



CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Medicaid Services (DMS)

Kentucky Reentry Public Forum

December 12, 2024

Welcome

Thank You for Joining Us

- Thank you for joining us today!
- Please stay on mute throughout the presentation.
- We will reserve time at the end of the presentation for questions and answers.

Agenda

1. Welcome.
2. Kentucky Reentry Overview.
3. Reentry Partner Engagement.
4. Gap Analysis.
5. Consolidated Appropriations Act (CAA) 2023 Overview.
6. Open Forum.

Kentucky 1115 Reentry Overview

Kentucky has an opportunity to improve health care for justice involved individuals (JII).



Health Needs & Outcomes

Individuals who have recently served sentences in correctional facilities, who are awaiting trial or sentencing, and those under community supervision, such as those on parole or probation – are at higher risk for poor health outcomes, injury, and death than the general public.



Challenges

Incarcerated adults and juvenile offenders face a **disproportionate risk of trauma, violence, overdose, and suicide.**



CMS Guidance

On April 17, 2023, CMS issued State Medicaid Directors Letter #: 23-003 re: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.

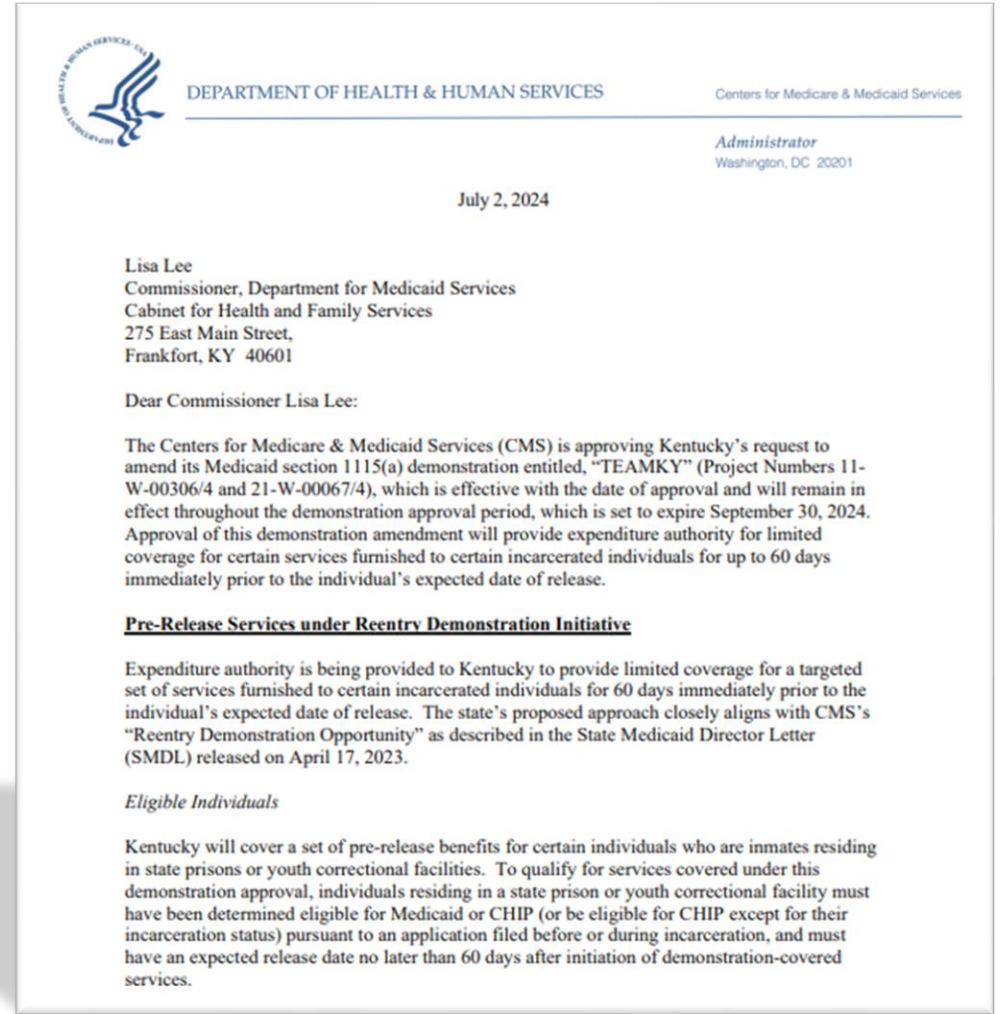


Health Care & Medicaid-Eligibility in Carceral Settings

Efforts to **ensure continuity of health care coverage pre and post-release** & facilitate connections to medical and behavioral health services upon release.

