Sincerely,



Meghan Groen, Director  
Behavioral and Physical Health and Aging Services Administration