1115 Justice-Involved Medicaid Waiver

Public Comments and Responses

Responses to Public Comments Regarding Connecticut's Waiver Pursuant to Conn. Gen. Stat. § 17b-8 for the Justice-Involved Re-entry Amendment to the Substance Use Disorder Demonstration Waiver Pursuant to Section 1115 of the Social Security Act

Dear Commenter:

Thank you for submitting comments regarding Connecticut's waiver pursuant to section 1115 of the Social Security Act. DSS intends to submit to CMS an amendment to the Substance Use Disorder Demonstration Waiver pursuant to Section 1115 of the Social Security Act for Connecticut's Medicaid program and Children's Health Insurance Program (CHIP) to the federal Centers for Medicare & Medicaid Services (CMS) to implement a Justice-Involved Population Re-entry Initiative (Re-entry Initiative). The Re-entry Initiative will enable Medicaid coverage and federal financial participation (FFP) using Medicaid and 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.

Below are summaries of the comments that DSS received during the public comment period (including written comments sent to DSS and also verbal comments made during MAPOC public hearing held on January 12, 2024) DSS hosted two public hearings on January 25 2024, and February 6, 2024 no verbal comments made at these hearings.

1. **Representative Anne Hughes:** We are very excited to see this Demonstration submitted to help individuals gaining access to health care right before release and to address and to decrease post release deaths.

   Response: Thank you.

2. **Matthew Barrett (Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living):** This is a strong endorsement for the Demonstration. Connecticut has been a leader in the CHESS housing program. I strongly believe that Medicaid should begin in advance of discharge. I am happy to see public hearings on this topic.

   Response: Thank you. Please note that not every medical service will be transferred to Medicaid, only transitional services approved by CMS.

3. **Anthony DiLauro (Executive Director of the Human Services Council):** On page 10 of the Demonstration application, there are estimates of the total number of individuals who are incarcerated. How many individuals are estimated to be eligible annually?

   Response: We expect 12,000 individuals will be eligible annually.

4. **Representative Susan Johnson (House Deputy Majority Leader):** How will seniors be transitioned from correctional facilities into nursing facilities?

   Response: The Demonstration will cover all transitions to nursing facilities for eligible incarcerated individuals, including transitional case management services pre-release.

5. **Yale Transitions Clinic-SEICHE Center on behalf of the Transitions Clinic Connecticut which is based out of the SEICHE Center for Health and Justice at Yale School of Medicine:** We are in **full support** of the Justice-Involved Demonstration Waiver and laud state efforts to submit this application and actualize the changes proposed by this waiver.

   Transitions Clinic Connecticut is comprised of a collection of clinical programs at federally qualified health centers in New Haven, Bridgeport, and Hartford, that are focused on addressing the health needs of people returning to the community after incarceration in Connecticut. They are part of the Transitions Clinic Network (TCN), a national network focused on transforming the health system to better meet the health needs of individuals returning from incarceration. Started 17 years ago, and currently adopted in 48 health centers in 12 states, the model provides tailored, immediate, and patient-centered medical care for people returning to the community from incarceration, addressing the medical needs and health-related social needs of men and women with chronic health conditions and substance use disorders. Core to the model are community health workers with a history of incarceration who are embedded in community clinics. These community health workers help people leaving prison navigate the health system, while also connecting them to services to address their health-related social needs such as housing, food, and employment through collaborations with community agencies.

   Studies of the impact of this model, both nationally and specifically in Connecticut, have shown that it is effective in accomplishing the very goals of the 1115 Demonstration Waiver application, specifically, it improves access to services and care coordination, improves connections between carceral settings and community services and decreases emergency department utilization, hospitalization for preventable conditions, and return to incarceration for technical violations of probation or parole. This model is also **cost saving** to the state, with $2.55 saved for every dollar invested.

   As mentioned above, we are in **full support** of DSS's application for a Medicaid 1115 Justice-Involved Demonstration Waiver.

