DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

State Demonstrations Group

January 2, 2025

Henry Lipman
State Medicaid Director
Office of Medicaid Business and Policy
New Hampshire Department of Health and Human Services
129 Pleasant Street Concord, NH 03301-6521

Dear Director Lipman:

New Hampshire submitted a draft of its Reentry Demonstration Initiative Implementation Plan (IP) on November 12, 2024, and a revised version on December 23, 2024, in accordance with the special terms and conditions (STCs), specifically STC 7.10. The Centers for Medicare & Medicaid Services (CMS) is approving the IP as an attachment to the STCs for New Hampshire's section 1115 demonstration project entitled, "Substance Use Disorder, Serious Mental Illness, and Serious Emotional Disturbance, Treatment Recovery and Access" section 1115 demonstration (Project Number 11-W-00321/1), effective through June 30, 2029. A copy of the approved attachment is enclosed and will also be incorporated into the STCs as Attachment I. This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the New Hampshire Substance Use Disorder, Serious Mental Illness, and Serious Emotional Disturbance Treatment Recovery and Access section 1115 demonstration. If you have any questions, please contact your CMS project officer, Katie O'Malley, who can be reached by email at katie.omalley@cms.hhs.gov.

Sincerely,

Angela D. Garner -S

Digitally signed by Angela D. Garner -S
Date: 2025.01.02 10:22:36 -05'00'

Angela Garner
Director
Division of System Reform Demonstrations

cc: Joyce Butterworth, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

New Hampshire Reentry Implementation Plan

Background

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

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

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

Implementation Settings

1. In the table below, report the total number of facilities anticipated for each facility type once the reentry demonstration is fully implemented. If the demonstration includes another facility type/s not listed in the table, add a column/s for the other facility type/s.
    - Does the state intend to phase in facilities? ☒ Yes ☐ No

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

- If yes, provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented, and estimate the number of facilities to be phased-in by demonstration year (DY).
- If no, only provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented.

	State Prisons	**County/Local Jails**	**Youth Correctional Facilities**
Total	8 total	10 total	Note: Youth facilities are not part of the demonstration, but youth services will be launched on the same time frame as the waiver
DY 1	Launch in 8 (8 total)	0 (No county jails participating in DY1)	N/A
DY 2	8 total	Launch in 2 new jails (2 total)	N/A
DY 3	8 total	Launch 3 new jails (5 total)	N/A
DY 4	8 total	Launch 3 new jails (8 total)	N/A
DY 5	8 total	Launch in 2 new jails (10 total)	N/A

The landscape of New Hampshire carceral settings includes both state and county facilities, as described below.

State: NH DOC is responsible for overseeing eight state facilities. These facilities include three State Prisons: New Hampshire State Prison for Men, New Hampshire Correctional Facility for Women, and Northern New Hampshire Correctional Facility. DOC oversees five additional state facilities: the Transitional Work Center, the Secure Psychiatric Treatment Unit, and three Transitional Housing Units (THUs).

Note that the vast majority of individuals releasing from the THUs are classified as C1. Individuals classified as C1 can maintain their Medicaid coverage. Therefore, those individuals would not be part of the demonstration. As described by DOC Commissioner Hanks, NH has included THUs because there are a very small number of residents in C2 classification. These C2 residents do not have the freedom of movement to access the community that C1 residents have. Instead, these C2 residents must remain at the house, under direct supervision of officers. Because these C2s do not have free access to the community (C2-Minimum security), they remain at the house and are assigned jobs such as cooking, mowing, and laundry. These C2 individuals are not eligible for active Medicaid, and therefore their Medicaid must remain suspended while in residence at the THU. NH has included the THUs in this demonstration in order to provide services for the outlier C2s who are housed there. Otherwise, all other C1 residents qualify for full Medicaid, as was outlined in the SHO letter from CMS in 2016, and therefore would not participate in this demonstration.

County: County jails are overseen by each individual county. NH has ten counties, for a total of ten county jails. New Hampshire will phase in counties according to readiness.

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

   New Hampshire (NH) is readying its systems and processes to launch the reentry demonstration in state prisons on January 1, 2025. The Department of Health and Human Services (DHHS) has been actively partnering with the Department of Corrections (DOC) since 2022 to identify the scope of pre-release services for eligible beneficiaries, outline policies regarding suspension and unsuspension of Medicaid, and develop operational processes to ensure access to community-based services. Through continuous ongoing engagement with both DOC and DHHS subject matter experts (SMEs) and cross-agency leadership, DHHS has assessed that the four participating DOC state prisons are prepared to meet the core requirements of the demonstration, including:

   - Continued sharing of individual data at admissions (including Medicaid IDs) with DHHS to facilitate Medicaid suspension upon incarceration
   - Commitment to conducting broad Medicaid outreach and enrollment activities for all individuals, including initiating new Medicaid application processes 90 days prior to an individual's minimum sentence release date when desired/necessary
   - Technical infrastructure to facilitate access to community health care providers via telehealth appointments, and future plans to further increase telehealth access via procurement of new telehealth pod structures
   - Ability for DOC case managers to partner with care managers from Managed Care Organizations (MCO) during the 45-day pre-release window to ensure a warm-handoff and coordinated person-centered care planning
   - Existing processes for identification of behavioral health needs upon admission and throughout an individual's stay

As illustrated by the schedule in the above table (section 1), DHHS plans to conduct a phased approach to demonstration launch in county-based facilities, starting in demonstration year two. The order of launch in county facilities will be determined according to individual county readiness. DHHS is currently in the process of meeting with all ten counties to conduct a preliminary assessment of individual county readiness and has completed five assessments to date. NH expects to complete all ten preliminary county assessments by January of 2025.

