***Updated Public Notice: Third Public Hearing has been added.**

All other information remains the same.

Third Public Hearing Webinar to be held on February 6, 2024 – 1PM to 2 PM

Link is provided below

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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

Connecticut is seeking federal approval to amend its Medicaid Substance Use Disorder (SUD) Demonstration Waiver, effective on or after July 1, 2024, to implement a "Re-entry Initiative" to better support individuals' re-entry from incarceration to the community and the related purposes identified below.

Connecticut's Draft 1115 Demonstration Amendment and public hearing information 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. **Public comment and public hearing information are included at the bottom of this notice**. The public comment period will be open for 30 days from January 9, 2024 to February 8, 2024.

Description of Demonstration Waiver

The State of Connecticut Department of Social Services (DSS) proposes to submit an Amendment (Amendment) for the Medicaid and Children's Health Insurance Program (CHIP) SUD Demonstration Waiver (Demonstration) under Section 1115 of the Social Security Act to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS) for Medicaid Coverage for Justice-Involved Population Re-entry (Re-entry Initiative). This Re-entry Initiative is the result of a collaborative effort among various state agencies and other partners, including DSS, Connecticut's single state agency for Medicaid and CHIP; the Department of Correction (DOC), the single state agency for the administration of carceral facilities; the Judicial Branch (JB), the Department of Developmental Disabilities (DDS), the Department of Children and Families (DCF), the Department of Housing (DOH), and the Department of Mental Health and Addiction Services (DMHAS), the lead state agency for adult behavioral health.

The Re-entry Initiative is intended to be effective on or after July 1, 2024, upon CMS approval. The State requests to operate the Re-entry Initiative through the end of the current SUD Demonstration approval period, which is March 31, 2027. Once Demonstration authority and implementation documents are approved, 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.

The Re-entry Initiative implements the CMS' guidance for Re-entry 1115 demonstration waivers, set forth in CMS State Medicaid Director Letter (SMD) # 23-003, Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated, posted on the CMS website at this link: https://www.medicaid.gov/sites/default/files/2023-04/smd23003.pdf.

(A) The program description, goals, and objectives to be implemented or extended under the Re-entry Initiative, including a description of the current or new beneficiaries who will be impacted by the demonstration.

Program Description

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 individuals include those with behavioral health needs, including mental health disorders and SUD, certain other health conditions, and detained youth.
2. A **Targeted Benefit Package** for these individuals, including case management services, medication-assisted treatment (MAT) 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.

This suite of coverage provisions and services will be implemented across Connecticut, creating and strengthening connections between carceral settings, government agencies, health and social service entities, and many others collaborating to better support individuals' re-entry into the community while maintaining their health and well-being.

Goals/Objectives

Consistent with the CMS goals as outlined in SMD # 23-003, 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.

Consistent with CMS guidance on HRSN, including an informational bulletin and framework of coverage both posted November 16, 2023, and other guidance, all of which is posted to the CMS website at this link: https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html, 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.

Current and New Beneficiaries Impacted by the Re-entry Initiative

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
- Have one of the following conditions:
  - Is an individual incarcerated in a juvenile and/or community residential center; or
  - Is an adult and meets one or more 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.

Individuals deemed a “qualified inmate” will have eligibility determined for the appropriate Medicaid program for which they meet eligibility requirements. For example, if a “qualified inmate” meets the eligibility criteria for the Adult Expansion Medicaid program, then they would be enrolled in that specific Medicaid program.

A “qualified inmate” must meet general Medicaid program requirements. These include:

1. Must be a Connecticut resident;
2. Must be a U.S. Citizen or qualified alien; and
3. Must meet the income and asset standards for the applicable Medicaid program.

Possible Medicaid programs include, but are not limited to:

1. TANF or related groups, including children, parents, caretaker relatives and pregnant women (HUSKY A)
2. CHIP (HUSKY B)
3. Aged, Blind or Disabled Medicaid or related groups (HUSKY C)
4. Adult Expansion Medicaid (HUSKY D)

(B) To the extent applicable, the proposed health care delivery system and the eligibility requirements, benefit coverage and cost-sharing (premiums, co-payments, and deductibles) required of individuals that will be impacted by the demonstration, and how such provisions vary from the State's current program features

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.

The Demonstration will allow for the provision of certain covered benefits to eligible individuals and will enable FFP to the state for the federal share of these services. Per CMS guidance, DSS will develop and submit a required Implementation Plan to describe service provision and reinvestment plans for federal dollars received for services currently funded by the State.

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. The State may begin claiming FFP for services covered through the initiative, expected to begin on or after July 1, 2024, once the implementation plan is approved by CMS.

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;
- MAT, for all Food and Drug Administration (FDA)-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. A facility must implement all the services within its chosen service level. As applicable, additional service levels may be phased in by facilities in any order (e.g., service level

two would not be a prerequisite for phasing in service level three). A participating facility may move between service levels as it is able to implement additional benefits. Participating facilities' plans for service level selection and movement will be captured in the implementation plan, including a timeline for initial implementation and any shifting between service levels.