   Response: Thank you.

5A Yale Transitions Clinic-SEICHE Center: As written, this demonstration project is comprehensive, but despite the promise, there are some areas we would like to highlight as benefiting from further clarification.

Past research studying Medicaid expansion under the Affordable Care Act shows that insurance is necessary but not sufficient for engagement in care. States that are applying for waivers are largely incorporating staff that will assist in the transition of care, and our state proposal refers frequently to case management, but where these staff work, their past experiences with incarceration, and their funding have bearing to how efficacious these programs will be and how smooth the transitions will be. For instance, our research indicates that care management by a community health worker with a personal history of incarceration leads to decreased visits to the emergency department among people recently released from incarceration and less future contact with the criminal justice system. Meeting with a community health worker prior to release from jail has been shown to more than double the attendance at the first medical appointment following release. And yet many health systems do not allow people with criminal records to work in community systems and getting the DOC to allow those with criminal records to enter correctional facilities in Connecticut can be very challenging as well. For the work that this waiver allows to be successful, our state will need to take active steps to address these concerns and open the doors to the DOC to people who themselves have been incarcerated, with a system to allow for adequate permissions.

> **Response:** Connecticut intends to incorporate community health workers with lived experience in incarcerated systems to engage with individuals prior to release and support follow-up care after release. This is envisioned to be a fundamental part of the Re-Entry Transitional Case Management Service Level One as well as the community health worker benefit proposed in later levels.

5B Yale Transitions Clinic-SEICHE Center: A major factor in the success of this waiver will be the funding mechanisms that DSS puts in place that allow for reimbursement for the work of community health workers and case managers. Adequate funding will need to be allotted to compensate community agencies for coming into the DOC to do some this very critical transitional work, and without it, they are unlikely to get involved.

> **Response:** Connecticut intends to work with community agencies to develop adequate and sustainable funding for community agencies who will be providing transitional case management and community health worker services.

5C Yale Transitions Clinic-SEICHE Center:

The re-entry demonstration amendment briefly mentions the planned evaluation to assess outcomes. Constant assessment of outcomes is of critical importance, but we highlight here that the state should also develop a plan for process measures as well. Who benefits from this demonstration, is the benefit distributed equitably, what percent of the transitional work is done by community partners vs correctional workers? We point the state to a recent white paper we have put together with colleagues and input from formerly incarcerated community health workers, and informed by key experts, to

envision process and quality measures that would be realistic, informative and meaningful.

> **Response:** Although not directly mentioned, CMS is developing required process and outcome measures that Connecticut anticipates will mirror the information in the white paper listed. Connecticut publicly reports similar metrics quarterly and annually under the Substance Use Disorder 1115 waiver and anticipates that it will also report the selected CMS Justice-Involved Re-entry metrics on a quarterly and annual basis. These reports will be available publicly in addition to the Demonstration's mid-point assessment, interim evaluation, and summative evaluations provided by the State's independent evaluator.

6. **The CT Community Nonprofit Alliance (The Alliance):** The Alliance is the statewide advocacy organization representing the nonprofit sector. Connecticut's community nonprofits employ more than 118,000 people, over 8% of the state's workforce, and serve more than 500,000 people each year, improving the quality of life in communities across the State.

   We would like to express our appreciation to DSS, for their ongoing efforts to lead the collaborative process which has focused on this important initiative. The involvement of each state agency, as well as representation of all stakeholder groups, has been an essential and appreciated aspect of the process.

   Members of The Alliance are uniquely qualified to provide perspective regarding both the implementation process and impact of the proposed waiver. Community Justice providers support justice-involved individuals and their families, as well as supporting survivors of crime. Along with providers of services related to behavioral health and substance use, they provide critical support related to prevention, as well as reentry. These programs, funded by the Department of Correction (DOC), the Court Support Services Division of the Judicial Branch (JB/CSSD), as well as the Department of Mental Health and Addiction Services (DMHAS), continue to play an essential role in the ongoing success related to criminal justice reform in Connecticut.