Findings from initial county assessments: Between September and December of 2024, we met with correctional facility staff members from 8 counties, including superintendents, case workers, counselors, medical staff, and others. We introduced them to the policies and benefit packages and went through a structured interview to assess readiness. The structured interview guide contained items related to:

- Census and balance of adjudicated and non- adjudicated residents;
- Current processes and staffing surrounding reentry;
- Pathways for release into the community;
- Screening for substance use or mental illness;

- Connections to community providers;
- Processes for suspending and re-applying for Medicaid;
- Contact and support from Medicaid staff during the eligibility process;
- Challenges with Medicaid eligibility;
- Connection points with the online eligibility and enrollment system NH EASY;
- Medical and behavioral health staffing;
- Use of contractors or outside providers for medical, dental, hearing, vision and pharmacy services;
- MAT services offered and provided;
- Availability and provision of counseling;
- Record keeping in case management and medical records, a
- Ability to bill third parties for reimbursement across medical, behavioral health and pharmacy services;
- Ability to engage in telehealth; and
- Process of sharing medical records with community providers.

The assessments found wide variation in size, staffing, enthusiasm, readiness, and understanding of the benefit package. An important factor we discovered is that five counties contract with a single medical provider and we have begun to work with this medical provider with the hopes of forming a partnership for enhanced service delivery. Some facilities have strong relationships with local community providers such as federally qualified health centers and community mental health centers and others do not. Of those we have met with so far, all offer MAT (most offering multiple types of MATs). Most have a case manager who works on Medicaid eligibility – some use NH EASY directly and have close Medicaid contacts for questions and others do not.

DHHS is also creating a formal readiness assessment to codify the core elements of facility readiness described above and will utilize this formal assessment to determine the exact schedule for demonstration launch in each county. After completing the initial assessments**,** DHHS will partner with all ten counties to complete the readiness assessment jointly in preparation for launch in each jail. We anticipate beginning this process in March 2025.

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

3. Does the state currently suspend eligibility and benefits during incarceration? ☒ Yes ☐ No
   - If no, describe how the state will either effectuate a suspension strategy within two years from approval of the expenditure authority or implement an alternate plan that will ensure only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release.

4. Opportunity to enroll in Medicaid:
   ☒ The state attests that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most

feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 CFR 435.906 and 435.908, and anticipates using the following methods described at 42 CFR 435.907 to ensure enrollment:

☒ Online application

☒ by telephone

☒ in person

☒ via mail

☐ common electronic means

☒ The state attests that all individuals who are incarcerated at a participating facility will be allowed to access and complete a Medicaid application and will be assisted in this process, including by providing information about where to complete the Medicaid application for another state (e.g., relevant state Medicaid agency website), if the person plans to live in a different state after release.

☒ The state attests that all individuals enrolled in Medicaid during their incarceration will be provided with a Medicaid and/or managed care plan card or some other Medicaid and/or managed care enrollment documentation upon release, along with information on how to use their coverage.

5. Describe any challenges not already described in the milestone 1 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

- Challenge: NH DOC currently reports that all Medicaid-related mail is sent to one central DOC location. This would pose issues ensuring that individuals receive their Medicaid card while incarcerated.
    - Mitigation Approach: New Hampshire is issuing guidance (expected to be released 12/20/2024) to DOC case managers instructing them to utilize a facility-specific address in the NH EASY application portal rather than the central DOC address. This will help ensure that Medicaid cards are delivered to the residents in a timely manner. In addition, the MCOs have provided a preview of the enrollment welcome package that will be sent via mail to ensure the package contents comply with DOC mailing requirements. Finally, DHHS has confirmed with the MCOs that individuals may access electronic enrollment cards in the case of issues with physical mail delivery. Instructions for accessing the online portal will be shared with DOC case managers in late December 2024.
- Challenge: Although NH DHHS does currently operate a Medicaid suspensions process, this process is based on a manual suspension utilizing a monthly information feed from DOC.
    - Mitigation Approach: In January in 2025, DOC will increase the frequency of this feed to a minimum of weekly transmissions. In addition, NH DHHS is establishing a new shared eligibility email address for reentry. This will serve as a point of contact where DOC case managers can communicate directly with eligibility to ensure correct enrollment / suspension / activation status of Medicaid. This new email box will be live on January 1, 2025. DOC case managers have already received information about this enhanced eligibility support in trainings conducted December 2024.

- Challenge: DOC case managers have varying level of familiarity with the DHHS online Medicaid application (NH EASY).
    - Mitigation Approach: DHHS provided eligibility training on NH EASY to DOC case managers in December 2024. This training occurred as part of a six-hour community reentry workshop that was hosted at the DOC headquarters and attended by over 30 DOC case managers and supervisors. The training was recorded and will be made available to DOC in an on-demand video format moving forward. DHHS is issuing FAQs on the NH EASY application process as well (expected 12/20/2024). Additionally, as described above, DHHS is establishing a new email inbox for DOC eligibility questions. Finally, DHHS has designated a specific SME to specialize in Medicaid eligibility cases regarding incarcerated individuals. The contact information for this new SME was shared with DOC case managers during December 2024 reentry trainings.
    - Note: Based on the initial conversations with county jails, we understand that the case managers at county facilities also have varying levels of familiarity with NH EASY. To mitigate this challenge, NH plans to hold dedicated eligibility training with county facilities in advance of launch, like the DOC training described above. Furthermore, personnel at county jails will also be encouraged to utilize the new eligibility inbox as a key point of contact for questions. Additionally, the designated DHHS SME on incarcerated eligibility described above will also be assigned to all cases originating from county facilities, and will serve as an additional point of contact for county jails.

