



Key Elements of Medicaid Reentry Waivers



The Centers for Medicare & Medicaid Services issued guidance in April 2023 encouraging states to use Medicaid demonstration waivers to cover some services in the period immediately preceding an individual’s release from prison, jail, or youth correctional facilities. It has also approved waiver proposals from nine states, California, Illinois, Kentucky, Massachusetts, Montana, Oregon, Utah, Vermont, and Washington to cover prerelease services for eligible Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries. This chart answers frequently asked questions about the policy and operational expectations laid out in federal guidance and in California, Washington, Montana, and Massachusetts’ approved waivers. As of publication, fifteen additional states and the District of Columbia have proposed reentry waivers to CMS. Information in this document is current as of June 2024.

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When does the new policy take effect?	N/A	Services authorized through the waiver can be implemented starting on April 1, 2024 (California subsequently delayed implementation until October 1, 2024)	Services authorized through the waiver can be implemented starting on July 1, 2025	Services authorized through the waiver can be implemented starting September 1, 2025	Services authorized through the waiver can be implemented starting April 19, 2024
Over what time period will services be provided?	Up to 90 days prior to expected release date; pre-release service time periods of greater than 30 days should advance goals that go beyond care transitions	90 days prior to expected release date	90 days prior to expected release date	30 days prior to expected release date	90 days prior to expected release date
What facilities are eligible to provide services?	State prisons, local jails, and youth correctional facilities; states can choose to only cover certain types of facilities and to set facility participation requirements Does not include federal Bureau of Prisons	State prisons, county jails, youth correctional facilities, and community settings under certain circumstances Does not include federal Bureau of Prisons	State prisons, county and city jails, youth correctional facilities, and community settings under certain circumstances Does not include federal Bureau of Prisons	State prisons and community settings under certain circumstances Does not include federal Bureau of Prisons	State prisons, county, youth correctional facilities, and community settings under certain circumstances Does not include federal Bureau of Prisons

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Who is eligible to receive pre-release services?	States have flexibility to decide which groups of Medicaid beneficiaries are eligible for pre-release services and can define populations with specific conditions and identification criteria	All youth in youth correctional facilities Medicaid-eligible adults in state prisons and jails who have a qualifying condition including but not limited to health and mental health conditions, HIV/AIDS, intellectual or developmental disability (I/DD), substance use disorder, and pregnancy through 12 months postpartum	All Medicaid/ CHIP-eligible individuals in state prisons, county or city jails, or youth correctional facilities	All Medicaid/CHIP-enrolled individuals in state prisons who are age 19+ and have a confirmed mental illness diagnosis or confirmed/ suspected SUD diagnosis	All Medicaid/CHIP-eligible individuals in state prisons, county jails, or youth correctional facilities
What pre-release services will be available to beneficiaries who are eligible?	<p>CMS says that it does not expect to approve a state’s waiver proposal unless the pre-release benefit package includes:</p> <ul style="list-style-type: none"> ■ Case Management to address physical and behavioral health needs and health related social needs ■ Medication Assisted Therapy (MAT) for substance use disorders ■ 30-day supply of prescribed medications upon release <p>States have flexibility to propose a more robust benefit package to meet the needs of their population and must justify how such additional services would meet the goals of the Medicaid program, the demonstration and advance identification of health and health related social needs. CMS emphasizes the need for the state to ensure feasibility of providing benefits in carceral facilities and notes that services may be provided via telehealth.</p> <p>CMS notes the importance of other physical and behavioral health services, including preventive services, services delivered by Peers and community health workers with lived experience, and family planning services.</p>	<p>Services provided prior to release:</p> <ul style="list-style-type: none"> ■ Case management to facilitate reentry ■ Physical and behavioral health clinical consultation to diagnose conditions, provide treatment, and develop discharge plan and post-release treatment plan ■ Laboratory/ radiology testing ■ Medicaid -covered prescriptions and over the counter drugs and administration ■ MAT for opioid use disorder and alcohol use disorder ■ Services provided by community health workers with lived experience <p>At time of release:</p> <ul style="list-style-type: none"> ■ A minimum of 30-day supply of prescribed and over the counter medications ■ Durable medical equipment (DME) 	<p>Washington is developing a tiered service level approach to pre-release services. Service level 1 includes:</p> <ul style="list-style-type: none"> ■ Case management to “assess and address” physical health, behavioral health, and health related social needs ■ MAT for opioid use disorder and alcohol use disorder ■ A minimum of 30-day supply of prescription and over the counter medications upon release <p>Washington will define additional service levels, which can include the following benefits offered at the facility’s discretion:</p> <ul style="list-style-type: none"> ■ Physical and behavioral health clinical consultation to diagnose conditions, provide treatment, and support discharge planning ■ Medication and medication administration ■ Laboratory/ radiology testing ■ Services provided by community health workers with lived experience ■ DME 	<p>Services prior to release:</p> <ul style="list-style-type: none"> ■ Case management to “assess and address” physical health, behavioral health, and health related social needs ■ Limited clinical consultation to assess health and behavioral health needs and to support reentry planning, including making warm handoffs to community-based providers ■ MAT for opioid use disorder and alcohol use disorder <p>At time of release:</p> <ul style="list-style-type: none"> ■ A minimum of 30-day supply of prescription and over the counter medications 	<p>Services prior to release:</p> <ul style="list-style-type: none"> ■ Case management to “assess and address” physical health, behavioral health, and health related social needs ■ MAT for opioid use disorder and alcohol use disorder <p>At time of release:</p> <ul style="list-style-type: none"> ■ A minimum of 30-day supply of prescription and over the counter medications and DME and supplies <p>Additional Services:</p> <ul style="list-style-type: none"> ■ Physical and behavioral health clinical consultation services via telehealth or in-person to diagnose/treat health conditions and develop individual service plans for post-release ■ Medications and medication administration ■ Laboratory and radiological services