Kentucky 1115 Reentry Waiver

- On December 30, 2023, the Kentucky DMS submitted an 1115 Reentry Waiver application to the Centers for Medicare & Medicaid Services (CMS).
- On July 2, 2024, CMS approved Kentucky's 1115 Reentry Demonstration application.
- The Reentry Waiver is aimed at improving care transitions for JII.



Key Program Components for 1115 Reentry



Section 1115 Expenditure Authority

- Promote coverage and quality of health care to improve transitions for individuals being released from carceral settings (*Medicaid or CHIP eligible*).
- Pre-release services to individuals in State Prisons and/or in Youth Development Centers (YDCs) prior to release.



Provider Readiness Requirements

- All state prisons and YDCs must complete a Readiness Assessment for all services to include:
 - Pre-release Medicaid and CHIP application & enrollment processes.
 - Screen beneficiary qualifications.
 - Coordinate with partnered entities to furnish Health-Related Social Needs (HRSN).
 - Ensure pre-release care management & assistance with care transitions to the community.
 - Data exchange to support reentry activities.
 - Data reporting to inform 1115 oversight.
 - Project management support to Correctional partners providing pre-release services.



Targeted “Pre-Release” Benefit Package

- Case management services for physical and/or behavioral health.
- Medication-Assisted Treatment (MAT).
- 30-day Supply prescription drugs.

Budget Neutrality and Reinvestment



Service Expenditure Limits

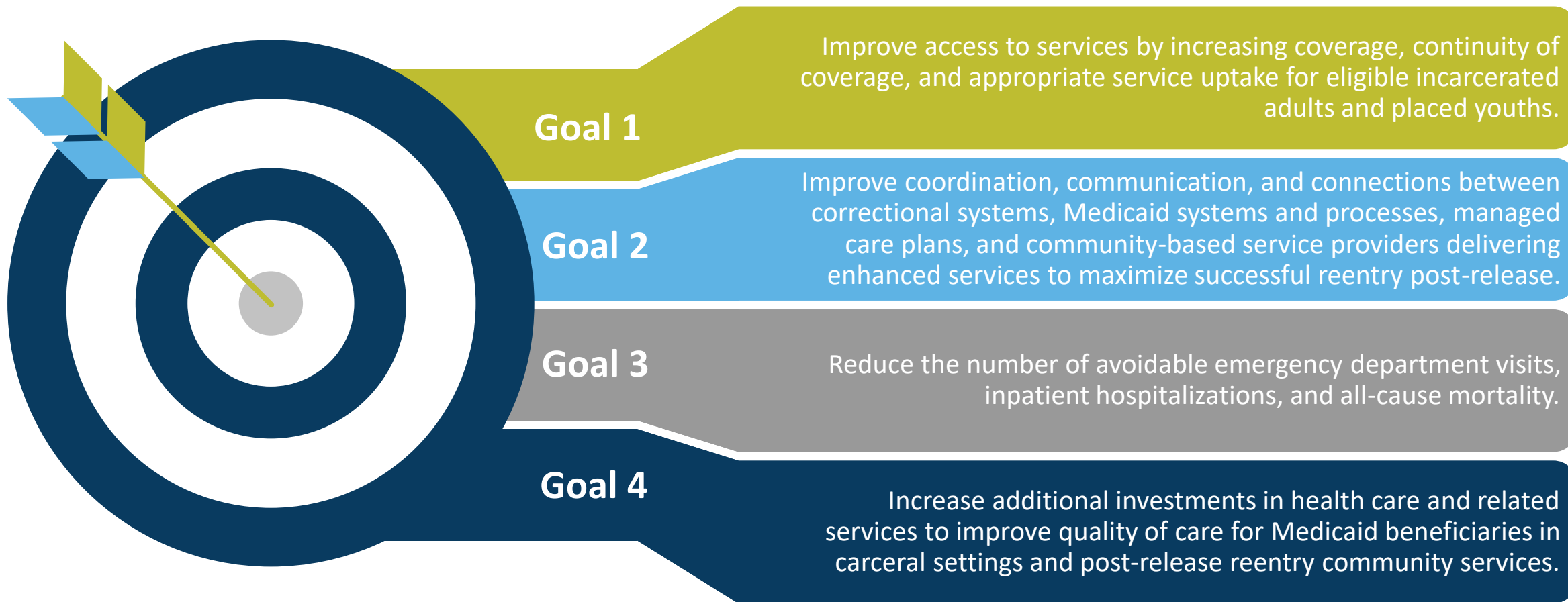
- Projects must be “budget neutral”:
 - Medicaid expenditures must not exceed spending without the demonstration. The cost of services must be less than or equal to the cost of services provided today.
- Service expenditure limits are determined by a blended per member per month (PMPM) of expected cost for reentry services provided using a combination of Medicaid rates, historic costs, and comparable service rates.