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

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6. Describe how, within two years from approval of the expenditure authority, the state will effectuate a policy to **identify Medicaid and CHIP eligible individual**s, or individuals who would be eligible for CHIP, except for their incarceration status. Include in the description how the state will implement a screening process to **identify individuals who qualify for pre-release services** in line with the qualifying criteria outlined in the state's STCs. *(The information being requested here aligns with information required under Milestone 1.)*

    Screening for Medicaid Eligibility:
    - **DOC:** DOC will update their case management policy (established in 2020) to screen all interested individuals for Medicaid eligibility at the 90-day mark prior to their anticipated release date. In advance of this time, DOC case managers will educate individuals on Medicaid benefits, including the community reentry program. If the DOC resident is not yet enrolled in Medicaid and is interested in applying, the DOC case manager will assist interested residents in completing the Medicaid eligibility screening process, including working with the resident to complete an online application via the NH EASY portal.
    - **County Jails:** County jails will mirror the approach for DOC described above. DHHS will work with counties to establish a new case management process whereby county jails screen all interested individuals for Medicaid eligibility at least 45 days prior to their anticipated release date, for sentences at least 45 days in length. For sentences less than 45 days in length, county jails will initiate Medicaid eligibility screening at the commencement of the sentence. County jail case managers will educate individuals on Medicaid benefits, including

the community reentry program. If the county jail resident is not yet enrolled in Medicaid and is interested in applying, the county jail case manager will assist interested residents in completing the Medicaid eligibility screening process, including working with the resident to complete an online application via the NH EASY portal.

If DHHS determines that the resident is Medicaid eligible, the resident's eligibility will automatically be suspended. Once the resident is 45 days from their anticipated release date, DHHS will unsuspend the Medicaid eligibility and enroll the individual in the community reentry benefit plan to facilitate delivery of reentry demonstration services.

Qualifying for Pre-Release Services:
Individuals will qualify for pre-release services under the demonstration if they are 1) Medicaid eligible; and 2) Determined to have either Substance Use Disorder (SUD) and/or Serious Mental Illness (SMI). DOC currently assesses for SUD and SMI upon admission and throughout a resident's stay. DOC utilizes evidence-based and nationally recognized screening tools to identify SUD/SMI, including the Ohio Risk Assessment (ORAS), Adult Needs and Strengths Assessment (ANSA), and American Society for Addiction Medicine (ASAM) Intake Assessment. NH is in the process of revising the NH EASY application to add a yes/no indicator for SUD/SMI in the DOC version of the application. This will enable NH DOC case managers to identify individuals with SUD/SMI during the Medicaid application process, and will flag the appropriate individuals as qualifying for pre-release demonstration services in NH's eligibility systems.

7. Minimum pre-release benefit package:
   ☒ The state attests that Medicaid-eligible individuals who are identified as demonstration participants will have access to the minimum short-term pre-release benefit package, which, at a minimum, includes the services listed below. (Provide the Medicaid benefit category or authority for each service in the space provided.)
   - Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN) (if applicable): (1905(a)(19), 42 CFR 440.169 and 42 CFR 441.18)
   - Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: (1905(a)(29)
   - 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: (1905(a)(12), 42 CFR 440.120(a) and 42 CFR 441.25)

8. Additional pre-release services:
   - Does the state intend that Medicaid-eligible individuals who are identified as demonstration participants will have access to any pre-release services that are in addition to the minimum benefit services addressed in question 7? ☒ Yes ☐ No
     - If yes, list the additional pre-release services in the table below, along with the Medicaid benefit category or authority for each service:

Pre-release service	Medicaid Benefit Category or Authority

Peer Support Services	SSA 1115 Demonstration
Community-Based Provider Intake	Other diagnostic, screening, preventive, and rehabilitative services (1905(a)(13), 42 CFR 440.130)

  - If no, skip down to question 9.

- If yes, does the state intend to phase-in the additional pre-release services? ☐ Yes ☒ No
  - If yes, complete the information in the Appendix A table template regarding participating facilities' Service Level selections and implementation timelines.

9. Describe any challenges not already described in the milestone 2 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

- Challenge: Medicaid eligibility processes are not immediate. Medicaid eligibility must be determined prior to 45 days before release to allow an individual to begin receiving services on day one of the demonstration period. This challenge is universal to Medicaid eligibility and would therefore apply to both DOC facilities and county jails.
  - DOC Mitigation Approach: DOC is implementing a new process to assess Medicaid enrollment status 90 days prior to expected release. This will allow DOC to submit new Medicaid applications for individuals not already in suspended status well in advance of the beginning of the demonstration period. This new 90-day eligibility scan will be implemented on January 1, 2025. DOC case managers have received training in this new process. DOC applications will also be routed specifically to specialized eligibility personnel to process said applications.
  - County Mitigation Approach: Note that due to the shorter length of stay in county jails compared to state prisons, it is likelier that individuals who are Medicaid enrolled upon incarceration will maintain eligibility throughout their sentence. To help expedite enrollment for individuals not yet enrolled in Medicaid upon incarceration, county jails will provide educational materials to proactively inform residents regarding Medicaid eligibility benefits and options. County jails will work with individuals to complete the Medicaid eligibility screening process at the earliest feasible opportunity.
- Challenge: Both DOC and county jails often receive short notice of parole dates. In order to ensure the benefit services can be delivered, identifying release dates as early as possible is critical.
  - DOC Mitigation Approach: DOC has conducted outreach to the parole boards to emphasize the benefits of advanced parole date notices. Additionally, DOC has identified events which provide reasonably likely predictability of the release date, including the scheduling of parole hearings approximately 60 days from release. DOC will continue to review key event indicators and actual release date data to fine tune the ability to identify the pre-release window.
  - County Mitigation Approach: DHHS will work with county jails in advance of launch to identify outreach opportunities to stakeholders who participate in the parole

date determination and notification process. DHHS will share learnings from DOC's work to identify events which indicate predictability of release dates and support counties as they review key event indicators and actual release date data.