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<p>What services are available to beneficiaries after release?</p>	<p>Comprehensive Medicaid and CHIP benefits available to beneficiaries in the state, as established in the state Medicaid plan.</p>	<p>Comprehensive services covered by California’s Medicaid program and CHIP.</p>	<p>Comprehensive services covered by Washington’s Medicaid and CHIP programs.</p>	<p>Comprehensive services covered by Montana’s Medicaid and CHIP programs.</p>	<p>Comprehensive services covered by Massachusetts’s Medicaid and CHIP programs.</p> <p>Massachusetts is also authorized to provide continuous eligibility for individuals who are released from a correctional institution for a 12-month period that begins at the date of release</p>
<p>What operational capacities will correctional facilities need to offer to provide pre-release services?</p>	<p>Participating facilities and state Medicaid programs must:</p> <ul style="list-style-type: none"> ■ Within two years of demonstration approval, have processes in place to suspend, not terminate, beneficiaries’ coverage during incarceration and reactivate it upon release ■ Provide outreach and enrollment support to assist all interested, eligible people in applying for and renewing Medicaid coverage. They may use presumptive eligibility to enroll people ■ Cover and ensure access to the pre-release benefit package ■ Develop infrastructure to support implementation, such as data exchange and data reporting processes, billing processes, staffing support, and project management 	<p>Participating facilities will:</p> <ul style="list-style-type: none"> ■ Suspend, not terminate, coverage during incarceration and reactive coverage upon release ■ Evaluate individuals’ eligibility for Medicaid and provide assistance with applying if the individual is not enrolled ■ Provide pre-release services and reentry planning in the 90 days prior to expected release ■ Coordinate with key partners, including managed care plans, social services, county behavioral health agencies, and community providers, and reentry planning and care management ■ Develop infrastructure to support implementation, such as data exchange and data reporting processes, billing processes, staffing support, and program monitoring, evaluation, and oversight ■ Ensure compliance with Medicaid requirements related to notices, fair hearings, and reasonable promptness for coverage of services 	<p>Participating facilities will:</p> <ul style="list-style-type: none"> ■ Suspend, not terminate, coverage during incarceration and reactive coverage upon release ■ Evaluate individuals’ eligibility for Medicaid and provide assistance with applying if the individual is not enrolled ■ Provide pre-release services and reentry planning in the 90 days prior to expected release. Facilities will select a service level for implementation and be responsible for coordinating all services associated with that level ■ Coordinate with key partners, including social service departments, Accountable Communities of Health, managed care plans/orgs, county behavioral health agencies, county departments of health, and community-based providers. ■ Develop infrastructure to support implementation, such as data exchange and data reporting processes, billing processes, staffing support, and program monitoring, evaluation, and oversight ■ Ensure compliance with Medicaid requirements related to notices, fair hearings, and reasonable promptness for coverage of services 	<p>Participating facilities will:</p> <ul style="list-style-type: none"> ■ Suspend, not terminate, coverage during incarceration and reactive coverage upon release ■ Evaluate individuals’ eligibility for Medicaid and provide assistance with applying if the individual is not enrolled ■ Provide pre-release services and reentry planning in the 30 days prior to expected release ■ Coordinate with key partners, including social service departments and community based providers ■ Develop infrastructure to support implementation, such as data exchange and data reporting processes, billing processes, staffing support, and program monitoring, evaluation, and oversight ■ Ensure compliance with Medicaid requirements related to notices, fair hearings, and reasonable promptness for coverage of services 	<p>Participating facilities will:</p> <ul style="list-style-type: none"> ■ Suspend, not terminate, coverage during incarceration and reactive coverage upon release ■ Evaluate individuals’ eligibility for Medicaid and provide assistance with applying if the individual is not enrolled ■ Provide pre-release services and reentry planning in the 90 days prior to expected release ■ Coordinate with key partners, including state health and human services agencies, Accountable Care Organizations, managed care plans, and community based providers ■ Develop infrastructure to support implementation, such as data exchange and data reporting processes, billing processes, staffing support, and program monitoring, evaluation, and oversight ■ Ensure compliance with Medicaid requirements related to notices, fair hearings, and reasonable promptness for coverage of services