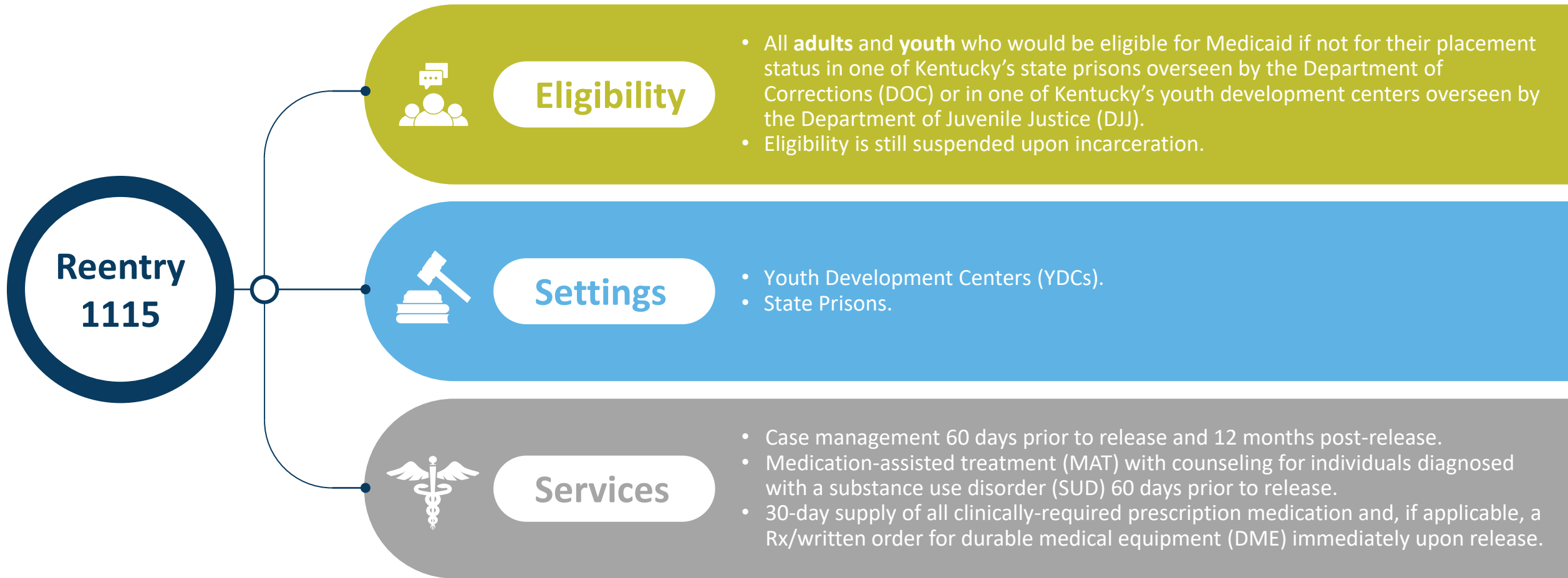
Reinvestment Plan

- CMS guidance mandates the federal portion of Medicaid expenditures for existing reentry services must be reinvested by the state within this program.