   From the perspective of The Alliance, this is an incredible and long-overdue opportunity for the justice-involved population. There is a long-standing prohibition in Medicaid that precludes Medicaid reimbursement for services provided to incarcerated individuals. This is known as the "inmate exclusion." As noted in the 1115 Medicaid Waiver presentation, currently, 16 states have submitted applications to CMS for exclusions. California and Washington have received approvals, and our collective goal would be for Connecticut to follow suit.

   Members of The Alliance are in full support of the goals of the 1115 Justice-Involved Demonstration Waiver, as outlined in the April 17, 2023, State Medicaid Directors' letter,

We envision this process as a critical opportunity to not only achieve change in terms of enhanced support for the justice involved population, but also – an opportunity to affect change with regard to adjusting the system to achieve sustainability moving forward. As the State moves forward with the process, we once again present our willingness to assist in each of the areas which are critical to achieving the success which we all foresee as our collective goals.

Among the issues which the proposed Waiver would address, are the increasingly complex needs of the justice involved population. These issues are substantiated in the State of Reentry Report, released on February 21, 2024. The report provides a critical overview and statistics related to the state of criminal justice reform in Connecticut. The opportunity to receive critical support as provided by the proposed 1115 Waiver would greatly enhance the potential for positive outcomes and long-term improvement to the quality of life for these individuals and families.

Questions, Concerns and Recommendations of the Alliance are below:

6A The Alliance: Rate Setting: Members of The Alliance are uniquely qualified to provide perspective regarding both the implementation process and impact of the proposed waiver and subsequent rates. We stand ready to assist in the rate development process, as a resource and collaborative partner.

> **Response:** Thank you for your offer. As noted above, Connecticut intends to work with community providers to develop sustainable funding for those community providers that will be providing transitional services.

6B The Alliance: Rate Setting: For services provided within the prison system - Will the final waiver recognize that providing services inside prisons and jails is more complicated and expensive than in the community? It is critical that the rates reflect these aspects of services.

> **Response:** We acknowledge that there are additional costs to the provision of services within prisons and jails and anticipate recognizing those reasonable costs in the calculation of rates. *Please note that not all services provided in the prisons, jails, and juvenile centers will be under the Demonstration, only those transitional costs approved by CMS.*

6C The Alliance: Rate Setting: The volume of services is not controlled by providers but rather by the Department of Corrections. How will that be taken into account when developing a rate?

> **Response:** We acknowledge that there are unique aspects to providing services within prisons, jails, and juvenile centers that will need to be accounted for in rate setting, including factors such as utilization. *Please note that not all services provided in the prisons, jails, and juvenile centers will be under the Demonstration, only those transitional costs approved by CMS.*

6D The Alliance: Ongoing Stakeholder Input: We understand that the State is in the preliminary development stages of this initiative. For this reason, we anticipate that

questions, concerns and recommendations will likely be an ongoing process. Please share your recommendations to ensure the ability to receive stakeholder input moving forward.

Response: Thank you for your offer. We anticipate holding multiple meetings with stakeholders to understand the unique delivery of services in carceral settings as implementation planning continues.

6E The Alliance: System of Care – Definition: The waiver proposes to build a "more robust system of care." Please provide additional information, in terms of the anticipated system/definition as it applies to the waiver.

Response: The system of care references the system of transitional care between carceral settings and community providers. Connecticut plans to implement a screening process for all individuals to screen for the qualifying criteria and determine eligibility for the Demonstration benefit package, as clinically appropriate. In the implementation plan, Connecticut will describe how it will implement processes to ensure all pre-release service providers, as appropriate for the provider type, have the necessary experience and training, and case managers have knowledge of (or means to obtain information about) community-based providers in the communities where individuals will be returning upon release. Further, as applicable, the State will establish requirements for carceral health providers who are not currently participating in the Medicaid program or Children's Health Insurance Program (CHIP) that are similar to Medicaid provider standards, as well as program integrity standards to ensure appropriate billing.

