Utah Department of Health & Human Services
Integrated Healthcare

Utah Medicaid's Reentry Demonstration Initiative Implementation Plan

On July 2, 2024, the Centers for Medicare and Medicaid Services (CMS) granted approval of Utah's request to amend the Section 1115(a) demonstration "Medicaid Reform 1115 Demonstration" to provide limited coverage for services furnished to certain incarcerated individuals up to 90 days immediately prior to the individual's expected date of release.

Utah's Demonstration Special Term and Condition (STC) 14.10 requires Utah to submit a Reentry Demonstration Initiative Implementation Plan (hereinafter "Implementation Plan"). The following Implementation Plan details Utah's approach for meeting the five milestones outlined in the CMS State Medicaid Director (SMD) Letter# 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."[1]

The Implementation Plan is organized around the following five Medicaid Reform 1115 Demonstration Opportunity milestones:

1. Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
2. Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.
3. Promoting continuity of care.
4. Connecting to services available post-release to meet the needs of the reentering population.
5. Ensuring cross-system collaboration.

For each milestone, the Implementation Plan describes (1) a summary of how the state already meets any expectation and specific activities related to each milestone, and (2) any actions needed to be completed by the state to meet all the expectations for each milestone, including the persons or entities responsible for completing these actions and the timelines and activities the state will undertake to achieve the milestone.

The 2023 Consolidated Appropriations Act (CAA) requires State Medicaid Agencies (SMA's) to provide coverage for pre-release and transitional services for justice-involved youth, CHIP) included. CMS requires SMA's to have an internal operational plan in place … "and in accordance with such plan, provide for… "the provisions of the mandatory services, including limited pre-release services for eligible juveniles in Medicaid and CHIP." Utah Medicaid has received CMS approval to satisfy this requirement by the reentry implementation plan. Where there are populations and services that do not overlap, this will be clearly noted in the implementation approach.

In addition to this Implementation Plan, Utah Medicaid will release the "Policy and Operational Guide for Planning and Implementing Utah's Demonstration Reentry Initiative" (hereinafter "Policy and Operational Guide"). This Policy and Operational Guide will provide detailed policy requirements and operational expectations for implementation of the Utah Medicaid's Demonstration Reentry Initiative. The target audience of the Policy and Operational Guide is the state's implementation partners, including correctional facilities, county behavioral health agencies, managed care plans (known as Accountable Care Organizations (ACOs) and prepaid mental health plans (PMHPs)), and community providers. The Policy and Operational Guide will be updated on an ongoing basis as implementation partners begin

[1] SMD# 230-3, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who are Incarcerated," April 17, 2023. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf.

the process of standing up the Utah Demonstration Reentry Initiative. These guides will be developed in collaboration with the Department of Workforce Services (DWS) who, in Utah, process the eligibility determinations for Medicaid.

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

1.a. Implement a state policy for a suspension strategy during incarceration (or implement an alternative proposal to ensure that **only allowable benefits are covered and paid for** during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release), with up to a two-year glide path to fully effectuate.	**Current state:**
	Effective December 1, 2019, Utah implemented the suspension of benefits, rather than terminating Medicaid coverage for the duration of an individual's incarceration. Both adult and youth Medicaid coverage is suspended upon notification of incarceration.
	
	Medicaid eligibility policy provides information related to implementing Utah Medicaid benefit suspension policies. The following summarizes the state's policy and operational approach:
	
	• DWS relies on self-reporting and receives a weekly list from the state prison of incarcerated individuals. When the report of incarceration is received, the individual is placed in suspended status in both the eREP eligibility and PRISM/MMIS systems. The individual will be eligible to receive inpatient hospitalization services only. Individuals receive a notice when their Medicaid coverage is suspended and again when they are released, and suspension is end dated.
	• Eligibility actions are maintained while incarcerated (i.e. reviews, change report, etc.)
	• When the individual is released, the suspension is removed from both systems and the following occurs:
	  ○ Adults receive a letter notifying them of benefit reactivation and instructions to report any changes to the agency.
	  ○ Youth under age 21 are required to complete a review to make a redetermination of continued eligibility.
	
	CAA: In our current state, prior to January 1, 2025, CHIP children lose eligibility upon incarceration.

	Future state: Following the approval of Utah's 1115 demonstration waiver for Justice Involved Reentry on July 2, 2024, the state will take the following steps to implement this requirement. This includes adults and children eligible for Medicaid: • The Department of Health and Human Services (DHHS) and DWS will continue to follow the suspension policy that has been in place, stated above, and incorporate the following to improve incarceration start and end dates, and ensure continuity of coverage upon release: ○ Each carceral facility will be required to establish either an electronic interface or manual data sharing with DWS to transmit incarceration dates (start and release) real time. Carceral facilities will be required to submit changes to release dates that occur during incarceration within 24 hours of the change. If the facility is unable to establish the electronic interface and has a smaller population, the state will work with the facility to establish a process to manually receive incarceration dates (start and release) daily through another manual mechanism, such as a daily excel file. ○ The incarceration start and release dates are transmitted to PRISM from eREP daily. ○ Upon receiving the eligibility information, PRISM will assign the Justice Reentry Initiative benefit plan with a start date 90 days prior to the release date or at the date of intake for individuals incarcerated less than 90 days. ○ The carceral facility will be required to check for Medicaid eligibility through the Eligibility Lookup Tool (ELT) or 270/271 Health Care Eligibility Benefit Inquiry at intake. If the individual is not covered by Medicaid, they will be given the opportunity to apply, as described in section 1.b. • Eligibility actions are maintained while incarcerated (i.e., reviews, change report, etc.). • The following will occur on or before the 90 days prior to release: ○ Adults receive a form to gather any pertinent eligibility changes necessary to ensure continuity of coverage upon release. Some of these change report

	items will include address, who they will be living with, employment, etc. This form will be sent to DWS eligibility to process and ensure continued coverage upon release. ○ Youth under age 21 are required to complete a review to make a determination of continued eligibility. The review process will begin in the 90-day pre-release period to ensure continued coverage upon release. ● DHHS will monitor and evaluate compliance with suspension processes and provide ongoing technical assistance to implementation stakeholders, including correctional facilities and DWS, as needed. **CAA:** The state will implement the following policy for CHIP: ● Effective April 1, 2025, the state will suspend children on CHIP who become incarcerated during their continuous eligibility period. The same suspension process listed above will be followed, but will have the following differences: ○ Upon incarceration: ■ CHIP members will continue their CHIP coverage through their current continuous eligibility (CE) period. If they are still incarcerated when their 12-month CE period ends, the state will facilitate a redetermination as described in section 1.c. ■ For children not covered by CHIP or Medicaid at intake, the facility will begin the application process as described in section 1.b. ○ 30 days pre-release: ■ CHIP covered children will receive services as described in section 2.a.