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<p>What reinvestment requirements apply?</p>	<p>Any federal Medicaid funds that replace preexisting state and local funding for correctional services must be reinvested to improve access and quality. Funds may be used to:</p> <ul style="list-style-type: none"> ■ Increase access to community health and behavioral health care ■ Improve quality and access of services in carceral settings ■ Build health information technology or data sharing capacity ■ Build community provider capacity and supports for people reentering the community ■ Support efforts that prevent reincarceration and directly assist people reentering the community including health-related social needs <p>Funding cannot be used to build or improve carceral facilities.</p> <p>States must submit a reinvestment plan for CMS approval.</p>	<p>Any federal funds that replace preexisting state and local funding for correctional services must be reinvested. Funds may be used to:</p> <ul style="list-style-type: none"> ■ Support the state share for new services under the reentry demonstration ■ Increase access to community health and behavioral health care ■ Fund new or enhanced services in carceral settings ■ Build community provider capacity and supports for people reentering the community ■ Build health information technology or data sharing capacity ■ Other efforts that directly support people reentering the community and prevent reincarceration <p>California must submit a reinvestment plan for federal approval.</p>	<p>Any federal funds that replace preexisting state and local funding for correctional services must be reinvested. Funds may be used to:</p> <ul style="list-style-type: none"> ■ Support the state share for new services under the reentry demonstration ■ Increase access to community health and behavioral health care ■ Fund new or enhanced services in carceral settings ■ Build community provider capacity and supports for people reentering the community ■ Build health information technology or data sharing capacity ■ Other efforts that directly support people reentering the community and prevent reincarceration <p>Washington must submit a reinvestment plan for federal approval.</p>	<p>Any federal funds that replace preexisting state and local funding for correctional services must be reinvested. Funds may be used to:</p> <ul style="list-style-type: none"> ■ Support the state share for new services under the reentry demonstration ■ Increase access to community health and behavioral health care ■ Fund new or enhanced services in carceral settings ■ Build community provider capacity and supports for people reentering the community ■ Build health information technology or data sharing capacity ■ Other efforts that directly support people reentering the community and prevent reincarceration <p>Montana must submit a reinvestment plan for federal approval</p>	<p>Any federal funds that replace preexisting state and local funding for correctional services must be reinvested. Funds may be used to:</p> <ul style="list-style-type: none"> ■ Support the state share for new services under the reentry demonstration ■ Increase access to community health and behavioral health care ■ Fund new or enhanced services in carceral settings ■ Build community provider capacity and supports for people reentering the community ■ Build health information technology or data sharing capacity ■ Other efforts that directly support people reentering the community and prevent reincarceration <p>Massachusetts must submit a reinvestment plan for federal approval</p>