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 provided 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 (DME) and/or supplies.

In addition to the pre-release services, qualifying beneficiaries may also receive DME 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 first and last month's utility deposits, 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 needed 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:

- Technology (e.g., electronic referral systems, shared data platforms, electronic health records (EHR) system modifications or integrations, screening tools and/or case management systems, databases/data warehouses, data analytics and reporting, data protection and privacy, accounting and billing systems);
- Development of business or operational practices (e.g., procurement and planning, developing policies and workflows for referral management, privacy, quality improvement, trauma-informed practices, evaluation, and member navigation);
- Workforce development (e.g., cultural competency training, trauma-informed care training, traditional health worker certification, and training staff on new policies and procedures); and
- Outreach, education, and stakeholder convening (e.g., design and production of outreach and education materials, translation, obtaining community input, and investments in stakeholder convening).

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:

1. Pre-release Medicaid and CHIP application and enrollment processes for individuals who are not enrolled in Medicaid or CHIP prior to incarceration and who do not otherwise become enrolled during incarceration;

2. The screening process to determine a beneficiary's qualification for pre-release services;

3. 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. If a facility is not equipped to provide or facilitate the full set of pre-release services, the facility must provide a timeline of when it will be

equipped to do so, including concrete steps and their anticipated completion dates that will be necessary to ensure that qualifying beneficiaries are able to receive timely any needed pre-release services;

4. Coordination among partners with a role in furnishing health care, housing, and HRSN services to beneficiaries, including, but not limited to, state agencies and state-contracted providers, as well as administrative services organizations, other behavioral health agencies, and community-based providers, including federally qualified health centers;

5. Appropriate re-entry planning, pre-release care management, and assistance with care transitions to the community, including connecting beneficiaries to physical and behavioral health providers and the administrative services organizations, and making referrals to care management and community support providers that take place throughout the 90-day pre-release period, and providing beneficiaries with 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);

6. Operational approaches related to implementing certain Medicaid and CHIP requirements, including, but not limited to, applications, suspensions, notices, fair hearings, reasonable promptness for coverage of services, and any other requirements specific to receipt of pre-release services by qualifying individuals under the Re-entry Initiative;

7. A data exchange process to support the care coordination and transition activities;

8. Reporting of requested data from DSS to support program monitoring, evaluation, and oversight; and

9. A staffing and project management approach for supporting all aspects of the facility's participation in the Re-entry Initiative, including information on the qualifications of the providers that the correctional system will partner with for the provision of pre-release services.

(C) An estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State.

Currently, Medicaid does not reimburse for medical services for adults incarcerated in correctional centers (jails and courthouses) correctional institutions (prisons), and youth detained in juvenile and community residential centers (except for services provided while such individuals are patients in a medical institution, as authorized under section 1905 of the Social Security Act). Under the Demonstration, it is anticipated that, through

the Demonstration period ending March 31, 2027, 26,017 individuals will receive a targeted benefit package 90 days pre-release costing approximately $994.77 per member per month. 90% of all adults are expected to be in the HUSKY D eligibility category. 10% of adults are expected to be in the HUSKY A or HUSKY C eligibility categories. Out of the 26,017 individuals, 750 youth are expected to be split between HUSKY A and C eligibility categories with very few youth anticipated to be in the HUSKY C eligibility categories. A non-material number of youth are expected to be in HUSKY B (CHIP).

	Current	Future
JI Enrollment	0	26,017
JI Services	$0	$182,084,075
JI Non-Services	$0	$300,000,000
JI HRSN Enrollment	0	2,552
JI HRSN Services Total	$0	$155,363,010
JI HRSN Infrastructure	$0	$27,417,002

(D) The hypothesis and evaluation parameters of the demonstration.

With the help of an independent evaluator, the State will amend the approved SUD evaluation plan for evaluating the hypotheses indicated below and analyze the outcomes related to the goals under the Demonstration articulated above. Connecticut will calculate and report all performance measures under the Demonstration. The State will submit the updated SUD evaluation plan to CMS for approval.

As detailed below, the State will conduct ongoing monitoring of this Demonstration related to the five e-entry milestones as required in CMS guidance referenced above (including SMD # 23-003) as well as the three HRSN tests required by the CMS HRSN guidance referenced above and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

By providing Medicaid coverage prior to an individual's release from incarceration, the State will be able to bridge relationships between community-based Medicaid providers and JI populations prior to release, thereby improving the likelihood that individuals with a history of behavioral health conditions and/or chronic diseases will receive stable and continuous care. The following hypotheses and goals will be tested during the approval period:

Hypotheses: The full 90-day timeline will enable the State to support pre-release identification, stabilization, and management of certain serious physical and behavioral health conditions that may respond to ambulatory care and treatment (e.g., diabetes, heart failure, hypertension, schizophrenia, SUDs), which could reduce post-release acute care utilization.