- Challenge: Parole release dates may shift after the initial release date is published due to several factors, including issues with an individual's home plan or new disciplinary charges. This may potentially happen even after an individual has begun the reentry program. This poses challenges calculating the correct start / end date for the 45-day demonstration window. This challenge applies to both DOC and county jails.
    - DOC Mitigation Approach: If an individual's release date is delayed and notice of the delay occurs prior to the start of the 45-day demonstration period, DOC will update the anticipated release date in the individual's case file to ensure the demonstration does not start until the 45-day pre-release window. If the release date is delayed and notice occurs after the 45 days pre-release window has started, DOC will contact the DHHS reentry team and inform them of the delay. If the new release date is within 90 days of the original release date, DHHS will simply "pause" the clock on the 45 benefit days and resume the remaining number of days prior to the new release date. If the release date is delayed more than three months, the individual will be newly eligible for the full 45-day benefit period to ensure that release planning efforts are up to date and reflective of an individual's current needs. DHHS and DOC worked together to create this policy and have presented this approach to DOC case managers during the December 2024 training. DOC and DHHS will continue to monitor the effectiveness of this policy closely throughout demonstration year one.
    - County Mitigation Approach: County jails will mirror the approach described above. County jail case managers will receive training to support implementation prior to launch in each county. DHHS will also work closely with counties to understand the effectiveness of this approach in the immediate time period following implementation.
- Challenge: Neither DOC nor county jails have experience billing Medicaid. This is an essential function to facilitate the expanded delivery of post-release prescription medications.
    - DOC Mitigation Approach: DHHS has enrolled DOC pharmacy as a Medicaid provider. Enrollment applications for the MCO PBMs is in process at all the PBMs (this process is on track to be completed when needed). DOC has identified a billing software solution. DOC is in the process of testing Medicaid claims processing and identifying any needs for additional support.
    - County Mitigation Approach: DHHS will work with counties to enroll their pharmacy / pharmacy contractor as a Medicaid provider well in advance of implementation. DHHS will also support counties in the process of applying for the MCO PBMs and coordinate communications between counties and MCOs. Finally, DHHS will share learnings from DOC's software solutions and processes for submitting Medicaid claims to support counties as they identify a billing solution. DHHS understands that many counties utilize shared contractors and has scheduled initial meetings with the vendor to discuss enrollment and billing in Medicaid.
- Challenge: Access to providers, especially behavioral health providers, can be challenging. Such providers are essential partners in delivering pre-release services.
    - Mitigation Approach: DHHS has identified a list of intended community provider partners, including peer support services. DHHS provided MCOs with this list, and

the MCOs are currently in the process of expanding their provider networks to incorporate additional community-based provider options as needed. Additionally, DHHS has conducted targeted outreach with providers including CMHCs to educate them on their role in the success of this demonstration. Moving forward, DHHS will schedule additional provider outreach sessions in December 2024 and January 2025.

SMDL Milestone 3: Promoting continuity of care.

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

Pre-Release:
DOC case managers currently create and update comprehensive reentry plans for each resident upon admission and throughout their stay. The DOC reentry plans document information including risk assessments, housing and transportation plans, community resources, employment details, family resources, attainment of vital records and identification and follow-up appointment schedules and contacts.

As part of NH's reentry demonstration, eligible individuals will be enrolled in MCOs during the pre-release window. MCOs will be required to begin care management activities during this time period. As part of this process, MCO care managers will be responsible for creating a person-centered care plan for each member. To support this process, DOC case managers will assist in scheduling intake conversations with the resident and the MCO care manager and will participate in said intake conversations to provide a warm linkage. During this meeting, the MCO care manager will lead an intake conversation to understand the individual's needs and will utilize the information gathered to create a person-centered care plan. This person-centered care plan will document all of an individual's identified medical, pharmaceutical, dental, education, social, behavioral health or other service needs, with an emphasis on needs related to SMI/SUD. This plan outlines what is needed to manage the individual's care needs and helps organize and prioritize care and treatment, including referrals relative to health-related social needs. For individuals participating in reentry, the plan must also describe the coordination of dispensing 30 days of post-release meds prior to or at release.

MCO care managers will work with the individual throughout the pre-release period to continue developing and updating this person-centered care plan. MCOs will work in partnership with DOC case managers to ensure continued sharing of information throughout the pre-release time period and to support updates to both the DOC reentry plan document and the person-centered care plan that will follow an individual through their journey into the post-release time period. DOC will also help facilitate information sharing releases to support these pre-release care management activities.

Note on County Implementation: DHHS is in the process of conducting readiness assessments in partnership with county facilities to better understand current case management processes, including

relevant documentation, in each county. DHHS will work with each county to identify existing documentation of physical and behavioral health needs, as well as identified HRSN (if applicable) and consideration for long term services and supports (LTSS). DHHS will support each county in creating a process to share existing documentation with MCOs to expedite the process of MCOs creating person-centered care plans. Counties will mirror the coordination approach with MCOs described above and work in partnership with MCOs to censure continued sharing of information between county case managers and MCO care managers throughout the demonstration period.

Post-Release:

Following an individual's reentry into the community, MCOs will continue to provide care management utilizing the person-centered care plan developed with the member during the pre-release period. Individuals who participate in the community reentry demonstration will be designated as an MCO priority population for one year following release. MCO contract language and written guidance will detail that post-release care management must include, at a minimum, monthly contact to review and update the person-centered care plan as necessary.

11. Case manager process and policies:

☒ The state attests to having processes and policies to ensure that case managers coordinate with providers of pre-release services and community-based providers (if they are different providers) and facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care.