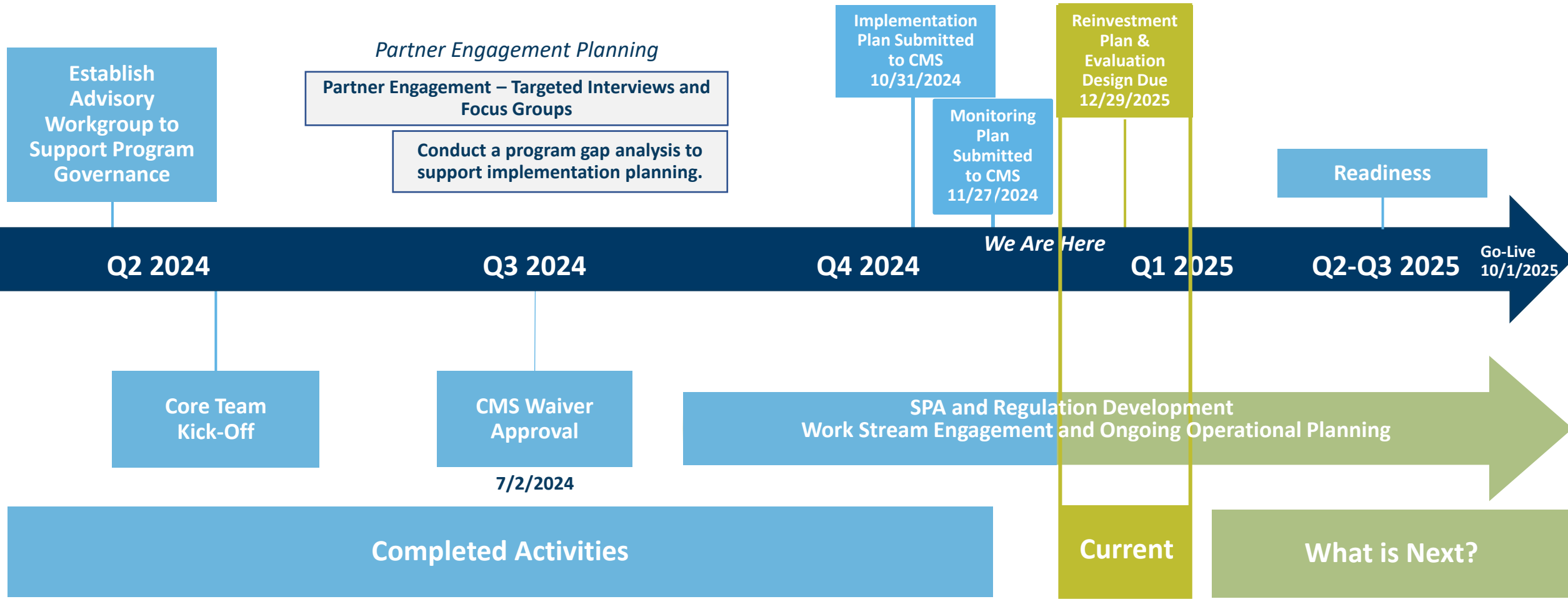
Goals of Kentucky's 1115 Reentry Project



Reentry 1115 Overview



Project Activities Timeline and Status



Dates are Subject to Change

Reentry Partner Engagement

Kentucky ACRES Workgroup

- Earlier this year, DMS formed the Kentucky Advisory & Community Collaboration for Reentry Services (ACRES) Workgroup to help to inform design and implementation of Kentucky's reentry program.
- Kentucky ACRES is a workgroup that brings experts from many touch points of reentry together to collaborate on key policies and processes.

Kentucky ACRES includes representation from:



- DMS
- Department of Public Health (DPH)
- Department for Community-Based Services (DCBS)
- DBHDID
- DOC
- DJJ

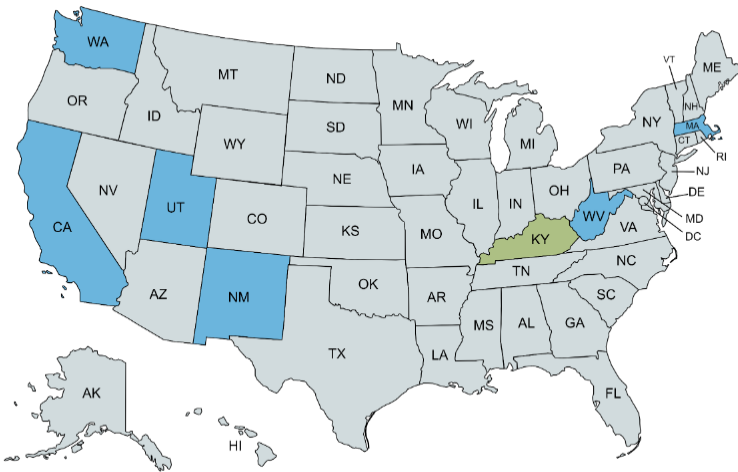


- ODCP
- Managed Care Organizations (MCO)
- Administrative Office of Courts (AOC)
- Advocacy Organizations
- Community Partners
- Individuals with Lived Experience