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1.b. Ensure that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 CFR § 435.906 and § 435.908. This could include applications online, by telephone, in person, or via mail or common electronic means in accordance with 42 CFR § 435.907. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.	**Current state:** ● DHHS and DWS have a process in place to accept applications received from correctional facilities, available to all facilities across the state. ○ A dedicated email is utilized and monitored by assigned staff workers to receive applications, and notifications of incoming applications from standard application pathways. ○ DWS has a dedicated staff member who processes the applications from the state prison and Salt Lake County Jail. ● In some carceral facilities, Adult Probation and Parole (AP&P) has a re-entry team that helps incarcerated individuals apply for Medicaid 30 days prior to release. Applications received from AP&P are sent to DWS. ● Reviews, change reports, and inpatient stays are coordinated between AP&P and DWS. ● For youth: ○ Youth are put on a Custody Medical Benefit once they enter Juvenile Justice and Youth Services (JJYS), they remain on Custody Medical unless they are found eligible for foster care (depending on their placement).

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	Future state: ● During the initial incarceration intake, carceral facilities will verbally ask each individual if they are currently receiving Medicaid, confirm utilizing the Eligibility Lookup Tool, provide the opportunity to apply for Medicaid utilizing eligibility specialists for assistance completing the application. ● The carceral facility will be required to check for Medicaid eligibility through the Eligibility Lookup Tool (ELT) or 270/271 Health Care Eligibility Benefit Inquiry at intake. If the individual is not covered on Medicaid, an application process will begin upon intake. Each facility will be required to have processes in place to ensure timely screening and facilitation of Medicaid applications. **CAA:** The following process will occur for CHIP children: ● Children not currently covered on CHIP or Medicaid: ○ The facility will begin the application process at intake. If they are not eligible for Medicaid, but for CHIP, they cannot be opened on CHIP unless they are within 30 days of release. ● 120 days pre-release: ○ For children that are not currently covered on Medicaid or CHIP, the facility will begin the application process to determine if they are Medicaid or CHIP eligible. If CHIP eligible, coverage will begin 30 days prior to release.

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1.c. Ensure that all individuals at a participating facility who were enrolled in Medicaid prior to their incarceration are offered assistance with the Medicaid renewal or redetermination process requirements in accordance with 42 CFR § 435.908 and § 435.916. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.	**Current state:** ● Individuals who are enrolled in Medicaid prior to incarceration are placed in suspended status in both the eREP eligibility and PRISM / MMIS systems. Individuals who are enrolled in Medicaid at the time of incarceration will not need to reapply for Medicaid. Once the correctional facility reports the individual's release date, the suspension is ended upon release. o Individuals receive a notice of action when their Medicaid coverage is suspended and again upon reactivation. o When the individual is released, the suspension is removed from eREP eligibility and performed by a dedicated staff member. o Electronic file transfers occur between the eREP and MMIS systems enabling suspension to be removed in both systems. ● Annual redeterminations are maintained while incarcerated (e.g., reviews, change report, etc.) except for: o Individuals under age 21 o Individuals suspended on the Former Foster Care program
	Future state: ● For adults, annual redeterminations are maintained while incarcerated (e.g. reviews, change report, etc.). o Correctional facility staff will receive training on how to verify if individuals are already enrolled in Medicaid, if not enrolled, assistance will be provided completing initial intake application and following up if additional information or verifications are needed until the incarcerated individual is actively enrolled. o Correctional facilities will be required to have designated staff available to assist individuals with their eligibility renewals, change report, etc. o DHHS and DWS will work with correctional facilities to ensure changes in circumstances are reported and annual renewals are completed. o Prior to release, facilities will provide the individual with a form during Pre-Release Case Management to gather any pertinent eligibility changes necessary to ensure continuity of coverage upon release. This form will be

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	sent to DWS eligibility to process and ensure continued coverage upon release, utilizing a dedicated email to provide notification of form submission and dedicated staff members processing and updating cases. ■ Some of these change report items will include their address, who they will be living with, employment, need a new Medicaid card issued, etc. ■ Incarcerated individuals will receive assistance and education from pre-release case managers on what information will need to be provided to DWS and in what frequency to maintain continuous enrollment and avoid procedural terminations from Medicaid programs. ● If youth are incarcerated when their 12-month continuous eligibility (CE) period ends, a redetermination will be completed. ● For youth, annual redeterminations are maintained while incarcerated (e.g. reviews, change report, etc.) and a redetermination of eligibility will begin in the 90-day pre-release period to ensure continued coverage upon release in certain circumstances without requiring a new application if a redetermination of eligibility has not been made for 12 months or longer. **CAA:** The following will occur for CHIP children: ● CHIP covered children will continue their CHIP coverage through their current CE period. If they are still incarcerated when their 12-month CE period ends, a redetermination will be completed. ● Children not currently covered on CHIP or Medicaid: ○ The facility will begin the application process at intake. If not eligible for Medicaid, but for CHIP, they cannot be opened on CHIP unless they are within 30 days of release. See section 1.b. for the application process.

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1.d. Implement a state requirement to ensure that all Medicaid-enrolled individuals who are incarcerated at a participating facility have Medicaid and/or managed care plan cards or some other Medicaid and/or managed care enrollment documentation (e.g., identification number, digital documentation, instructions on how to print a card) provided to the individual upon release, along with information on how to use their coverage (coordinated with the requirements under milestone #3 below).	**Current State:** ● Currently, individuals who are determined to be eligible for Medicaid, receive a notice of eligibility determination. A Medicaid card will also be mailed to the individual, if they were not previously issued one or if they request a new one. They will also receive a welcome letter which provides plan selection and benefit information. After choosing or being enrolled in an MCO, the MCO may also send the member a health plan card. Additionally, the member will be sent health plan information, which includes information regarding how to use their Medicaid benefits. **CAA:** This does not apply for CHIP children today.
	Future state: ● A question will be added to the eligibility form that applicants will complete in the 90-day pre-release period, asking them if they need a new Medicaid card issued at that time or if they have one on hand. If they need a new card, one will be issued and mailed to the facility. ● Individuals will receive pre-release services via the fee for service delivery system. ● Individuals will be auto assigned to an MCO effective the month of release, if applicable. ● The MCO will send all plan materials and a health plan card (if applicable) to the community address listed on the Medicaid application or on file. For individuals who remain on fee for service, Utah Medicaid will send Medicaid benefit information to their community address. ● Utah Medicaid will monitor compliance with the requirement to ensure individuals receive Medicaid-related communication and materials throughout the implementation of pre-release services. **CAA:** The following will occur for CHIP: ● Pre-release services:

