Attachment G
Reentry Demonstration Initiative Services

Covered Service	Definition
Case Management	Targeted Case Management (TCM) will be provided in the period up to 90 days immediately prior to the expected date of release and is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community. Service includes, as appropriate: ● Conducting a health risk assessment, as appropriate; ● Assessing the needs of the individual to inform development, with the client, of an actionable person-centered care plan, with input from the clinician providing consultation services and the correctional system's re-entry planning team: ○ While the person-centered care plan is created in the prerelease period and is part of the TCM pre-release service to assess and address physical and behavioral health needs and HRSN identified, the scope of the plan extends beyond release; ● Obtaining informed consent, when needed, to furnish services and/or to share information with other entities to improve coordination of care; ● Providing warm linkages with designated care managers (including potentially a care management provider, for which all individuals eligible for pre-release services will be eligible) which includes sharing care plans with health plans prior to/upon reentry ● Ensuring that necessary appointments with physical and behavioral health care providers, including, as relevant to care needs, with BH coordinators and providers, are arranged; ● Making warm linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups; ● Providing a warm hand-off, as appropriate, to post-release case managers who will provide services under the Medicaid or CHIP State Plan or other waiver or Demonstration authority; ● Ensuring that, as allowed under federal and state laws and through consent with the beneficiary, data are shared with health plans, and, as relevant, to physical and behavioral health providers to enable timely and seamless hand-offs;

	● Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based providers as soon as possible and no later than 30 days from release; and ● Conducting follow up with the individual to ensure engagement with community-based providers, including behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.
Medication-Assisted Treatment (MAT)[1]	Consistent with the Medicaid and CHIP State Plans including: ● MAT for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and 2103(c)(5). ● MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs. ● Psychosocial services delivered in conjunction with MAT for OUD as covered in the Medicaid State Plan 1905(a)(29) MAT benefit, MAT for AUD and Non-Opioid Substance Use Disorders as covered in the Medicaid State Plan 1905(a)(13) rehabilitation benefit, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT, including required laboratory testing.
30-day Supply of Prescription Medications	Services provided upon release include: • Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan and CHIP state plan), and should be dispensed at the time of release.

[1] For more information on MAT coverage as part of behavioral health benefit packages in CHIP, see pages 6 – 7 of State Health Official Letter #20-002 available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho20001.pdf.