NASHP and HARP Reentry Learning Collaborative



- The National Academy for State Health Policy (NASHP) and the Health and Reentry Project (HARP) are leading an 18-month learning collaborative to support states with strategies to improve outcomes for individuals transitioning from incarceration to the community.
- Seven states, including Kentucky, were selected for the learning collaborative. Only states with a pending or approved Section 1115 demonstration waiver request were selected.
- Participating in the collaborative will help Kentucky gather insights on how other states are addressing the implementation of their reentry waivers.
- Throughout the 18 months, there will be peer-to-peer state calls and monthly targeted technical assistance (TA).



NASHP and HARP State Participation

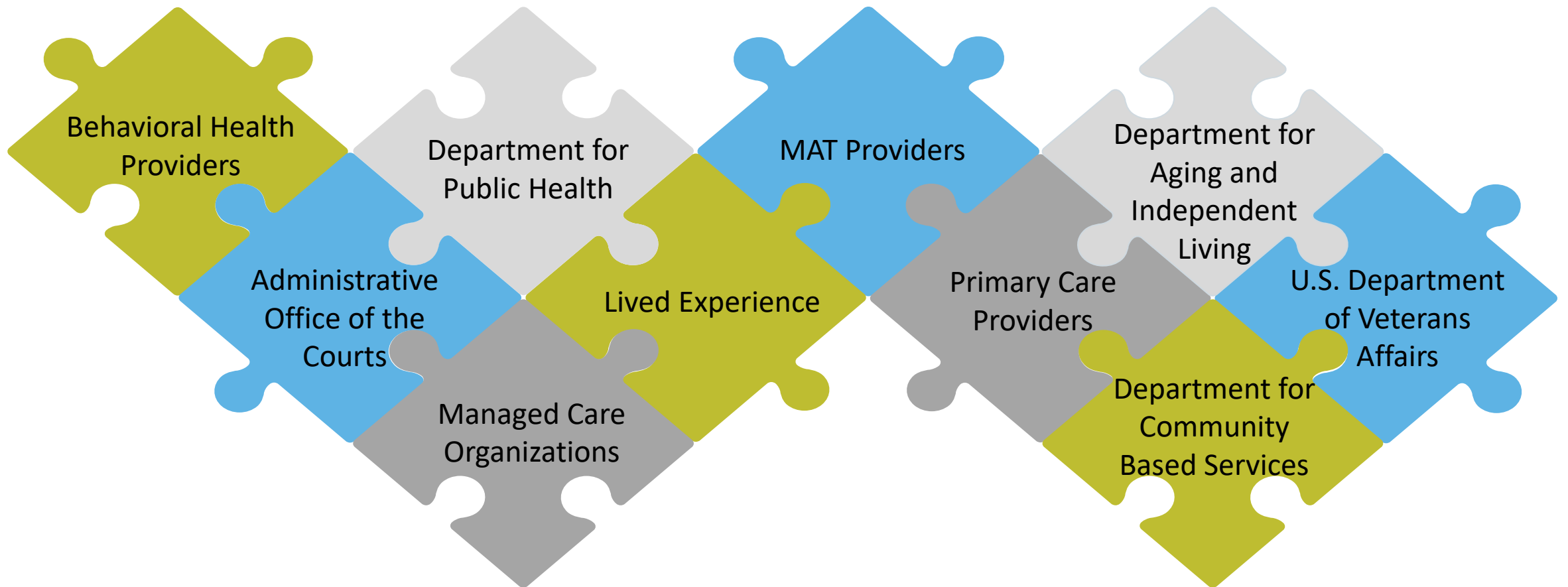


Kentucky state agencies are working together on the NASHP/HARP Initiative:

- DMS
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- Office of Drug Control Policy (ODCP)
- DOC
- DJJ

Partner Engagement

Earlier this year, partners were engaged through Focus Groups, Interviews, and Information Requests to map the reentry continuum and how the pieces fit together.



Key Partner Takeaways

BH/PCP/MAT Providers



- JII need improved education on managed care options.
- To strengthen care throughout Kentucky, additional providers are needed, this is especially true in rural areas.
- Greater clarity around release dates is needed to help improve continuity of care.