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	○ Individuals eligible for CHIP will receive 30 days pre-release screening, diagnostic, and case management services otherwise available under the CHIP state plan via the fee for service delivery system. ● Post-release services: ○ All post-release services will be provided via the MCO delivery system. ● Post-release MCO enrollment: ○ Members with CHIP prior to incarceration: ■ Upon release, individuals will be auto enrolled in the MCO they were previously enrolled in before their incarceration and CHIP eligibility suspension. They will receive a letter notifying them of CHIP enrollment and MCO assignment, along with instructions on how to request a new CHIP card. ○ New CHIP members: ■ Effective the month of release, new CHIP-eligible members will be auto-assigned to an MCO. They will receive a letter with instructions on contacting a CHIP Health Plan Representative (HPR) to select a CHIP health plan and request an MCO plan card. ■ There is only one available CHIP dental MCO statewide. All CHIP eligible CHIP individuals will be automatically enrolled in this dental MCO. ● The MCO will send all plan materials and a health plan card to the community address listed on the Medicaid application or on file. ● In addition to plan materials sent from the MCO, individuals will receive pre-release and immediately post-release counseling and education relating to the pragmatic application and utilization of Medicaid benefits. ○ This will include, but is not limited to, identifying providers for physical and mental health services, education on general service coverage, education on when recertifications and change reports are required to be submitted, and how to gain further assistance after pre- and post-release case management has ended.

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	● Utah Medicaid will monitor compliance of the requirement to ensure individuals are able to receive communication and materials throughout the implementation of pre-release services.

1.e. Establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a Medicaid application, including providing information about where to complete the Medicaid application for another State (e.g., relevant State Medicaid agency website, if the individual will be moving to a different State upon release).	**Current State:**
	● DHHS and DWS have a Medicaid process in place to accept applications received from correctional facilities across the state as described in secretion 1b.
	  ○ DWS has a dedicated staff member who processes these applications.
	● Adult Probation and Parole (AP&P) has a re-entry team that helps incarcerated individuals apply for Medicaid 30 days prior to release. Applications received from AP&P are sent to DWS.
	● Reviews, change report, and inpatient stays are coordinated between AP&P and DWS.
	● For youth (JJYS):
	  ○ Youth are put on a Custody Medical Benefit once they enter JJYS, they remain on Custody Medical unless they are found eligible for foster care (depending on their placement).

	Future State: ● The carceral facility will be required to check for Medicaid eligibility through the Eligibility Lookup Tool (ELT) or 270/271 Health Care Eligibility Benefit Inquiry at intake for all individuals. If the individual is not covered on Medicaid, an application process will begin upon as described in 1.b. Each facility will be required to have processes in place to ensure proper screening and facilitation of Medicaid applications occur timely and appropriately. ○ These facility processes will be detailed in the Operational Guides, agreed upon in Memorandums of Understanding, and developed with partnerships

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	from stakeholders in designated working groups with revisions and approvals granted from all entities involved. ● In addition, DHHS will create resources to assist facilities with individuals moving out of state and how to ensure applications are submitted prior to release. **CAA:** The following process will occur for CHIP children: ● Children not currently covered on CHIP or Medicaid: ○ The facility will begin the application process at intake as described in 1. b.

***Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the* community**

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
2.a. Implement state processes to identify individuals who are incarcerated who qualify for pre-release services under the	**Current state:** ● Utah Medicaid developed eligibility criteria detailed in STC 14.3 of the approved 1115 demonstration waiver, "Medicaid Reform 1115 Demonstration". ● Utah Medicaid does not yet have state processes in place to identify individuals who are incarcerated and will qualify for pre-release services.

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state's proposed demonstration design	**Future state:** Correctional facilities will be responsible for operationalizing the pre-release screening process to identify adults and youth eligible for pre-release services as referenced in section 1.b. Utah Medicaid will: ● Require that the correctional facility screen all incarcerated individuals for Utah Medicaid eligibility. ● Allow flexibility for correctional facilities in how they implement the screening process, so long as they are screening all individuals for Utah Medicaid eligibility upon intake into a carceral facility. ○ An operational guide will be provided to all carceral facilities that detail different pathways and avenues that can be utilized to provide a universal screening for all individuals within a facility and provide assistance with the help of dedicated eligibility workers, to individuals to complete applications for assistance and evaluate Medicaid eligibility. ● Require correctional facilities to demonstrate how they will meet this requirement as part of the readiness assessments. No correctional facility will be able to bill for pre-release services until it demonstrates that it has a screening process that meets policy and operational requirements. ● Provide technical assistance to stakeholders, as needed (ongoing).

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2.b. Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and HRSN, MAT services for all types of SUD as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Medicaid Reform 1115 Demonstration Opportunity . In addition, the state should specify any additional pre-release services that the state proposes to cover for beneficiaries.	**Current state:** Currently, Utah Medicaid members who are incarcerated do not receive a short-term, pre-release benefit package. **Future state:** ● Once determined Medicaid eligible, incarcerated members will be referred for case management services for assessment of pre- and post-release needs. ○ Case management assessment will include addressing Social Determinants of Health (SDoH) and an assessment of physical and behavioral health needs. ● Members will have access to physical and mental health services for diagnosis, stabilization, and treatment prior to release. ○ Health services will include stabilization and treatment of symptoms or disease in order to ensure control of conditions prior to release from the facility. ○ Access to prescribed durable medical equipment upon release. ○ Laboratory and radiology services. ○ Medication management services including a 30-day supply of medication upon release with one refill. ○ MAT services will be provided in the institutional setting for members. Members will have access to MAT medications including but not limited to buprenorphine, methadone, or naltrexone. ● For individuals incarcerated for short-term stays, assistance will be provided in the Medicaid application process and

	screenings will be conducted to identify members with increased need for community-based case management services and refer for basic minimally required services with the assistance of pre- and post-release case managers. **CAA:** The following will occur for CHIP: ● Incarcerated youth who qualify for CHIP in the 30 days prior to release will have access to the screening, diagnostic, and case management services otherwise available under the CHIP state plan. Services will be provided via a fee for service delivery model.