☒ The state attests to having processes to facilitate coordination between case managers and community-based providers in communities where individuals will be living upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar. *(This attestation additionally aligns with requirements under Milestone 2.)*

☒ The state attests to having policies to ensure that case managers have the necessary time needed to respond effectively to individuals who are incarcerated and transitioning back into the community. *(This attestation additionally aligns with requirements under Milestone 4.)*

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

MCO Priority Population:
Under the new MCO contract amendment, individuals who participate in the community reentry demonstration will be designated as an MCO priority population for one year following reentry. Ongoing care management activities for this population will include monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively

implemented and adequately addresses the needs of the eligible individual and which may include the individual, family members, service providers, or other entities or individuals. Follow-up and monitoring activities should be conducted as frequently as necessary, including at least monthly ongoing monitoring.

Provider Prioritization:

DHHS is designating reentry participants as a priority population for both Community Mental Health Centers (CMHCs) and The Doorway. (The Doorway connects individuals to the supports and services for SUD including: screening and evaluation, treatment including Medication Assisted Treatment, prevention, including naloxone, supports and services to assist in long-term recovery and peer recovery support services)

This means that participants will be prioritized when scheduling appointments with CMHCs and Doorway. Additionally, MCOs will work with individuals to establish both pre- and post- release appointments early in the reentry time period to ensure that individuals have timely access to appointments and related services upon reentry.

13. If the state is implementing the demonstration through managed care, please attest to the item below. If not, skip down to question 14.

    ☒ The state attests that the managed care plan contracts reflect clear requirements and processes for transfer of a member's relevant health information upon release to another managed care plan or, if applicable, state Medicaid agency (e.g., if the beneficiary is moving to region of the state served by a different managed care plan or to another state after release) to ensure continuity of coverage and care.

14. Describe any challenges not already described in the milestone 3 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

- Challenge: It can be difficult to schedule appointments with Medicaid providers in a reasonably short timeframe.
    - Mitigation Approach: To provide advanced lead for community-based appointments post-release, MCOs will work to identify service needs early in the demonstration period. This will allow MCOs to schedule post-release appointments while the individual is still incarcerated and expedite the time from release to first post-release appointments. DHHS is utilizing MCOs for care management responsibilities, which allow MCOs to schedule within their own networks in a timelier manner.
- Challenge: MCOs will have a limited period of time to create the person-centered care plan and to identify needed appointments. It is critical to identify needs as quickly as possible in order to facilitate quick access to both pre- and post-release appointments.
    - Mitigation approach: DOC will create an information release process to utilize existing reentry planning information and share with MCOs on an expedited timeline. DOC is in the process of modifying existing information releases and expects to have a process for sharing reentry plan documents and discharge summaries with MCOs in place by February 2024.

- Challenge: MCOs must quickly establish a relationship with individuals in order to effectively identify service needs and connect with the appropriate community resources.
    - Mitigation Approach: MCOs will coordinate with the DOC case managers to schedule an initial warm introduction with the DOC case manager, MCO care manager, and the demonstration participant. The goal of this meeting is to accelerate the process of relationship building and post-release service planning / scheduling. These meetings will be one of the first priorities upon reentry participation and will occur in the first week of individual's demonstration participation. Note that DOC case managers and MCOs have already begun coordination, as MCO care coordinators participated in an introduction session as part of the DOC case management training that occurred December 2025.

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

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

    Pre-Release
    NH is adding new language to the forthcoming MCO contract amendment to require that MCOs begin care management activities during the 45-day pre-release period. MCOs will track care management activities via submission of billing codes to MCOs. DHHS will also conduct regular case management review sessions with MCOs and DOC to ensure that case management is occurring in a timely manner as individuals become eligible for pre-release services.
    Post-Release:
    Post-release, MCOs will be paid the appropriate monthly capitation payments for individuals who continue to receive Medicaid services through that MCO. Former community reentry participants will continue to be designated as a priority population for one year following reentry. Ongoing care management activities for this population should include monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may include the individual, family members, service providers, or other entities or individuals. Follow-up and monitoring activities should be conducted as frequently as necessary, including at least monthly ongoing monitoring.

    Individuals may also wish to pursue additional ongoing case management with CMHCs or Doorways. All interested participants in community reentry will have the opportunity to participate in a pre-release screening with CMHCs / Doorways (or other community-based provider) and may establish a full intake appointment to assess eligibility for services such as TCM post-release.

16. Describe any challenges not already described in the milestone 4 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

- Challenge: Individuals may have limited transportation available to access post-release appointments in the community.
    - Mitigation Approach: DOC currently partners with local Archways to assist with transportation from DOC to post-release residential services. The addition of MCOs as a pre-release care delivery partner will allow MCOs to identify additional transportation options for other settings, including sober living arrangements. DHHS meets weekly with the MCOs to discuss support for demonstration activities. Future December 2024 agenda items include further documenting options for non-emergency medical transportation post-release.
- Challenge: Community-based providers may have limited knowledge of services and care delivered pre-release.
    - Mitigation Approach: NH is working to implement closed loop referral (CLR). CLR will be implemented as part of the reentry demonstration in order to facilitate information sharing and improve continuity of care between providers. NH's goal is to implement CLR as part of reentry by end of demonstration year one.

SMDL Milestone 5: Ensuring cross-system collaboration.

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

    Data Exchange:
    DHHS and DOC currently have an existing MOU to facilitate inter-departmental information exchanges. NH is in the process of updating this MOU to outline the additional information that will be shared between the departments in support of the demonstration. DHHS is also currently building out Closed Loop Referral (CLR) and anticipates using this system to support data sharing and tracking of service provision in the next phase of the community reentry demonstration.

    Monitoring Protocol:
    DHHS will establish a comprehensive monitoring approach for community reentry, in alignment with its approved demonstration and State monitoring priorities. The approved demonstration requires DHHS to submit a Monitoring Protocol after the approval of the demonstration and regular Quarterly and Annual Monitoring Reports throughout the duration of the demonstration.