The system of care will include post-release case management and the process to help ensure the scheduling and receipt of needed services, as well as other services needed to address HRSN and long-term services and supports. The system of care will include the operational steps and timeline to provide or facilitate timely access to post-release medical supplies, equipment, medication, additional exams, or other post-release services to address the physical and behavioral health care needs identified during the case management assessment and the development of the person-centered care plan. It will also include processes for promoting and ensuring collaboration between case managers, providers of pre-release services and providers of post-release services, to ensure that appropriate care coordination is taking place.

The system of care will connect individuals to services available post-release to meet the needs of the reentering population. Connecticut will work with its extensive network of behavioral health and substance use disorder providers to implement a system to monitor the delivery of post-release services and ensure that such services are delivered within the appropriate timeframe.

The correctional system will facilitate incarcerated beneficiaries' access to community health care providers, including case managers, either in person or via telehealth, including establishing communication and engagement between correctional systems, community supervision entities, health care organizations,

the State Medicaid agency, and supported employment and housing organizations. Connecticut has already developed plans to connect its carceral electronic health records to the Connecticut Health Information Exchange (Connie). The State will utilize these systems to monitor individuals' health care needs, HRSN, and their access to and receipt of health care services pre- and post-release, and identify anticipated challenges and potential solutions.

6F The Alliance: Currently Existing Programs: How will the waiver work with programs currently located in the prisons treating substance use, particularly opioid dependence? There are Medication-assisted treatment (MAT) programs operating now that are funded with state and federal resources.

Response: The Demonstration will only affect services and individuals within 90 days of release. DSS, DOC, and DMHAS are working together to develop options for maintaining current providers and programs in all carceral settings. While we cannot guarantee that there will not be some changes, the goal is to preserve current programs that are already providing key elements that will be moved under the Demonstration for the transitional period.

6G The Alliance: Transitional Case Management Services: What types of providers will be able to operate the transitional case management services?

Response: At this time, because no final decision has been made, the State is soliciting suggestions and feedback regarding the suggested qualifications of practitioners and the types of provider entities that will be utilized for transitional case management services.

6H The Alliance: Support for Existing Treatment System: The existing treatment system for Behavioral Health is currently underfunded and experiencing severe staffing shortages. What will be done to shore up this system to be able to accept additional clients, many of whom are at a higher risk than those currently served?

Response: As noted above, Connecticut intends to work with community providers to develop sustainable funding for those community providers that will be providing transitional services.

6I The Alliance: Local Mental Health Authority System: How will these services be integrated into the existing Local Mental Health Authority system?

Response: For adults who have Severe Mental Illness (SMI) or youth with Severe Emotional Disturbance (SED), DSS and DOC are working with DMHAS and DCF to ensure linkages to existing behavioral health providers, including LMHAs.

6J The Alliance: Existing Certified Community Behavioral Health Clinics (CCBHC): How will these services be integrated into the CCBHCs that exist in the state?

Response: There is a natural synergy between the CCBHCs that currently exist in this state and this Demonstration. CCBHCs enrolled as behavioral health clinics are already qualified to provide mental health and substance use disorder services. As noted above, DSS and DOC are working with DMHAS and DCF to ensure linkages to existing behavioral health providers, including behavioral health clinics.

6K The Alliance: Credentials: What will be the requirements for credentials of staff providing these services?

Response: At this time, because no final decision has been made, the State is soliciting suggestions and feedback regarding the suggested qualifications of practitioners and the types of provider entities that will be utilized for transitional behavioral health services.

6L The Alliance: Behavioral Health Services: Many providers serving justice-involved individuals for substance use disorders (SUD) do not currently provide other behavioral health services. Will they be able to develop those services?