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2.c. Develop state process to ensure case managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.	**Current state:** Utah does not currently have a process to ensure case managers are aware of community-based providers and the resources available to them.
	Future state: ● Pre-release case managers will undergo extensive training to understand Medicaid eligibility, the intricacies of the benefit plans, e.g. MCO versus FFS, as well as Medicaid pharmacy benefits. They will undergo extensive trauma-informed care training. ● Case managers will be required to undergo Utah Medicaid's Office of Substance Use and Mental Health's targeted case management certification program. This will allow pre-release case managers to enroll as providers in Utah Medicaid's PRISM system. ● Case managers will have designated points of contact within each managed care entity who will assist them in coordination of post-release care. They will also have a robust network of community resources to whom they will reach out once a member's release location is known for those who are FFS. They will reach out to this network to ensure that they have resources to which they can connect members for each of their needs. ● Case managers will stay updated on new and best resources in each community on an ongoing basis.

Milestone 3: Promoting continuity of care

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
3.a. Implement a state requirement that individuals who are incarcerated receive a person-centered care plan prior to release to address any physical and behavioral health needs, as well as HRSN and consideration for long term services and supports (LTSS) needs that should be coordinated post-release, that were identified as part of pre-release case management activities and the development of the person-centered care plan.	**Current State:** Some of Utah's correctional facilities currently provide case management services. However, not all correctional settings have case management available. Even those with case management do not have patient-centered treatment plans documented.
	Future state: To ensure that incarcerated individuals receive a person-centered care plan prior to release that addresses physical and behavioral health needs, health-related social needs (HRSN), and long-term services and supports (LTSS), Utah Medicaid will implement the following state requirements under waiver authority: ● Pre-release enrollment in Medicaid: Ensure individuals are enrolled in Medicaid prior to release to guarantee immediate access to care. ● Comprehensive needs assessment: Conduct a pre-release assessment of medical, behavioral health, and HRSN needs. ● Care transition teams: Develop care transition teams within prisons or jails composed of pre-release and post- release case managers to create person-centered care plans and link individuals to community-based providers. ● Pre-release case managers must complete and document a comprehensive needs assessment in a standardized person-centered care plan with and for the individual which will be done 90 days pre-release and again within one week prior to the release date. This will include: ○ An assessment of mental health, substance use, physical health, long term services and supports (LTSS) needs, health related social needs (HRSN), and functional needs, e.g. medically necessary durable medical equipment. ○ Documentation of post-release needs to include physical and behavioral health services, MAT services, community-based services and resources, and addressing HRSN and SDoH needs, specifically housing needs. ○ Plans for post-release medications should include ensuring that the medications have undergone any prior authorizations (PAs) or other requirements for coverage and assisting the member in identifying a primary pharmacy.

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	○ Coordination, scheduling, and linkages to required reentry services as determined by the person-centered care plan and may include the following: ■ MAT and psychotropic medications. ■ Identification of a primary care provider and follow-up appointment scheduled at appropriate time post-release. ■ Required specialty, mental health, substance use, dental, and MCO community supports appointments. ■ HRSN referrals (specifically housing). ■ LTSS referrals. ○ Scheduled follow-up appointments with community-based providers, including primary care and others as clinically indicated, to ensure they have access to needed clinical services as soon as necessary. ○ Coordination of reentry logistics, including transportation, contacts for community resources, and housing resources. The state is in the process of seeking an HRSN waiver to be utilized in assisting members with accessing housing support and resources. ○ Ensuring that, as allowed under federal and state laws and always through consent with the beneficiary, data are shared with MCOs, PMHPs, and, as relevant, with physical and behavioral health providers to enable timely and seamless handoffs. ○ A plan for engagement and communication with identified supports for the member (e.g., probation/parole officer, family, others). ○ A list of individuals/organizations that will receive the finalized transitional care plan prior to release. ○ Documentation of any additional consents or releases needed to share information for seamless care. ○ The person-centered care plan will be shared with the individual, as well as with the post-release case manager, managed care plans (ACOs and PMHPs, if different than the pre-release case manager).

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	Managed care requirements: ● Utah Medicaid will require MCOs to participate in reentry planning: ○ Mandatory participation of MCOs: MCOs could be required to conduct pre-release assessments and coordinate care post-release. ○ Data sharing agreements: To allow correctional facilities and Medicaid programs to share health information for care continuity. ○ Post-release care navigators: Assign care coordinators or navigators to help individuals navigate Medicaid and other social service systems post-release. ● Health-Related Social Needs (HRSN) screening and referral: ○ Utah Medicaid will mandate a standardized HRSN screening for incarcerated individuals prior to release. This involves: ■ Screening for housing instability, employment needs, food insecurity, transportation, and other key social factors. ■ Developing referral systems to connect individuals with community-based organizations that can provide services immediately upon release. Utah Medicaid will create a Reentry Support and Transition Rule that: ● Requires correctional facilities to collaborate with Medicaid agencies in developing and implementing a person-centered care plan that addresses physical health, mental health, HRSN, and LTSS needs. ● Provides funding for reentry planning teams within correctional facilities, including Medicaid enrollment specialists, case managers, and health professionals. ● Mandates post-release follow-up care, ensuring individuals have access to care within 30 days of release, and requires MCOs to support the transition.
3.b. Implement state policies to provide or facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other	**Current state:** Some of Utah's correctional facilities currently provide or facilitate timely access to post-release health care items and services but not all correctional settings provide this service.
	Future state: ● As described in Section 3.a., the pre-release case manager will complete a comprehensive assessment of members' needs for the person-centered care plan including, but not limited to, prescription medications and medical supplies,