    It is expected that DHHS' Monitoring Protocol will include:

    - A selection of quality-of-care and health outcomes metrics and population stratifications.
    - Standardized reporting on categories of metrics, including but not limited to beneficiary participation in demonstration components, number of primary and specialist provider participation, utilization of services, quality of care, and health outcomes.
    - Metrics related to:

- Number of beneficiaries served, and types of services rendered under the demonstration.
- Administration of screenings to identify individuals who qualify for pre-release services
- Utilization of applicable pre-release and post-release services (e.g., care management, MAT, peer support services, acquisition of medications).
- Provision of health or social service referrals pre-release.
- Participants who received care management pre-release and continued to receive care management post-release.

- Methods and timeline to collect and analyze non-Medicaid administrative data to help calculate applicable monitoring metrics

Independent Demonstration Evaluation:
In addition to the Reentry Demonstration Monitoring Protocol, DHHS also intends to establish an overall program monitoring and evaluation approach. Building upon the readiness assessment process described above, DHHS will establish ongoing monitoring and oversight within the correctional facilities to ensure delivery of pre-release services consistent with the approved Demonstration.

18. Engagement of key entities:

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

NH will include the following key entities in stakeholder engagement activities: DOC state prisons, county jails, MCOs, community-based providers including CMHCs and Doorways, peer support agencies, probation parole officers, courts, and providers of related HRSN such as, but not limited to, housing and transportation.

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

NH conducts monthly cross-agency steering committee meetings with leadership from DHHS and DOC to coordinate implementation activities and align on engagement of additional stakeholder such as MCOs and community-based providers. These meetings serve as the overarching framework for coordinating engagement with key entities. For example, the steering committee guides the design of weekly summits with MCOs to discuss demonstration requirements and outline new care management processes. In the future state, NH will continue to convene these monthly steering committee meetings to coordinate engagement activities.

The below table summarizes NH's ongoing and future planned engagement with various key stakeholders. Note that this is considered a living document, as NH plans to regularly revisit and update engagement strategies as demonstration needs require. NH will provide updates on stakeholder engagement in the monitoring reports submitted to CMS.

Category	Entities	Ongoing/Prior Communications	Future Communications
Internal Personnel	DOC case managers	• Information sharing from DOC leadership on program basics	• Two-pager on demonstration • Kick-off meeting to review processes • Policy documentation
Internal Personnel	DHHS eligibility team	• Weekly eligibility summits • Change request documentation	• Policy documentation • Formal training
Delivery Partner	CMHCs and Doorways	• Townhall meetings on program basics	• Additional townhalls to communicate specifics
Delivery Partner	MCOs	• Weekly MCO Summits	• Written MCO guidance
Delivery Partner	WIOA, homeless shelters, FQHCs, other resources in housing/employment services	• N/A	• Virtual stakeholder convening
Delivery Partner	NH Parole Board	• DOC communications from leadership	• Continued DOC engagement
Other	Governor's Advisory Comm. on Mental Illness and the Corrections System, Governor's Advisory Comm. on Alcohol and Other Drugs	• Presentations from DOC and DHHS leadership	• Continued information sharing regarding status of program launch
Other	MCAC	• Presentation re: demonstration approval	• Presentation re: demonstration launch
Other	Individuals currently incarcerated	• Information sharing from DOC CMs	• One-pager on demonstration • Presentation to Resident Communications Committee
Other	General public	• Press release re: CMS approval	• Press release re: launch

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

    DOC currently utilizes a tablet-based communication and educational tool to share resources and information with residents. NH is designing materials about the benefits of Medicaid and the community-reentry program to share via this program. Additionally, NH is developing a one-page program summary to share as a flier to publish on digital signs for staff and to publish throughout the DOC facilities. This information will also be disseminated to county jails as they implement the program. DOC case managers will receive additional information to share with residents and will be encouraged to discuss Medicaid and community reentry as part of reentry planning conversations. Similarly, NH will share these additional materials with county jail case managers in advance of implementation in each county to support Medicaid and community reentry planning conversations.

    Additionally, NH is planning to present information about the demonstration to DOC's Resident Communications Committee (RCC) to assist in spreading awareness about the program within facilities via peer education. DHHS will work with individual counties to identify communications venues where it would be appropriate to share information directly with residents to encourage continued awareness and peer education around the reentry program.

    Note on County Implementation: DHHS has established a connection with correctional leadership in all ten counties, including presenting at the NH Association of Counties Executive Committee meeting. DHHS will continue to communicate with counties through these monthly leadership meetings as needed. Following completion of the county readiness assessments in early 2025, and establishment of the rollout timeline shortly thereafter, DHHS will establish more regular check-ins with individual counties who are in the first wave of implementation. DHHS plans to mirror the implementation workgroup structure, including communications processes, utilized for DOC when preparing counties to implement. This includes organizing MCO summits with each county in advance of implementation (to be scheduled once implementation schedule for counties is determined following the formal readiness assessment process).

20. Describe any challenges not already described in the milestone 5 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

    - Challenge: DOC and DHHS will need to work together in a closer and more frequent manner than is currently occurring.
        - Mitigation Strategy: DOC and DHHS will continue to conduct at minimum monthly leadership summits (described above) throughout demonstration year one. DOC and DHHS have created a revised MOU to formalize data sharing operations. This MOU is in the process of being finalized. Additionally, DOC has committed to increasing the file frequency of admissions and releases sent to DHHS. This new frequency of file transmissions will be implemented in the first quarter of calendar year 2025.
    - Challenge: Initial implementation will require extraordinarily close communication between DHHS and DOC as individuals work to become more familiar with demonstration operations.
        - Mitigation: DHHS and DOC are standing up frequent operational updates to identify and escalate any demonstration questions. These new operational update meetings will occur at least twice a week throughout the first three months of demonstration implementation.
    - Challenge: Post-release DOC oversight entities (ex: parole officers) have limited insight into individual's activities and success indicators, including confirmation of after care.
        - Mitigation Approach: MCOs will continue to provide enhanced care coordination for a period of one year post-release to monitor delivery of post-release services. DHHS is currently exploring opportunities for MCOs to share out monthly progress updates with the DOC parole officers (PPO). We expect this new MCO > PPO feedback process to be implemented during demonstration year one.