Response: At this time, because no final decision has been made, the State is soliciting suggestions and feedback regarding the suggested qualifications of practitioners and the types of provider entities that will be utilized for SUD services.

7. **Representative Anne Hughes (written comments):** As a licensed Master Social Worker as well as a Connecticut policymaker, I am keenly aware that investing Medicaid resources in Case Management, behavioral and medical healthcare, as well as transitional housing supports at ANY stage of a person's journey with the mass incarceration system results in exponential savings in severe distress, trauma, instability, economic mobility and state and federal dollars in the future.

   CT's cost of incarceration, one of the highest rates in the country, is upwards of $249 per day, or $90,000 per year, which is passed along to the inmate and their families for recouping after release, to the General Fund of our budget, an egregious practice known as 'pay-to-stay'. It is ridiculously costly to incarcerate individuals, deny adequate mental, medical health and addiction treatment, then release these family members into the community without adequate wrap-around, transitional support to address the lack of determinants of health that contributed to becoming incarcerated in the first place.

   This public safety evidenced-based initiative to expand Medicaid services prior to and upon release will save costs to healthcare systems, reduce recidivism, and invest in family and community well-being to break the cycle of mass incarceration that has plagued Connecticut for decades, costs us billions, and made us all less safe while damaging entire generations who have lost stable futures and economic resilience. Better late than never to invest Medicaid services and dollars on the returning end😊 to our communities and their loved ones.

   Response: Thank you.

8. **Martha Stone-Center of Children's Advocacy:** I am currently a member of the Legislature's Juvenile Justice Policy Oversight Council (JJPOC), and co-chair of its Re-entry Subcommittee. I fully support the State's application for this waiver. It has the capacity to substantially enhance the landscape of reentry services for youth in a positive way.

   I have three questions/concerns.

   8A Martha Stone-Center: I want to be sure that the application includes pre-trial youth in addition to sentenced youth. The pretrial population incarcerated in the state's detention centers need this case management and connection to community based services as soon as possible.

   > **Response:** It is anticipated that pre-trial youth will be covered under the Demonstration as well as under a separate Medicaid State Plan Amendment effective January 1, 2025.

   8B Martha Stone-Center: I want to ensure that the Health-related Social Needs, which can include transition and moving costs, as identified in the application, will be available to the youth under 18 AND their families, since the youth themselves will not be able to sign for any leases, distribute security deposits, etc.

   > **Response:** It is anticipated that HRSN for transition and moving costs will be available to the youth under 18 and their families for the benefit of the child who is eligible for Medicaid.

   8C Martha Stone-Center: I am hopeful that you have seen "The Connecticut Reentry Success Plan: Recommended Strategies for 2024-2027" as approved by the JJPOC Reentry Subcommittee and submitted to the JJPOC in January, 2024, and that your waiver application will be consonant with and can incorporate the recommendations of this Report.

   > **Response:** We are familiar with the report and will utilize it in the creation of the State's Implementation Plan which will be developed and submitted to CMS after waiver submittal.
   > https://www.cga.ct.gov/app/tfs/20141215_Juvenile%20Justice%20Policy%20and%20Oversight%20Committee/20231214/CONNECTICUT%20REENTRY%20SUCCESS%20PLAN.pdf

9. **Healthcare Company (ViiV):** ViiV Healthcare Company (ViiV) appreciates the opportunity to submit comments to the Connecticut Department of Social Services (DSS) regarding its proposed amendment to its §1115 Demonstration Amendment to offer reentry health care services to incarcerated individuals with substance use disorders

(SUD) and/or HIV who are Medicaid-eligible.

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

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

In the United States, an estimated 1.1 million people are living with HIV, at least 13 percent of whom are unaware that they have the virus. Despite groundbreaking treatments that have slowed the progression and burden of the disease, surveillance and retention remain a challenge. In 2020, at least one in five new HIV cases in the United States were diagnosed in late stages of the disease. Only half of all people with HIV are retained in treatment.