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services needed to address the physical and behavioral health care needs identified in the course of case management and the development of the person-centered care plan.	diagnostic services, family planning, primary care, specialty, mental health, substance use, dental, or other services. The needs assessment will be documented in the pre-release case managers standardized person-centered care plan. The complete standardized person-centered care plan including the comprehensive needs assessment will be shared with the post-release case manager (if different). Identification of the post-release case manager(s) and post-release services will depend on the members' post-release county of residence, as well as other eligibility indicators as noted in 2.c. ● At least 30 days prior to release, the pre- and post-released case managers (if different) will be required to convene in person or virtually with the individual to exchange all information within the person-centered care plan and to make updates per the individual as needed. ● The information exchanged will include any logistical requirements that are still pending such as prior authorizations for prescriptions, diagnostic or screening services, and medical equipment. At this point, the address to where the member will reside post-release will be known and services and providers specific to that county will be identified. ● Once this information has been exchanged, the post-release case manager will begin work with the appropriate providers to ensure that all appointments are scheduled within timely rule, as well as all services, prescriptions, and other needs are prepared for the person's date of release.
3.c. Implement state processes to ensure, if applicable, that managed care plan contracts reflect clear requirements and processes for transfer of the member's relevant health information for purposes of continuity of care (e.g., active prior authorizations, case management information, or other information) to	**Current state:** Current managed care contracts do not reflect clear requirements and processes for the transfer of the member's relevant health information for purposes of continuity of care to another to ensure continuity of coverage and care upon release.
	Future state: As noted in 3.b., Utah Medicaid will require MCOs to participate in reentry planning: ● Mandatory participation of MCOs: MCOs could be required to conduct pre-release assessments and coordinate care post-release.

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another managed care plan or, if applicable, state Medicaid agency (e.g., if the beneficiary is moving to a region of the state served by a different managed care plan or to another state after release) to ensure continuity of coverage and care upon release (coordinated with the requirements under milestone #1 above).	● Data sharing agreements: To allow correctional facilities and Medicaid programs to share health information for care continuity. ● Post-release care navigators: Assign care coordinators or navigators to help individuals navigate Medicaid and other social service systems post-release. In addition, Utah Medicaid will include the following key components and language in managed care contracts: ● Enrollment and Medicaid Activation - Purpose: Facilitate the rapid activation of Medicaid coverage to ensure continuous care post-release. ○ For example: "The MCO shall facilitate Medicaid enrollment or reactivation for justice-involved individuals prior to release, ensuring coverage is active on the day of release. The MCO must work with Utah Medicaid to expedite the application process and minimize gaps in coverage." ● Post-release Care Coordination and Transition Services- Purpose: Ensure that individuals have access to necessary services and supports immediately upon release. ○ For example: "The MCO shall establish a comprehensive care transition plan for justice-involved individuals, ensuring immediate access to primary care, mental health services, substance use treatment, and LTSS, where applicable, upon release." ○ "The MCO shall provide post-release care navigation services, including assisting individuals in scheduling initial appointments with primary care and behavioral health providers within [7/14/30] days of release." ○ "The MCO shall collaborate with community-based organizations, housing providers, and social service agencies to address HRSN, including referrals to housing, employment, food assistance, and transportation services." ● Behavioral Health and SUD Services - Purpose: Ensure continuity of behavioral health and substance use disorder services for individuals transitioning from incarceration. ○ For example: "The MCO shall ensure that justice-involved individuals with identified behavioral health needs, including those receiving MAT or other

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	substance use disorder services, have uninterrupted access to necessary medications and treatments post-release. The MCO shall work with correctional health providers to coordinate the continuation of care." ○ "The MCO shall establish protocols to provide access to behavioral health services, including crisis services and ongoing counseling or psychiatric care, within 14 days of an individual's release from incarceration." ● Health-Related Social Needs (HRSN) and Community Support Services - Purpose: Address social determinants of health that may impact health outcomes and reentry success. ○ For example: "The MCO shall conduct HRSN screenings for all justice-involved individuals as part of pre-release and post-release assessments, identifying needs related to housing instability, food insecurity, employment, and transportation." ○ "The MCO shall establish referral pathways to community-based organizations, local government programs, and other social service providers for justice-involved individuals to address identified HRSN, including emergency housing, food assistance, vocational training, and employment support." ● Data Sharing and Collaboration with Correctional Facilities - Purpose: Ensure effective data exchange between correctional facilities, Medicaid agencies, and MCOs for care coordination. ○ For example: "The MCO shall enter into data-sharing agreements with correctional health providers and correctional facilities to exchange medical records, care plans, and health information necessary for continuity of care, while maintaining HIPAA and state privacy compliance." ○ "The MCO shall collaborate with correctional facilities and the State Medicaid Agency to identify Medicaid-eligible individuals and ensure timely enrollment, care planning, and coordination prior to release." ● Quality Measurement and Reporting Requirements - Purpose: Establish performance metrics and reporting requirements for reentry-related care services.

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	○ For example: "The MCO shall report quarterly on the number of justice-involved individuals receiving pre-release assessments, Medicaid enrollment assistance, and post-release care coordination. Metrics shall include access to primary care, behavioral health services, substance use treatment, and LTSS within 30 days of release." ○ "The MCO shall be held accountable for achieving specific performance targets related to justice-involved populations, including reduced recidivism rates, increased access to preventive care, and improved health outcomes post-release." ● Culturally Competent and Trauma-Informed Care - Purpose: Ensure that care is delivered in a culturally competent and trauma-informed manner, recognizing the unique needs of justice-involved populations. ○ For example: "The MCO shall provide culturally competent and trauma-informed care training for all care coordinators, case managers, and providers who work with justice-involved individuals, ensuring that care plans reflect the social, racial, and cultural contexts of the individuals served." ○ "The MCO shall prioritize providers and community-based organizations with expertise in serving formerly incarcerated individuals, particularly those with complex behavioral health and social needs."
3.d. Implement state processes to ensure case managers coordinate with providers of pre-release services and community-based providers, if they are different providers. Implement a state policy to require case managers to facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care and seamless transitions without administratively burdening the beneficiary	**Current state:** Some of Utah's correctional facilities currently have processes to ensure case managers coordinate with providers of pre-release services and community-based providers. However, not all correctional settings have these processes established.
	Future state: Utah Medicaid will implement several state processes to ensure that case managers coordinate effectively with pre-release and community-based providers for justice-involved individuals. These include:

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(e.g., identifying providers of post-release services, making appointments, having discussions with the post-release case manager, if different, to facilitate a warm handoff and continuity of services). A simple referral is not sufficient. Warm hand-offs to a post-release case manager and follow-up are expected, consistent with guidance language in the case management section.	• Interagency Memorandums of Understanding (MOUs) between Utah Medicaid, correctional systems, and community-based providers. These agreements define responsibilities and expectations for coordination between correctional facility providers, Medicaid case managers, and community providers to require direct communication, data sharing, and joint care planning between pre-release and community-based case managers. • Managed Care Contract Amendments as noted in 3.c. to ensure case managers coordinate with correctional health services, pre-release providers, and community-based providers to ensure warm handoffs and continuity of care. • Provider manual updates that outline mandatory care coordination processes for Medicaid-enrolled individuals leaving incarceration. These updates can provide step-by-step procedures for case managers and providers including timelines, contact points for correctional facilities, templates for care plans, and instructions for warm handoffs and follow-up care. • Care Transition Task Forces or Working Groups that bring together key stakeholders from Medicaid, correctional health, behavioral health providers, and community-based organizations to create and oversee the implementation of care transition policies. The task force will help set goals for coordination processes, identify systemic gaps, and ensure compliance with Medicaid care transition protocols. • Advocate for Statewide Health Information Exchange (HIE) Integration to facilitate the transfer of health information between pre-release and post-release providers.