Reducing Health Disparities

21. Describe the state's strategies to **drive positive changes in health care quality for all beneficiaries** through the reentry demonstration, thereby reducing health disparities, and **address how the strategies will be integrated** and how the state will meaningfully **involve the population of focus** into the demonstration implementation and the approach for monitoring and evaluation.

    NH has established the following goals to drive positive changes in health care qualities for demonstration participants:
    - Increase coverage, continuity of care, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in correctional facility settings prior to release
    - Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry
    - Improve coordination and communication between correctional systems, Medicaid systems, managed care plans (as applicable), and community-based providers
    - Increase additional investments in health care and related services, aimed at improving the quality of care for individuals in correctional facility settings, and in the community to maximize successful reentry post-release

- Improve connections between correctional facility settings and community services upon release to address physical and behavioral health needs
- Reduce all-cause deaths in the near-term post-release
- Reduce the number of emergency department visits and inpatient hospitalizations among recently incarcerated Medicaid individuals through increased receipt of preventive and routine physical and behavioral health care
- Provide interventions for certain behavioral health conditions, including use of stabilizing medications like long-acting injectable antipsychotics and medications for addiction treatment for SUDs where appropriate, with the goal of reducing overdose and overdose-related death in the near-term post-release

NH is currently working to build out CLR, with the goal of improving provider connectivity, enhancing care coordination, and improving health outcomes. CLR will be implemented as a key component of the community reentry demonstration to help monitor and enhance beneficiary health across programs and ensure transparency of outcome tracking.

As described in the communications section above (question 18), NH has identified DOC residents as a key stakeholder group and is prioritizing engagement and communication with residents as the population of focus. To support effective ongoing engagement with residents, NH is first focusing on education and communication around the demonstration. This awareness phase will include sharing resources via the tablet-based educational program, case managers, and fliers.

NH has also identified the DOC RCC as a key opportunity to engage with the population of focus throughout the demonstration and receive ongoing input from DOC residents. NH is planning to present information about the reentry demonstration to the RCC to assist in spreading awareness about the program within facilities via peer education. Following this initial awareness-building phase, NH plans to continue engaging regularly with the RCC to support continued information sharing, as well as to provide a dedicated opportunity for residents to share experiences and insight into the demonstration operations with DOC and DHHS.

Reinvestment Plan

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

NH is primarily utilizing the demonstration funding to support new services not currently offered by carceral settings, including pre-release intake appointments with community-based providers and peer support services.

However, NH will utilize federal matching funds through the demonstration to support the following two carceral health care services already in existence:

- Supply of prescription meds upon release. Note that the current policy at DOC is 14-30 days, depending on the resident, but in the future state this supply will be expanded to 30 days for all residents. County jail policies vary.

- MAT medications provided during the pre-release period (currently provided by DOC and funded through SOR)

Given the relatively small share of federal matching funds that NH will receive for existing carceral health care services, NH plans to meet the reinvestment requirement through the state's share of expenditures for new and expanded pre-release services under the demonstration, as outlined in the SMDL released on April 17, 2023.

These new and expanded pre-release services include:

- (New) Pre-release community-based provider intake appointments
- (New) Peer support services
- (Expanded) Additional supply of post-release medications

Consolidated Appropriations Act Population

23. ☐ The state attests to complying with all requirements outlined in section 5121 of the CAA by including the population in the section 1115 demonstration. ☐ The state attests to complying with all requirements outlined in section 5121 of the CAA by including the population in the section 1115 demonstration. If the state plans to partially cover the required population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here:

`Note: NH is implementing the requirements of section 5121 of the CAA through a State Plan Amendment (SPA). Individuals who potentially who potentially qualify for both the 1115 and services through 5121 will receive both services through the SPA and the waiver. When services between 5121 and the 1115 demonstration overlap, such as case management, NH will default to utilizing the 1115 demonstration authority, including for such purposes as federal reporting requirements (i.e., the CMS 64 report).

- **Youth Eligibility Under 5121:**
  - Eligible population includes children and youth who are:
    • Enrolled in Medicaid or CHIP;
    • Under 21 years of age or between the ages of 18 and 26 under the mandatory former foster care eligibility group; and
    • Being held in a carceral facility post-adjudication (i.e. after conviction).
  - Carceral Settings: Correctional facilities that are subject to the requirements are defined as all types of carceral facilities where eligible children and youth are incarcerated, including: state prisons, local jails, tribal jails and prisons, and juvenile detention and youth correctional facilities.
    - Participating DOC State facilities will include: New Hampshire State Prison for Men, New Hampshire Correctional Facility for Women, Northern New Hampshire Correctional Facility, the Transitional Work Center, and the Secure Psychiatric Treatment Unit. New Hampshire also operates three Transitional Housing Units (THUs). The vast majority of individuals releasing from the NH THUs are classified as C1, which qualifies an individual for full Medicaid (if eligible). Therefore, it is

theoretically possible, but unlikely that there would be any demonstration participants at the THUs.