In Connecticut, there were 10,638 people with HIV in 2021 with only 72 percent achieving viral suppression.

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

Connecticut has a significant role in achieving these goals. The state of Connecticut initiated its End the Syndemic (ETS) Initiative with the goal to provide *all* people living with HIV and SUD in the state "access to the prevention and care services they need." ETS includes expanding access to routine testing services, improving access to treatment, and improving access to HIV pre-exposure prophylaxis (PrEP) and PrEP education.

ViiV supports DSS's effort to provide targeted Medicaid services for people experiencing incarceration with SUD and people with HIV (PWH) and encourages DSS to further align the amendment with the national EHE and Connecticut's ETS initiatives by:

- **Including HIV testing in the pre-release health assessments**
- **Providing HIV treatment and linkage to care upon release to people with HIV.**

- **Providing access to PrEP prior to release for people with SUD.**
- **Case management services should include those with HIV.**

People with HIV are disproportionately involved in the criminal justice system with sero-positive rates more than three times that of the general population; often they face complex medical, mental health, and substance abuse needs. In 2006, an estimated 14 percent, or more than 150,000 PWH, passed through a correctional facility, while the proportion was closer to 20 percent for Black and Hispanic PWH. Fortunately, the population of state and federal prisoners living with HIV has been falling steadily since 1998. Connecticut's sero- positive rate for PWH in the custody of state and federal correction authorities mirrors the national average rate of 1.1 percent.

People experiencing incarceration are more likely to engage in behaviors that increase their risk for HIV transmission, including having multiple sexual partners, condomless sex, and injection drug use. In 2021, HIV prevalence in federal and state prisons in Connecticut was 3 times higher than the general population

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

9A Healthcare Company (ViiV): Include HIV testing in the pre-release comprehensive assessments

ViiV recommends that the proposed service level one that all facilities would have to implement include HIV testing for individuals diagnosed with SUD consistent with guidelines from the Centers for Disease Control and Prevention (CDC), the American Society of Addiction Medicine (ASAM), and the US Preventive Services Task Force (USPSTF).

In 2021, injection drug use in Connecticut caused 7.1 percent of new HIV infections among men and 12.0 percent of new infections among women. Despite the link between the HIV and opioid epidemics, HIV testing is an often-overlooked part of SUD treatment efforts, and HIV infections among people with SUD may be missed without routine HIV testing. Many people may not be aware of how substance use can increase their HIV risk.

The CDC recommends opt-out HIV screening for all individuals entering a correctional facility and additional screening for people who inject drugs. The CDC, ASAM, and USPSTF all recommend routine HIV testing for people who inject drugs or are being assessed for opioid use disorder. The amendment proposal suggested HIV screening could be included in additional service level categories, but screening for HIV in SUD programs for people experiencing incarceration is critical for identifying HIV status and linking people with HIV to care.

In an analysis across six major American cities, targeted on-site HIV testing for patients receiving medication for opioid use disorder was projected to be cost saving or highly cost- effective.

> **Response:** There will be a screening process in place that will address known diagnoses and will permit individuals to have RTCM. Additional testing will be phased in with physical and behavioral health clinical consultation as defined in the implementation plan. Connecticut wants to ensure each facility is able to provide the minimum benefit package as soon as possible, in alignment with the phase-in plan by facility type. The implementation plan will address facility progression to subsequent service levels, including the possibility of offering multiple service levels initially based on the applicable readiness determination.

9B Healthcare Company (ViiV): Provide HIV treatment and linkage to care upon release to people with HIV

ViiV supports the state's proposal to provide a 30-day supply of clinically necessary prescribed medications upon release, including antiretrovirals (ARV) to treat HIV. For people with HIV, ViiV urges the state to provide long term treatment that a thirty-day supply plus at least two refills.