Milestone 4: Connecting to services available post-release to meet the needs of the reentering population

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4.a. Develop state systems to monitor individuals who are incarcerated and their person-centered care plans to ensure that post-release services are delivered within an appropriate time frame. We expect this generally will include a scheduled contact between the reentering individual and the case managers that occurs within one to two days post-release and a second appointment that occurs within one week of release to ensure continuity of care and seamless transition to monitor progress and care plan implementation. These short-term follow-ups should include the pre-release and post-release (if different) case managers, as possible, to ensure longer-term post-release case management is as seamless as possible. In keeping with the person-centered care plan and individual needs, CMS is providing these general time frames as suggestions but recognizes that depending on the beneficiary's individualized needs and risk factors, a case manager may determine that the first scheduled contact with the beneficiary should occur, for example, within the first 24 hours after release and on a more frequent cadence in order to advance the goals of this demonstration.	**Current state:** Some of Utah's correctional facilities currently have processes to ensure monitoring of individuals once they are released on parole but not all settings have these processes or requirements, especially for individuals who are no longer legally involved with the judicial system upon release. **Future state:** To monitor and manage person-centered care plans for incarcerated individuals and ensure that post-release services are delivered within appropriate time frames, Utah Medicaid will develop a comprehensive monitoring and care coordination system that integrates case management workflows, and interagency collaboration. This system would focus on both short-term follow-ups immediately after release and longer-term monitoring to ensure that the individual's health and social needs are met. ● Monitoring and tracking: ○ Development of a person-centered care plan. ○ Pre-release appointments and assessments. ○ Post-release follow-up appointments scheduled and completed. ○ Ongoing case management check-ins. ○ Person-Centered Progress Indicators: The system can track progress against the individual's care plan goals (e.g., medication adherence, access to housing, behavioral health treatment) and flag any deviations for immediate attention. ● Scheduled contact and follow-up workflow ○ Contact and follow-up process: ■ Initial scheduled contact (Within 1-2 Days Post-Release): Pre-release case manager schedules a follow-up meeting between the individual and the post-release case manager before the release date.

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	● The meeting occurs within 1-2 days post-release, either in person or via telehealth, depending on the individual's needs and the availability of services. ● The pre-release case manager joins this meeting, whenever possible to ensure a seamless handoff, clarify care plan details, and answer any outstanding questions. ○ If the pre-release manager is unable to join the meeting, a communication plan will be established that enables sharing of the person-centered care plan and the intent behind elements of the plan with the post-release case manager. ■ Second scheduled contact (within one-week post-release): A second follow-up is scheduled within one week of release to evaluate progress, confirm that the individual has accessed needed services (e.g., attended medical appointments, received prescribed medications, connected with housing services), and adjust the care plan if necessary. ● The post-release case manager leads this meeting but coordinates with the pre-release case manager (if needed) to resolve any care plan gaps. ● Ongoing follow-up: Based on the individual's needs and risk factors, the cadence of follow-ups is adjusted, with more frequent contacts for high-risk individuals. For example, those with significant behavioral health needs or unstable housing may require daily check-ins during the first week post-release. The care plan is updated in real-time as services are accessed, and any barriers to care are addressed immediately. ● Performance and accountability framework: ○ Performance metrics: Set clear performance metrics for timely contact and service delivery: ■ Percentage of individuals contacted within 1-2 days post-release.

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	■ Percentage of individuals receiving a second follow-up within one week. ■ Percentage of post-release services accessed (e.g., primary care, behavioral health appointments) within the first 7-30 days. ● Utah Medicaid will consider incentives for MCOs who are able to comply with timely follow-up metrics and penalties for delays. ● Audit and compliance reviews: Utah Medicaid will implement regular audits of case management records and person-centered care plans to ensure compliance with scheduled contact and follow-up requirements. These audits track whether warm handoffs are completed and if follow-up appointments are conducted as per the established timeframes. ● Utah Medicaid will establish a data collection and reporting system that tracks outcomes for justice-involved individuals which will monitor KPIs including: ○ Time to first contact: The system should track how quickly the individual is contacted after release (e.g., within 1-2 days) and how often follow-up contacts occur. ○ Service utilization: Monitor the utilization of medical, behavioral health, and social services in the first 30 days post-release. ○ Care plan progress: Track the completion of person-centered care plan goals, including access to housing, substance use treatment, and ongoing medical care. ○ Recidivism reduction: Longitudinal tracking of recidivism rates and how access to post-release services correlates with reduced recidivism.
4.b. Develop state processes to monitor and ensure ongoing case management to ensure successful transitions to the community and continuity of care post-release; to provide	**Current state:** Utah Medicaid does not yet have state processes in place to monitor ongoing case management to ensure successful transition to the community and continuity of care post-release.