State Agencies



- Enhanced oversight and evaluation of programs currently underway throughout the Commonwealth would help to better assess their functionality.
- Gaps remain across the state regarding accessibility of clinical services, transportation, and housing.

Managed Care Organizations



- Case managers are main partners within reentry coordination.
- There is a need for more streamlined referral and enrollment processes to allow for higher likelihood of successful engagement with the individual.
- Oftentimes contact information received is either incorrect, outdated, or missing.

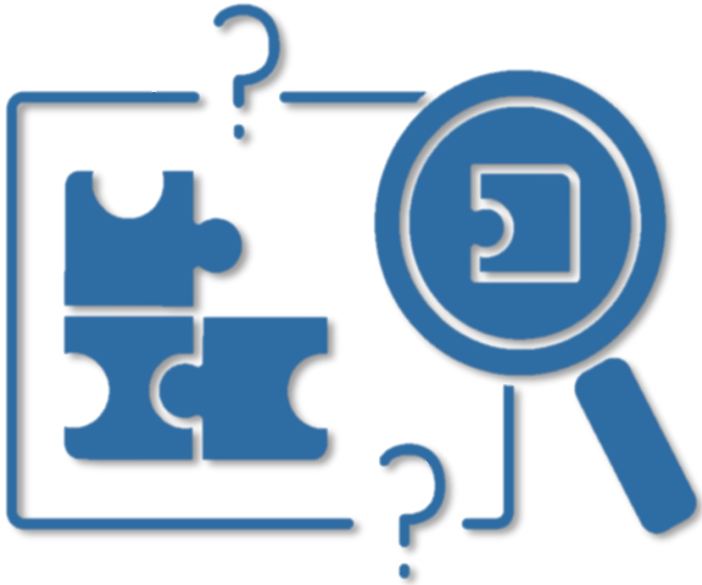
Lived Experience



- Stigma around incarceration makes it difficult for JII to access transportation, housing, and other recovery supports post-incarceration.
- There is a need for improved communication between individuals who are released and healthcare plans and providers.

Gap Analysis

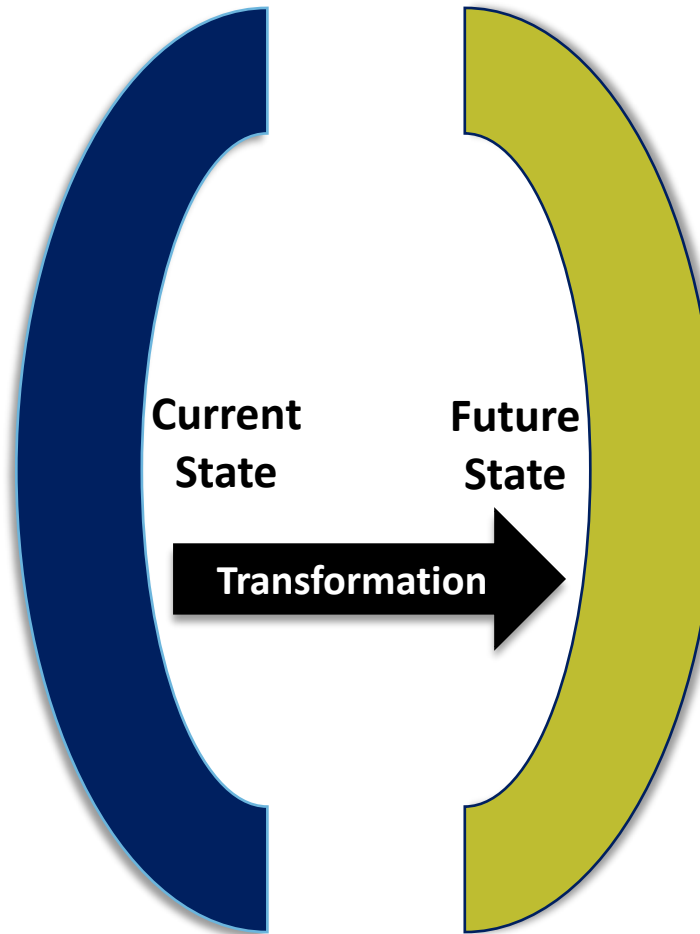
Reentry Infrastructure Gap Analysis



- Examines the existing reentry infrastructure to identify deficiencies, overlaps, and potential areas for improvement.
- Documents the current state environment to assess gaps and opportunities to ensure successful implementation.
- Pinpoints gaps and barriers in the existing infrastructure to inform the development of strategies to address identified challenges.
- Ensures the **required** implementation plan aligns with the specific needs of the reentry population and increases the likelihood of successful reentry.