For PWH, adherence to treatment is vitally important. The HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV emphasize the importance of adherence in treatment selection, stating that, "Regimens should be tailored for the individual patient to enhance adherence and support long-term treatment success." High adherence is necessary for HIV treatments to be effective. When people with HIV are not able to adhere to antiretroviral (ARV) treatment, the virus can damage the immune system. Non-adherence can also increase the risk of treatment resistance. If taken as prescribed, antiretrovirals have the potential to reduce the amount of HIV in the blood to a very low level – below what can be measured by a lab test – which promotes a long and healthy life for a person with HIV. Effective ARV treatment that reduces the amount of HIV in the blood to undetectable levels has a secondary public health benefit of preventing new transmission of HIV to others. This is commonly referred to as Treatment as Prevention, or Undetectable = Untransmissible (U=U). It is estimated people with HIV who are not retained in medical care may transmit the virus to an average of 5.3 additional people per 100- person years.

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

> **Response:** It is anticipated that the 30-day supply of medications, will be provided as clinically appropriate based on the medication dispensed and the indication. We will continue discussions on the implementation of that guidance. Regarding care transitions, re-entry transitional case management services will

assist with linkages to care upon release, and Connecticut intends to incorporate community health workers with lived experience in incarcerated settings to engage with individuals prior to release and support follow-up care after release.

9C Healthcare Company (ViiV): Provide access to PrEP for SUD populations prior to release

ViiV recommends that any reentry plan include testing for HIV prior to release, especially for individuals with SUD, and that the amendment's proposed service level one include counseling on HIV pre-exposure prophylaxis (PrEP) and PrEP prescriptions in accordance with CDC guidelines on PrEP. For people who can benefit from PrEP, ViiV urges the state t to dispense or administration of long-acting (LA) PrEP prior to release.

For the majority who will not test positive for HIV, ViiV urges DSS to include education on remaining HIV negative, including information and potential initiation of PrEP as part of its reentry protocol. In 2023, the USPSTF assigned a "Grade A" rating to PrEP as a highly effective preventive intervention. PrEP has been shown to reduce the risk of acquiring HIV from sex by 99 percent and from injection drug use by 74 percent. The CDC recommends that for soon-to-be-released individuals who engage in behaviors that increase their risk for HIV infection, such as injection drug use, "starting HIV PrEP (or providing linkage to a community clinic for HIV PrEP) for HIV prevention should be considered." Connecticut falls behind 13 other states and the District of Columbia in its PrEP coverage. Nearly 7 in 10 people in Connecticut who could benefit from PrEP are not prescribed it.

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

Providing people experiencing incarceration with better access to PrEP could improve racial disparities in HIV incidence. People experiencing incarceration in Connecticut are disproportionately Black. In Connecticut, Black individuals account for 36.1 percent of new HIV diagnoses but only 8.9 percent of PrEP users.

Response: As mentioned above, screening and testing will be outlined within the service levels to be defined in the implementation plan. Similarly, medications and medication administration will be defined in the appropriate service level within the implementation plan. The State does not anticipate any barriers to medication administration for eligible individuals during the pre-release period once a facility implements the appropriate service level.

9D Healthcare Company (ViiV): Case management services should include those with HIV

ViiV supports the state's proposal to provide transitional case management services for people with HIV and/or SUD.

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

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

Studies demonstrate that medical case management can improve care engagement and treatment adherence.

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

Response: Re-entry transitional case management activities will include any diagnoses that the individual has from the screening conducted for eligibility, which may include HIV.

Conclusion

ViiV urges DSS to align the efforts of this proposed amendment request with national EHE and state ETS efforts to improve health outcomes for soon-to-be-released individuals with SUD, people who could benefit from PrEP, and people with HIV. Thank you for considering ViiV's recommendations. Please feel free to contact me directly if you have any questions.