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an assessment; monitor the person-centered care plan implementation and to adjust it, as needed; and to ensure scheduling and receipt of needed covered services.	**Future state:** To ensure ongoing case management and successful transitions to the community, Medicaid can develop comprehensive, data-driven, and collaborative processes that focus on continuous monitoring, assessment, and adjustment of the person-centered care plan post-release. These processes should involve regular assessments, timely follow-ups, and communication between case managers, healthcare providers, and community-based organizations including: ● Memorandums of Understanding will be created and agreed upon with all carceral facilities to ensure compliance and cooperation ongoing. ● Contracts will be established with MCOs and ACOs that have managed care requirements to guarantee adherence to necessary requirements. ● Person-Centered Care Plan Monitoring System: Utah Medicaid will develop a centralized electronic care coordination platform to ensure that care plans are being followed, services are accessed, and necessary adjustments are made based on the individual's evolving needs. ● Implementation of standardized ongoing case management protocols to ensure that individuals receive continuous support post-release, with regular assessments of their care plan and adjustments, as needed. ● Development of a statewide data monitoring and reporting system to track outcomes and ensure accountability in the ongoing case management process. This will include a requirement for case managers and MCOs to submit regular reports on key performance indicators as noted in 4.a. ● Regular audits and quality assurance reviews of case management records to ensure compliance with care plan monitoring and service delivery standards. This ensures that case managers are adhering to state guidelines for ongoing support and care coordination.
4.c. Develop state processes to ensure that individuals who are receiving services through the Medicaid Reform 1115	**Current state:** Some of Utah's correctional facilities currently have processes to ensure monitoring of individuals once they are released on parole/probation but not all settings have these

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Demonstration Opportunity are connected to other services needed to address LTSS and HRSN, such as housing, employment support, and other social supports as identified in the development of the person-centered care plan.	processes or requirements, especially for individuals who are no longer legally involved with the judicial system upon release. **Future state:** To ensure that individuals receiving services through the Medicaid Reform 1115 Demonstration Opportunity are connected to needed services addressing Long Term Services and Supports (LTSS) and Health-Related Social Needs (HRSN)—such as housing, employment support, and other social services—DHHS will implement a comprehensive set of processes including: ● Comprehensive care coordination and case management system workflows: ○ Person-Centered Care Plan (PCCP) development: The system should require the development of a person-centered care plan during intake that identifies all medical, behavioral health, LTSS, and HRSN needs, including housing, employment, transportation, food security, and caregiving services. The care plan is updated regularly to reflect the individual's evolving needs. ○ Integrated case management: Each beneficiary will be assigned a case manager responsible for coordinating all services, including those related to LTSS and HRSN. This case manager ensures that medical, behavioral health, and social services are integrated and aligned with the person-centered care plan. ○ Standardized HRSN screening tools: As part of the initial and ongoing assessment, case managers should use standardized HRSN screening tools (e.g., PRAPARE, AHC-HRSN tool) to identify social determinants of health that may impact the individual's ability to access care, remain housed, or secure employment. Screening should focus on housing stability, employment, food security, and transportation. ○ LTSS assessment and integration: Individuals with disabilities, older adults, or those requiring LTSS should be assessed using functional needs assessments (e.g., interRAI, MDS-HC) to determine eligibility for Medicaid home and community-based services (HCBS) and other LTSS programs.

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	● Referral systems and warm handoffs to community-based providers
	  ○ Warm handoffs: Case managers will initiate a warm handoff to community-based providers by directly communicating with the receiving provider (e.g., a housing agency, job placement service) and scheduling an initial appointment for the individual. This ensures a seamless transition between Medicaid-covered services and social supports.
	  ○ Follow-up: After the initial contact, the case manager will follow up with both the beneficiary and the service provider to confirm that the individual is engaging with the services and to address any barriers (e.g., lack of transportation, missed appointments).
	● Medicaid managed care contractual requirements to ensure MCOs are accountable for connecting beneficiaries to LTSS and HRSN services. Utah Medicaid will include specific contractual obligations in its managed care agreements, ensuring that case managers are responsible for facilitating these connections and monitoring outcomes.
	● Community based organizations (CBO) engagement and network expansion to ensure access to a wide range of LTSS and social services. This requires active engagement with CBOs and the expansion of networks for services like housing, employment, and caregiving.
	● Statewide data and outcome monitoring system to track outcomes related to LTSS and HRSN services, ensuring that Medicaid beneficiaries in the 1115 Demonstration receive timely and effective services.
	● All DHHS policies and procedures will be documented and provided to all involved partners, including but not limited to: carceral facilities, employed case manager services, contracted case manager services, and collaborating community organizations.

4.d. Implement state policies to monitor and ensure that case managers have the	**Current state:** Not present

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necessary time needed to respond effectively to individuals who are incarcerated who will likely have a high need for assistance with navigating the transition into the community.	**Future state:** As noted above, case managers will have robust training prior to taking on a caseload. Policies will be developed to govern operation of programs. In addition, a pragmatic operational guide will be developed and distributed to all involved parties, including but not limited to case managers and supervision, carceral facilities, and MCO's. There will be ongoing assessment of case manager workloads and success rates via the monitoring program, as noted above. Case managers will have the ability to report and track their time and activity. Regular feedback will be obtained via open communication channels and workloads will be adjusted per case manager feedback. In addition, all case managers will review and have ongoing access to both the eligibility policy manual and operational guides that are created to direct procedures. Finally, due to the complexity of these cases, case managers will have a limited number of cases so that they are able to respond to the high needs of the incarcerated members in a timely and efficient manner.

Milestone 5: Ensuring cross-system collaboration

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5.a. Establish an assessment outlining how the state's Medicaid agency and participating correctional system/s will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries, including but not limited to how facilities participating in the Medicaid Reform 1115 Demonstration Opportunity will facilitate access within the correctional facilities for community health care providers, including care managers, in person and/or via telehealth, as appropriate. A State could phase in implementation of pre-release services based on the readiness of various participating facilities and/or systems.	**Current state:** Utah Medicaid has not yet finalized a correctional facility readiness assessment that will assess the ability of correctional facilities to ensure the provision of services to eligible beneficiaries. **Future state:** Utah Medicaid will develop a readiness assessment that lays out what correctional facilities must demonstrate to be eligible to participate in this demonstration waiver. The responses to this readiness assessment will be evaluated for compliance with all policies, procedures, and operational plans. Facilities that fail to meet the standard of readiness will be coached and trained on how to meet readiness and stay in compliance Correctional facilities must submit their readiness assessment to Utah Medicaid prior to their proposed participation date. Utah Medicaid recognizes that some correctional facilities may not have the required capabilities in place for all areas described below at the time of submitting their readiness assessment. In these instances, facilities will be asked to describe their plan for phasing in the required areas after the planned participation date. In addition, DSAs and MOUs will be completed and agreed upon to ensure compliance and effective collaboration ongoing. The correctional facility readiness assessment will assess the ability of correctional facilities to implement and support the requirements of this demonstration as outlined in STC 14.9. The required areas are: 1. Pre-release Medicaid application and enrollment processes for individuals who are not enrolled in Medicaid prior to