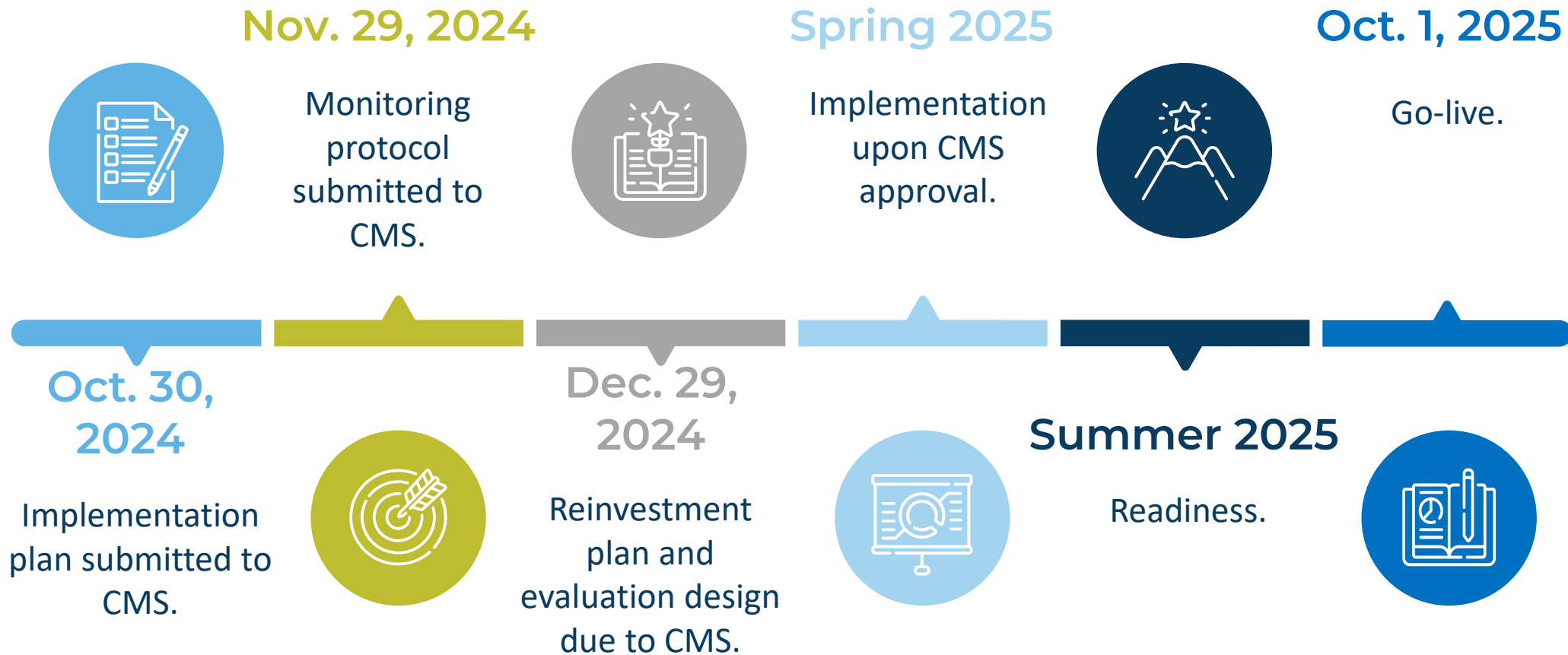
GAP Analysis Overview

- Eligibility is suspended during incarceration or placement.
- Medicaid eligibility is often delayed requiring manual review and/or intervention.
- MAT services are available in only certain carceral settings.
- Continuity of care and medication needs remain at risk post-release.
- Reentry coordination is often absent or limited in certain carceral settings.
- Information management and data exchange is fragmented across the reentry infrastructure.



- **Pre-release services are available 60 days prior to release.** DOC and DJJ will both support the early identification of this population.
- Medicaid application, screening, and enrollment processes are **streamlined across program touch points** (agencies).
- **Expansion** of MAT services across all carceral settings.
- **Continuity of care and medication access** is fostered through established reentry coordination between DOC or DJJ and the MCOs.
- **Interoperability** is established through new information management and data exchange protocols.

