

NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Abbreviated Notice of Proposed Medicaid and Children's Health Insurance Program

Re-entry Initiative Demonstration Waiver Amendment Pursuant to Section 1115 of the Social Security Act

This abbreviated public notice provides information regarding the proposed amendment request to the U.S. Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services for a "Re-entry Initiative" to better support individuals' re-entry from incarceration to the community. Specifically, the State of Connecticut's Department of Social Services (DSS) proposes to amend its Medicaid Substance Use Disorder (SUD) Demonstration Waiver pursuant to section 1115 of the Social Security Act, effective on or after July 1, 2024, for Medicaid Coverage for Justice-Involved Population Re-entry (Re-entry Initiative).

The Re-entry Initiative will enable Medicaid coverage and federal financial participation (FFP) using Medicaid and Children's Health Insurance Program (CHIP) matching funds for adults incarcerated in correctional centers (jails and courthouses) and correctional institutions (prisons), and youth detained in juvenile and community residential centers throughout the State receiving a targeted benefit package that would ordinarily not be covered under federal law. This Re-entry Initiative will ensure a continuum of care strategy that enables robust coordination, service provision, and community connections after release.

Where the Demonstration is Posted

All information and materials pertaining to the Amendment, including the full public notice, public hearing dates and times, public comment submission instructions, and a copy of DSS's full demonstration draft amendment are posted to the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/1115-Justice-Involved-Demonstration-Waiver>. Please check this website regularly for updates.

The proposed Demonstration and related materials may also be obtained upon request from DSS, at any DSS field office, or the Town of Vernon Social Services Department.

Where and When to Submit Written Comments

To send comments about the Demonstration, please email: CT-Justice-Involved-Waiver@ct.gov or write to the Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. In any correspondence, please reference "Re-entry Initiative 1115 Demonstration". **The public comment period will be open for 30 days from January 9, 2024 to February 8, 2024. All written comments in response to this public notice must be received by DSS within that time period.**

Public Hearings

In addition to the opportunity for anyone to send DSS written comments as noted above, there will also be two electronically convened public hearings to afford anyone the opportunity to provide DSS with verbal comments. Members of the public will be invited to make comments via the telephone or the virtual platform, Zoom, as follows:

Public Hearing Convened by the Connecticut General Assembly Medical Assistance Program Oversight Council (MAPOC)

January 12, 2024 at 1:00 PM: Join Zoom Meeting:

<https://zoom.us/j/95808481439?pwd=VFpMaGxkNGx5RGxaS3ZZQ0hmdjNCdz09>

+1 646 931 3860 US, Meeting ID: 958 0848 1439, Passcode: 435459

Public Hearing Webinar Hosted by DSS

January 25, 2024 — 10:00 AM–12:00 PM: Join Zoom Meeting: <https://us06web.zoom.us/j/81205056493?pwd=HyyAHqZ7NAHXBUxbMKxDalh0ytbrUl.1>

+1 646 931 3860 US; Meeting ID: 812 0505 6493, Passcode: 800524

Summary of Re-Entry Initiative

Connecticut is requesting this authority to design and implement a “Re-entry Initiative” that provides:

1. **Medicaid Coverage** for eligible inmates in the State’s correctional system, including all correctional centers (jails and courthouses) and correctional institutions (prisons), and juvenile and community residential centers throughout the State. Eligible inmates include those with behavioral health needs, including mental health disorders, and substance use disorder (SUD), certain other health conditions and detained youth.
2. A **Targeted Benefit Package** for these individuals to include case management services, medication-assisted treatment for SUD, a 30-day supply of medications upon release, and certain other supportive services.
3. A **Coverage Period of Up to 90 Days** immediately prior to the release of the eligible individual from the correctional system.
4. **Services to Address Health Related Social Needs (HRSN)** for the justice-involved (JI) population transitioning from correctional centers (jails and courthouses) and correctional institutions (prisons), and juvenile and community residential centers throughout the State.