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	incarceration and who do not otherwise become enrolled during incarceration. 2. The screening process to determine an individual's qualification for pre-release services, according to the eligibility requirements described in STC 14.3 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, as applicable. 4. Coordination amongst partners with a role in furnishing health care services to individuals who qualify for pre-release services, including, but not limited to, physical and behavioral health community-based providers, social service departments, and MCOs. 5. Appropriate reentry planning, pre-release case management, and assistance with care transitions to the community, including connecting individuals to physical and behavioral health providers and their MCO (as applicable), and making referrals to case management and community supports providers that take place throughout the 90-day pre-release period, and providing individuals with covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate) upon release, consistent with approved Medicaid state plan coverage authority and policy. 6. Operational approaches related to implementing certain Medicaid 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

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	qualifying individuals under the Reentry Demonstration Initiative. 7. A data exchange process to support the care coordination and transition activities described in (4), (5), and (6) of this subsection subject to compliance with applicable federal, state, and local laws governing confidentiality, privacy, and security of the information that would be disclosed among parties. 8. Reporting of data requested by Utah Medicaid 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 Reentry Demonstration Initiative, including information on qualifications of the providers with whom the correctional facilities will partner for the provision of pre-release services. For the purpose of meeting the 2023 CAA Section 5121 requirements, Utah Medicaid will utilize applicable areas of the 1115 demonstration correctional facility readiness assessment to determine readiness of relevant correctional facilities.
5.b. Develop a plan for organizational-level engagement, coordination, and communication between the corrections systems, community supervision entities, health care providers and provider organizations, state Medicaid agencies, and supported employment and supported housing agencies or organizations.	**Current state:** Utah Medicaid has been facilitating regular meetings with relevant justice-involved cross-sector stakeholders since 2023. The purpose of these meetings has been to communicate program policy, solicit stakeholder feedback, and share best practices among implementing entities. Stakeholders involved include representatives of corrections systems, community supervision entities, health care providers and provider organizations, county entities, and social services organizations.

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	Utah Medicaid has also been facilitating, and intends to continue to facilitate, one-on-one technical assistance sessions with implementation stakeholders including but not limited to State prisons, county jails, providers, individuals with lived experiences, housing organizations, and ACOs. Based on the implementing stakeholder, DHHS has been meeting on an as needed basis.
	Future state: Utah Medicaid will continue to facilitate regular meetings with relevant justice-involved cross-sector stakeholders and one-on-one technical assistance sessions with implementation partners (ongoing). Utah Medicaid will organize and lead a formal stakeholder group composed of high-level leaders in government, corrections, health care, and community organizations that are pertinent to this work. This group will oversee the direction of this work and provide high-level input and direction. In addition, a full project management approach will occur identifying all essential project areas, timelines for completion, and action plans shared with responsible parties. Workgroups will be established to complete essential project areas with committee and stakeholder review in order to ensure successful implementation.
5.c. Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders, including individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations serving the reentering population).	**Current state:** Utah Medicaid has taken a multi-pronged approach to improving stakeholder awareness about the Medicaid program and its Reentry Demonstration Initiative. Since 2023, Utah Medicaid has been engaging with key stakeholders across multiple disciplines to discuss the design decisions, program requirements, and key milestones. These stakeholders have included correctional facility leadership and staff, Utah Legislature, members of the Utah Medical Care Advisory Committee (MCAC), local ecclesiastical members, MCOs, and the general public. Utah Medicaid has also pursued targeted engagement of an array of stakeholders to provide one-on-

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	one ongoing education and technical assistance (e.g., meeting weekly with correctional facility leadership and their project management/technical staff).
	Future state: Utah Medicaid will gather a workgroup with a larger statewide scope with members from across systems. This will include stakeholders from a wider breadth of areas including members with lived experience, corrections institutions, health care providers, advocacy networks, and other relevant community organizations. Information regarding coverage and Medicaid programs will be disseminated via this work group. This will include updates to the justice-involved program website (Justice-Involved Program - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare), community presentations, public meetings, and listening sessions. Information regarding Medicaid coverage will also be disseminated: ● Medicaid Information Bulletin disseminated electronically to Utah Medicaid-enrolled providers. ● All-plan letters that provide an overview of the Reentry Demonstration Initiative to Medicaid MCOs and health plans. ● Updates to the Utah Medicaid Provider Manual, as needed. ● As well as through standard channels including press releases, email listservs, social media, and presentation at meetings with stakeholder representation. Utah Medicaid will also continue to provide targeted stakeholder engagement and technical assistance to implementing entities (e.g., correctional facilities, county agencies) partially informed by entities' responses to the justice-involved readiness assessments. (See 5.a. for additional information on readiness assessments.)

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	MOUs will be established with carceral facilities to ensure that incarcerated individuals will have continuous access to information, including mailed updates, from DHHS and DWS, regarding Medicaid coverage.
5.d. Develop systems or establish processes to monitor the health care needs and HRSN of individuals who are exiting carceral settings, as well as the services they received pre-release and the care they received post-release. This includes identifying any anticipated data challenges and potential solutions, articulating the details of the data exchanges, and executing related data-sharing agreements to facilitate monitoring of the demonstration, as described below.	**Current state:** Utah Medicaid does not yet have a monitoring process in place to monitor the health care needs, HRSN, and services received pre- and post- release for individuals who are exiting correctional facilities as well as the services required post-release. **Future state:** Utah Medicaid will rely on claims data to monitor the delivery of pre-release and post-release services. Utah Medicaid will utilize the CMS reporting templates to report on these metrics quarterly and annually. It is anticipated that some participating facilities will require assistance in developing reports, sharing data, and developing processes for data collection and the state will offer assistance, as necessary to facilities. Utah Medicaid will require correctional settings to screen for the HRSN needs of beneficiaries and include positive screening needs as part of the person-centered care plans. The state will establish a comprehensive monitoring approach for the Reentry Demonstration Initiative, in alignment with the approved federal waiver and state monitoring priorities. The approved demonstration requires Utah Medicaid to submit a Monitoring Protocol no later than 150 calendar days after the approval of the demonstration and regular Quarterly and Annual Monitoring Reports throughout the duration of the demonstration. In order to meet the requirements for the reentry mid-point assessment, interim, and summative reports, the state will work with the contracted evaluator to determine if coverage provided

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	more coordinated, efficient, and effective reentry planning. In addition, the contracted agency will evaluate if coverage enabled pre-release management and stabilization of clinical, physical and behavioral health conditions.