- Participating youth correctional facilities will include Sununu Youth Services Center (SYSC). This is the only youth correctional facility in NH.
- Federal prisons are not included.
- Jails: DHHS plans to conduct a phased approach to demonstration launch in county-based facilities, starting in CY2025. The order of launch in county facilities will be determined according to individual county readiness. DHHS is currently in the process of meeting with all ten counties to conduct a preliminary assessment of individual county readiness and has completed five assessments to date. NH expects to complete all ten preliminary county assessments by January of 2025. Please see the implementation settings section above for a description of initial findings from these pre-release readiness assessments.
- DHHS is also creating a formal readiness assessment to codify the core elements of facility readiness described above and will utilize this formal assessment to determine the exact schedule for demonstration launch in each county. After completing the initial assessments**,** DHHS will partner with all ten counties to complete the readiness assessment jointly in preparation for launch in each jail. We anticipate beginning this process in March 2025.

➢ Covered Services under youth reentry:

- Targeted Case Management (TCM): TCM will be delivered beginning the 30 days pre-release and continuing 30 days post-release. TCM will be delivered via the MCO case managers for all individuals enrolled in managed care.
    - TCM will include:
        - comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services;
        - Developing a person-centered care plan;
        - Referral and relative activities to help the individual obtain needed services to address identified needs and achieve goals specified in care plan;
        - Availability in the geographic region of the home/residence of the eligible juvenile (where feasible);
        - Covered services available under state plan or waiver; and
        - Monitoring and follow up: activities/contacts necessary to ensure that care plan is effectively implemented and adequately addresses needs of the individual.
    - TCM services may include the individual, family members, services providers, and other entities/individuals.
    - Monitoring and follow-up activities must be conducted at least once annually but should be completed as frequently as necessary.
    - If TCM is transitioned to a new case manager post-release, DHHS will ensure a warm hand-off and support continuity of care, including a meeting between member, pre-release case manager, and post-release case manager.

        - TCM will primarily be delivered via telehealth, but may be delivered in person, as necessary.
    - Physical exams and screening services, including:
        - An annual physical (new or established patient appointment);
        - Assessment of emotional or behavioral problems;
        - Administration of an HRA (patient-focused or caregiver-focused, as appropriate);
        - Annual alcohol screening;
        - Annual depression screening;
        - Dental screenings;
        - STD screenings, as appropriate; and
        - Diagnostic services, as appropriate.
    - Delivery method: All youth community reentry services will be facilitated by the MCOs. The MCOs will receive a kick payment for coverage of youth reentry services.
- **Youth Eligibility Under 5121 & Adult Eligibility Under 1115:**
    - Covered Populations: For any eligible youth who are also eligible for the Adult CRE benefit plan, the Member will receive both benefit packages. This will include any eligible youth who are over the age of 18 and have a Substance Use Disorder (SUD) or Serious Mental Illness (SMI) diagnosis as determined by the carceral facility. The existing eligibility rules for both adult CRE and youth CRE continue to apply. The MCO will be providing the services for the combination youth/adult benefit plan.
    - Covered Services: All individuals eligible for youth/adult services will have coverage for the full scope of adult community reentry pre-release benefits as well as the full scope of youth community reentry pre-release and post release benefits, as defined above in this implementation plan.
    - Delivery method: All youth/adult community reentry services will be facilitated by the MCOs. The MCOs will receive one kick payment for coverage of the youth/adult combined benefit of reentry services.

24. ☐ The state attests to covering all or a portion of the optional CAA population outlined in section 5122 of the CAA by including the population in the section 1115 demonstration.
    - If the state plans to partially cover the optional population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here: Individuals who fall into both will receive 1115 services as well – describe
25. Describe the state's internal operational plan for CAA populations and services that do not overlap with the section 1115 demonstration. The internal operational plan should include all the requirements outlined in "Section 5121 of the CAA, 2023 Internal Operational Plan" of the State

Health Official Letter (SHO) #24-004.[2] If the state has already submitted this plan separately, please indicate below.

Please note that per previous CMS guidance, NH plans to utilize the operational policies described in the above implementation plan for both the 1115 demonstration and 5121. NH can however make a formal operational plan for 5121 available upon request by the end of January 2025.

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

Appendix A: Reentry Implementation Phase-in Approach Template

If a state is intending to phase-in additional pre-release services, provide the information below regarding the services in each Service Level, the number of facilities anticipated to provide each Service Level, the associated timeline for implementation, and any challenges and/or barriers that facilities may experience in providing a service/s or Service Level/s.

Service Level Description

1. In Table 1 below, provide the services included in each Service Level. Add more rows as necessary.

Table 1: Services in each service level.

Service Level	Services included in the Service Level
1 (Minimum benefit package)	• Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN): Medicaid benefit/category • Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: Medicaid benefit/category • 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: Medicaid benefit/category • Access to clinical consultation for behavioral health needs (including pre-release screenings with community-based providers such as CMHCs and Doorways) • Peer support services

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

Service Level Information by Facility Type

3. In Table 2 below, provide the requested information regarding the number of facilities anticipated to provide each service level, by facility type and demonstration year. Indicate the demonstration year (DY) for implementation, as well as the DYs following implementation, in the table, adding service level columns and types of facility rows as needed.

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

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

		Service Level 1 (Minimum Benefit Package)	Service Level 2	Service Level 3	Service Level 4
State Prisons	Planned number of facilities offering each service level	8			
	Number of facilities anticipated to offer service level at implementation (during DY1)	8			
	Number of facilities anticipated to implement service level, by DY				
	DY				
	DY				
	DY				
	DY				
County/Local Jails	Planned number of facilities offering each service level	10			
	Number of facilities anticipated to offer service level at implementation	10			
	Number of facilities anticipated to implement service level, by DY				
	DY				
	DY				

	DY				
	DY				
Youth Correctional Facilities	Planned number of facilities offering each service level				
	Number of facilities anticipated to offer service level at implementation				
	Number of facilities anticipated to implement service level, by DY				
	DY				
	DY				
	DY				
	DY				
	Planned number of facilities offering each service level				
	Number of facilities offering service level at implementation				
	Number of facilities anticipated to implement service level, by DY				
	DY				
	DY				
	DY				
	DY				