Connecticut’s specific goals for the Re-entry Initiative are to:

1. Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
2. Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during re-entry;
3. Improve coordination and communication between correctional systems, Medicaid systems, administrative services organizations, and community-based providers;

4. Increase additional 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 re-entry post-release;
5. Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and HRSN;
6. Reduce all-cause deaths in the near-term post-release; and
7. Reduce the number of emergency department (ED) visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

The State also intends to help address unmet needs related to a lack of adequate housing support. These conditions contribute to poor health for individuals transitioning from correctional centers (jails and courthouses), correctional institutions (prisons), and juvenile and community residential centers throughout the State and addressing them is key to successful re-entry. Connecticut requests authority to claim FFP in HRSN infrastructure investments in order to support the development and implementation of JI HRSN services, not to exceed 15% of the total JI HRSN spend.

To receive services under the Re-entry Initiative, a beneficiary will need to meet all of the following qualifying criteria:

- Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010, and be incarcerated in a State correctional system, including all correctional centers (jails and courthouses) and correctional institutions (prisons), and juvenile and community residential centers; and
- Be enrolled in Medicaid or otherwise eligible for CHIP if not for their incarceration status; and
- Identified as expected to be released in the next 90 days and identified for participation in the Demonstration; AND
- One of the following conditions:
 - Is an individual incarcerated in a juvenile and/or community residential center; or
 - Is an adult and meets one of the following diagnosis or population requirements:
 - Mental illness (MI);
 - SUD;
 - Co-occurring MI/SUD;
 - Chronic condition or significant non-chronic clinical condition;
 - Intellectual disability;
 - Acquired brain injury, including traumatic brain injury;
 - Positive test or diagnosis of HIV/AIDS; or
 - Currently pregnant or within a 12-month postpartum period.

This Re-entry Initiative will not change the underlying Medicaid program or CHIP; in particular, it will not change the current Connecticut fee-for-service delivery system, eligibility requirements, covered services, or cost-sharing. This Re-entry Initiative will allow for the provision of certain approved services within carceral settings in the 90 days prior to release and designate new entities able to coordinate and provide those services. Cost-sharing requirements will not differ from those provided under the State Plan for either Medicaid or CHIP. DSS will determine when each applicable facility is ready to participate in the Re-entry Initiative based on a facility-submitted assessment (and appropriate supporting documentation) of the facility's readiness to implement.

The pre-release services authorized under the Re-entry Initiative include the provision or facilitation of pre-release services for a period of up to 90 days immediately prior to the expected date of release, including the facility's ability to support the delivery of services furnished by providers in the community that are delivered via telehealth. All facilities must implement service level one with the minimum CMS benefits. Service level one is structured as the CMS-required minimum benefit package for pre-release coverage:

- Re-entry transitional case management services to assess and address physical and behavioral health needs and HRSN;
- Medication-Assisted Treatment (MAT), for all Food and Drug Administration approved medications, including coverage for counseling; and
- Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid and CHIP State Plans) provided to the individual immediately upon release from the correctional facility.

The State may define additional service level categories in its implementation plan. Additional service levels may include the following services currently covered under the Connecticut Medicaid and CHIP State Plans:

- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Services by community health workers to the extent covered under the Medicaid State Plan, including those with lived experience;
- Family planning services;
- Screening for common health conditions within the incarcerated population, such as blood pressure, diabetes, hepatitis C, and HIV/AIDS;
- Rehabilitative or preventive services to the extent covered under the Medicaid State Plan, including those provided by community health workers, as applicable;
- Treatment for hepatitis C; and
- Provision of durable medical equipment and/or supplies.

In addition to the pre-release services, qualifying beneficiaries may also receive durable medical equipment upon release, consistent with approved State Plan coverage authority and policy.

Allowable HRSN services for the JI population include:

- Rent/temporary housing for up to six months, specifically for individuals transitioning from correctional centers (jails and courthouses) and correctional institutions (prisons), and juvenile and community residential centers throughout the State;
- Utility costs including activation expenses and back payments to secure utilities, are limited to individuals receiving rent/temporary housing as described above;
- Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention;
- Housing transition navigation services;
- One-time transition and moving costs (e.g., security deposit, first month's rent, movers, relocation expenses, pest eradication, pantry stocking, and the purchase of household goods and furniture);
- Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification;
- Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators, and refrigeration units as wanted for medical treatment and prevention; and
- Medically necessary home accessibility modifications and remediation services such as ventilation system repairs/improvements and mold/pest remediation.

Administrative FFP will be available for the following activities related to JI infrastructure: development for technology, development of business or operational practices, workforce development, outreach, education and stakeholder convening.