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<p>What federal financial support is available to support state implementation activities?</p>	<p>CMS will consider temporary transitional financing to support non-service spending associated with implementation, including:</p> <ul style="list-style-type: none"> ■ Development of new processes, protocols, and systems necessary implement pre-release services ■ Hiring and training personnel ■ Outreach, education and convenings of entities that plan and implement reentry waiver services. 	<p>\$410 million in transitional investments, which are being awarded through a state-run process to county behavioral health agencies to support behavioral health linkages, county sheriffs' offices to support county jails, county probation offices to support youth correctional facilities and California Department of Corrections and Rehabilitation (CDCR) to support state prisons</p> <p>Funds will support the delivery of pre-release services as well as collaboration and planning, this could include:</p> <ul style="list-style-type: none"> ■ Implementation of billing systems. ■ Development of processes, protocols, and systems necessary to implement the pre-release services ■ Hiring and training personnel ■ Investments in tech/IT, including adoption of EHRs and billing systems ■ Other planning activities to promote coordination of pre-release services 	<p>\$304 million for planning and implementation. Funds can be awarded to correctional institutions, Washington Dept of Corrections/ other state agencies supporting carceral health, probation offices, sheriffs' offices, county behavioral health departments, county social services, county departments of public health, community based organizations, Accountable Communities of Health, managed care organizations, and other entities as approved by state Medicaid office.</p> <p>Funds will support pre-release applications and suspension/ unsuspension planning as well as service delivery. This could include:</p> <ul style="list-style-type: none"> ■ Investments in technology and IT, including developing new or enhancing existing data sharing systems and electronic health records (EHR) ■ Purchase of billing systems ■ Hiring and training personnel ■ Development of processes, protocols, and systems necessary to implement pre-release services ■ Other planning activities to promote coordination of prerelease services ■ Other activities and expenditures to support for provision of pre-release services 	<p>\$2.3 million for planning and implementation. Funds can be awarded to the Montana Department of Corrections, other state agencies supporting carceral health, Probation Offices, and other entities approved by the state Medicaid office.</p> <p>Funds will support the delivery of pre-release services as well as collaboration and planning, this could include:</p> <ul style="list-style-type: none"> ■ Investments in tech/IT, including developing new or enhancing existing dating sharing systems and EHR ■ Developing systems for pre-release application and suspension/ unsuspension planning ■ Hiring and training personnel ■ purchase of billing systems ■ Development of processes, protocols, and systems necessary to implement pre-release services ■ Other planning activities to promote coordination of prerelease services ■ Other investments to support create an environment suitable for provision of pre-release services (e.g. desks and screens to create private settings for assessments or telehealth appointments) 	<p>\$70 million for planning and implementation. Funds can be awarded to correctional institutions, the Massachusetts Department of Corrections, Department of Youth Services, other state agencies supporting carceral health, probation offices, Sheriff's offices, community based providers and organizations, managed care plans, and other entities approved by the state Medicaid office.</p> <p>Funds will support the delivery of pre-release services as well as collaboration and planning, this could include:</p> <ul style="list-style-type: none"> ■ Investments in tech/IT, including developing new or enhancing existing dating sharing systems and EHR ■ Developing systems for pre-release application and suspension/ unsuspension planning ■ Hiring and training personnel ■ purchase of billing systems ■ Development of processes, protocols, and systems necessary to implement pre-release services ■ Other planning activities to promote coordination of prerelease services ■ Other investments to support create an environment suitable for provision of pre-release services (e.g. desks and screens to create private settings for assessments or telehealth appointment)
<p>How will the state address data sharing and confidentiality?</p>	<p>CMS encourages state Medicaid agencies to partner with corrections agencies to develop comprehensive data sharing and confidentiality protocols and agreements, including consent/authorization forms and Memoranda of Understanding</p>	<p>No specific provision in waiver approval.</p>	<p>No specific provision in waiver approval.</p>	<p>No specific provision in waiver approval.</p>	<p>No specific provision in waiver approval.</p>

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<p>What federal financing support is available for development and ongoing operations of technology systems?</p>	<p>Enhanced Medicaid information technology matching funds are available for systems design, development and implementation (90% matching rate) and ongoing operations (75% matching rate) associated with implementation of reentry 1115 demonstrations.</p> <p>State spending on systems and approaches that may qualify for this enhanced matching rates include:</p> <ul style="list-style-type: none"> ■ Eligibility determination and enrollment processes, including eligibility suspension; ■ Case management and connections across state agencies, carceral settings and community providers; ■ Changes needed to facilitate claims processing, prior authorization, and other service and eligibility requirements; 	N/A	N/A	N/A	N/A

Sources

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