Verbal Comments From January 12, 2024 MAPOC Hearing

10. **Representative Toni Walker** asked if we spend $10 million in the Department of Correction for health care right now, is it correct that $9 million of that $10 million is reimbursable under this waiver.

    Response: DSS explained that the scenario presented was an example to demonstrate budget neutrality. DSS is reviewing the current services to determine what will be reimbursable across all state agencies. DSS discussed additional scenarios and explained that "budget neutrality" for the purposes of federal Medicaid 1115 waivers is a term of art that has its own very technical definition. DSS added that CMS requires that any new federal reimbursement generated under this project must go back into the system.

11A. Ellen Andrews (Executive Director of the Connecticut Health Policy Project) inquired as to what is meant by "into the system" and whether this meant the reimbursements must go back into the specific services from which they were generated. She also asked to see the complete package sent to the Appropriations Chairs to better understand the funds and how we make sure the reimbursements are used appropriately.

Response: DSS explained that it can't be used to build prisons; the new federal reimbursement is for the purpose of improving transition services for the inmate population. The complete package is on the DSS website.

11B. Ellen Andrews asked who will be the provider for housing, how would we ensure the housing is appropriate and safe, and how would we pay rent to a landlord through Medicaid. She also asked if this budget neutrality approach could be extended to other services beyond justice-involved 1115s.

Response: DSS responded that we have two waivers in place where we had to establish budget neutrality, the Substance Use Disorder and Covered CT. This waiver will be the third one. Each is required to be budget neutral to the federal government and is subject to review and approval by CMS. CMS has made it easier for states to demonstrate budget neutrality in limited areas (such as justice-involved) but they have not extended this to all areas. Regarding the provider question, DSS is working with state agency partners as to what may be reimbursable right now and what the future state might look like and plans to leverage existing community-based providers and their expertise in the discussion.

12. Representative Anne Hughes asked about the description of reducing post-release all cause deaths and can we also include pre-release all cause deaths with the goal of reducing those numbers as part of this waiver.

Response: DSS noted that the focus of this intervention is the transition period from 90-days pre-release to post release to the community and shared the thoughts behind CMS selecting post-release cause of death as a metric. In the 2023 State Medicaid Director letter, CMS cited 2021 county-level analysis that identified a strong association between jail incarceration and increases in premature death rates from infectious diseases, chronic lower respiratory disease, drug use, and suicide as the reasoning behind that metric.[1]

13. Matthew Barrett (Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living) commented that housing instability is directly related to our healthcare programs and noted that this waiver has a significant housing component to

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it. He also commented that Medicaid eligibility and service provision should occur in advance of re-entry to facilitate the transition. He asked for additional information on the federal match and the use of MAPOC for the purposes of meeting one of the public hearing requirements.

Response: DSS confirmed that this briefing counts as the first formal public hearing on the 1115 Justice-Involved Waiver and was included in the public notice. Regarding the federal match, Connecticut does not end Medicaid eligibility on incarceration, but rather suspends eligibility until the individual is released. This makes it easier to establish eligibility for the narrow set of health-related services that will be made available 90 days before release and eligible for federal match.

14. **Anthony DiLauro (Executive Director of the Human Services Council)** asked about page 10 of the presentation questioning if the 12,000 adults released annually represents just Connecticut and, if so, what is the total population.

    Response: The daily adult incarcerated population is about 10,500 individuals; however, that number is very dynamic as individuals enter and exit the system with approximately 14,000 adults discharging in a year with 12,000 of them estimated to be eligible for the demonstration.

15. **Representative Susan Johnson** inquired about the services that would be covered for seniors who are transitioning, perhaps to a nursing facility, and do the services exclude persons with behavioral health issues as we do now with nursing facility admissions.

    Response: DSS shared that if there are transition-based services prior to release, and the senior met the eligibility criteria, then those transition- services would be reimbursable.