By allowing early interventions to occur in the full 90-day period immediately prior to expected release, such as for certain behavioral health conditions and including stabilizing medications like long-acting injectable antipsychotics and medications for addiction treatment for SUDs, Connecticut expects that it will be able to reduce decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release.

Questions: The State will test, and comprehensively evaluate through robust hypotheses testing, the effectiveness of the extended full 90-day coverage period before the beneficiary's expected date of release on achieving the articulated goals of the initiative:

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 ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

Additionally, the State will test, and comprehensively evaluate through robust hypotheses testing, the effectiveness of HRSN in achieving the articulated goals of the initiative:

1. Address unmet HRSN,

2. Reduce potentially avoidable, high-cost services (e.g., ED visits, institutional care), and/or
3. Improve physical and mental health outcomes for beneficiaries.

Data Source: Claims/encounter data.

Evaluation Design: Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons and interrupted time series analysis.

(E) The specific waiver and expenditure authorities that the State believes to be necessary to authorize the demonstration.

The State seeks such waiver authority as necessary under the Demonstration to receive FFP on costs not otherwise matchable for services rendered to individuals who are incarcerated 90 days prior to their release. The State also requests the following proposed waivers and expenditure authority to operate the Demonstration.

Waivers Requested:

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State To:
Statewideness Section 1902(a)(1) **42 CFR 431.50**	To enable the State to provide pre-release services, as authorized under this Demonstration, to qualifying beneficiaries on a geographically limited basis according to the statewide implementation phase-in plan, in accordance with the Re-entry Initiative implementation plan. To enable the state to cover Health-Related Social Needs (HRSN services on a geographically limited basis during the phase-in process.
Amount, Duration, and Scope of Services and Comparability Section 1902(a)(10)(B) **1902(a)(17)**	To enable the State to provide only a limited set of pre-release services, as specified in these STCs, to qualifying beneficiaries that are different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the State Plan or the Demonstration. To the extent necessary to allow the State to offer the JI HRSN services. To the extent necessary to enable the state to provide HRSN services based on service delivery systems that are not otherwise available to all beneficiaries in the same eligibility group during the phase-in process.

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State To:
Freedom of Choice Section 1902(a)(23)(A) 42 CFR 431.51	To enable the State to require qualifying beneficiaries to receive pre-release services, as authorized under this Demonstration, through only certain providers.
Requirements for Providers under the Medicaid State Plan Section 1902(a)(27) and 1902(a)(77)	To enable the State to not require carceral providers to enroll in Connecticut Medicaid, in order to provide, order, refer, or prescribe pre-release services as authorized under this Demonstration.
Title XXI Requirements Not Applicable to the Title XXI Expenditure Authority Above Requirements for Providers under the State Plan Section 2107(e)(1)(D)	To enable the State to not require carceral providers to enroll in Connecticut CHIP, in order to provide, order, refer, or prescribe pre-release services as authorized under this Demonstration.

Expenditure Authority Requested:

Title XIX Expenditure Authority	Expenditures
Expenditures Related to Pre-Release Services	Expenditures for pre-release services, as described in the STCs to be established by CMS, are provided to qualifying Medicaid beneficiaries and beneficiaries who would be eligible to receive Medicaid covered services if not for their incarceration status for up to 90 days immediately prior to the expected date of release from a participating State correctional system facility, including all correctional centers (jails and courthouses) and correctional institutions (prisons), and juvenile and community residential centers.
Expenditures for Allowable Administrative Costs to Support the Implementation of Pre-Release Services	Expenditures for allowable administrative costs to support the implementation of pre-release services as outlined in the April 17, 2023, SMD letter #23-003 relating to administrative information technology (IT) and transitional, non-service expenditures, including administrative costs under an approved cost allocation plan.
Health-Related Social Needs (HRSN) Services.	Expenditures for approved evidence-based health-related social needs services not otherwise eligible for Medicaid payment furnished to individuals who meet the qualifying JI and HRSN criteria
Health-Related Social Needs Services Infrastructure.	Expenditures for allowable administrative costs and infrastructure not otherwise eligible for Medicaid payment, to the extent such activities are authorized as part of the approved HRSN infrastructure activities.

Where the Demonstration is Posted

The Re-entry Initiative and related materials, including the Re-entry Initiative Waiver Amendment Application and Full Public Notice are posted on the DSS website at this

link: https://portal.ct.gov/DSS/Health-And-Home-Care/1115-Justice-Involved-Demonstration-Waiver

The proposed Demonstration and related materials may also be obtained upon request from DSS (see below), 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: 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". As noted above, 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 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=HyyAHqZ7NAHXBUxbMKxDaIh0ytbrUl.1

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

***February 6, 2024 – 1:00 PM - 2:00 PM: Join Zoom Meeting**

https://us06web.zoom.us/j/86297504386?pwd=sNaZxI7zdPZmVBqe8YZShQTabmLEqa.1

+1 646 931 3860 US; Meeting ID: 862 9750 4386, Passcode: 597612