1115 Reentry Timeline



Overview of New Youth Provisions

Sections 5121 and 5122 of the CAA

- **In the 2023 Consolidations Appropriations Act (CAA)**, Congress included Section 5121 and Section 5122 to amend existing laws that limit Medicaid and Children’s Health Insurance Program (CHIP) coverage for incarcerated individuals.
 - **Section 5121:** Mandatory Requirements.
 - **Section 5122:** Optional Requirements.
- On July 23, 2024, CMS released guidance for the required and optional provisions under these sections that will take effect on January 1, 2025.
- States must submit Medicaid and CHIP SPAs to CMS by March 31, 2025 and must have an effective date of no later than January 1, 2025.

CAA Section 5121: Mandatory



- **Adjudicated** juveniles under 21 years of age **or** former foster care children between the ages of 18 and 26.
- Medicaid eligible at incarceration or found Medicaid eligible during placement.
- **Eligibility is still suspended upon incarceration.**

Eligible Populations



- YDCs.
- Juvenile Detention Centers (JDCs).
- State Prisons.
- Local/County Jails.

Eligible Settings



- Screening and diagnostic services, including medical, dental, vision, and behavioral health screenings or diagnostic services 30-days prior to release.
- Targeted Case Management (TCM) 30 days prior to release and for at least 30 days after release.

Covered Services

CAA Section 5122: Optional



- **Pre-adjudicated** juveniles under 21 years of age **or** former foster care children between the ages of 18 and 26.
- **Eligibility is not suspended;** individuals are entitled to benefits included under approved service package.

Eligible Populations



- YDCs.
- JDCs.
- State Prisons.
- Local/County Jails.

Eligible Settings



- States have the option to receive federal financial participation (FFP) under Medicaid by providing services to eligible juveniles who are placed in a public institution during the initial period pending disposition of charge.
- States cannot choose to provide a limited array of services under this option.

Covered Services

CAA Timeline



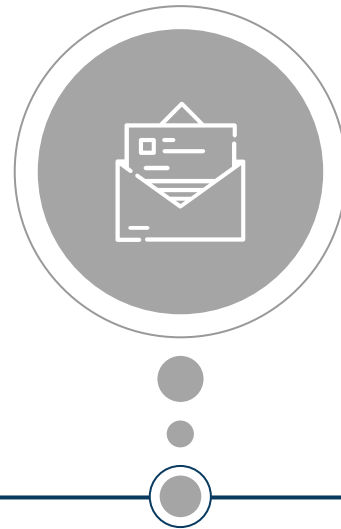
Oct 2024

DOC and DJJ Current State Assessment.



Nov 2024

CAA Operations Plan Complete (11/30); Drafted Local/County Jail Current State Assessment.



Dec 2024

Readiness Assessment of Targeted Facilities; Distribution of Jailers Survey.



Jan 1, 2025

CAA Effective Date; SPA Submission.



Jan 1 – Ongoing

Facility Go-Live Support and Monitoring.

CAA Next Steps

- Evaluate the current state of facility preparedness for CAA implementation across all settings.
- Continue ongoing collaboration with DOC, DJJ, and all local and county jails.
- Implement action plans to support carceral facilities in fulfilling Section 5121 CAA service requirements.

Survey Request

Kentucky DMS requests that local and county jails complete a survey to evaluate their current capacity to deliver the mandated services specified in CAA Section 5121. This survey will also inform the potential expansion of the Section 1115 Reentry Waiver to encompass services within jail settings.

The survey will collect the following information:

- ❖ **Current Reentry Services:** Details regarding existing programs, staffing, and infrastructure supporting reentry.
- ❖ **Medicaid Eligibility and Enrollment:** Screening processes, eligibility determination, and enrollment for Medicaid-eligible individuals.
- ❖ **Care/Case Management:** Availability and capacity of case management services, including planning for release and post-release support.
- ❖ **MAT:** Access to MAT services and availability of required medications.
- ❖ **Medical Supplies and DME:** Capacity to provide a 30-day supply of medications and DME upon release.

Open Forum

Questions?

DMS HOME



DMS BEHAVIORAL
HEALTH (BH) PAGE



DMS BH ISSUES



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