

Colorado M-REACH Phase I Correctional Facility Readiness Assessment

Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) is developing new ways for Health First Colorado, the state's Medicaid program, and Child Health Plan Plus (CHP+), to fund reentry services for people returning to the community following a period of detention or incarceration through a program titled Medicaid Reentry and Community Health (M-REACH). Coverage provided through M-REACH is authorized under Colorado's [1115 "Expanding the Substance Use Disorder \(SUD\) Continuum of Care" Waiver](#) (1115 Waiver) and aligns with federal minimum requirements for Medicaid and CHP+ services to be provided to eligible youth who are post-adjudication and 30 days prior to release from a correctional setting under [Section 5121](#) of the [Consolidated Appropriations Act of 2023](#) (CAA). All Medicaid and CHP+ eligible youth and adults will receive coverage for reentry services beginning 90 days prior to release which includes:

- **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;
- **MAT:** Medication assisted treatment (MAT) for all types of substance use disorders (SUDs) as clinically appropriate, including coverage for medications in combination with counseling/behavioral therapies in the period up to 90 days immediately prior to the expected date of release; and
- **Pharmacy:** A 30-day supply of all prescription medications provided to the individual immediately upon release from the correctional facility, consistent with approved Medicaid and CHIP state plan coverage authority and policy.

This benefit will be available to all eligible members within participating state prisons or local jails, tribal jails, and secure youth centers (herein after referred to as "correctional facilities") on a phased-in schedule. **The Phase 1 Correctional Facility Readiness Assessment is available for state prisons operated by the Colorado Dept. Of Corrections and secure youth centers operated by the Colorado Dept. of Human Services.** This program is designed

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to improve access to critical services for Coloradans with behavioral health needs who are also detained or incarcerated and preparing to return to the community. Strong care coordination and early access to key services before reentry is intended to improve the prognosis for individuals' success upon reentry and reduce the potential for recidivism while increasing the likelihood of ongoing engagement in behavioral health services upon and following release.

In order to operationalize this benefit in each setting, each correctional facility must complete the Facility Readiness Assessment demonstrating ability to meet the minimum standards established by the Centers for Medicare and Medicaid Services (CMS) in Special Terms and Conditions Section 9.9 ([STC 9.9](#)).

M-REACH Facility Readiness Assessment

HCPF is conducting a Facility Readiness Assessment to determine the readiness of each correctional facility to meet the requirements outlined in the CAA and 1115 Waiver plans beginning July 1, 2025. In order to be eligible to bill Medicaid for the specific services covered under the new reentry benefit, each correctional facility must demonstrate their ability to meet these requirements by passing a comprehensive review.

Process for Completing the Facility Readiness Assessment

The following Facility Readiness Review was developed to assess readiness to offer specific reentry services that align with the elements of STC 9.9. This review was designed to be conducted as a desk review, and includes demonstrating readiness for the Medicaid application process, 90-day pre-release service delivery, reentry planning and coordination, and oversight and project management.

All correctional facilities should complete the Facility Readiness Assessment template and should submit the completed Assessment including all supporting documents to demonstrate readiness to provide or coordinate direct provision of reentry services available for Medicaid and CHP+ coverage for eligible members. The focus areas below identify the minimum criteria, and the evaluation questions upon which facilities will be assessed. All supplementary information must be referenced by the respondent completing this template and must be sufficiently detailed to demonstrate readiness. Passage of a correctional facility readiness assessment is a federal requirement that must be completed

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before HCPF may reimburse for services furnished to qualifying individuals who are inmates of that correctional facility.

HCPF is specifically requesting that each correctional facility submit this information in a single .pdf document that includes the supporting evidence with references to the specific page number in each section of the readiness review tool. If the correctional facility is unable to create a single document, they may submit multiple documents as attachments. Each attachment must be labeled at submission (e.g., Attachment A, Attachment B, etc.) and reference both the Attachment and the specific page number that supports the evidence for that section.

Once completed, the readiness assessment template and all attachments must be sent by email to the HCPF Criminal and Juvenile Justice Inbox: HCPF_CJJ@state.co.us, and include “M-REACH Facility Readiness Assessment” in the email subject line. Once received, the correctional facilities may be asked to provide additional supporting documentation, if needed. Please note that there is no “due date” for template submission. Materials will be accepted on a rolling basis. The time between correctional facility submission and HCPF response will be approximately five weeks. See the table below for an example timeline of the full process for one correctional facility.

HCPF will assess facilities on whether they meet the stated requirements of each focus area below. Based on the assessment, HCPF will offer correctional facilities a passing score or a non-passing score with further instructions. All decisions will be communicated to the correctional facilities in writing, and any correctional facilities that do not initially pass the assessment will have the opportunity to submit a plan for reassessing readiness at a later date. Any correctional facility that does not receive full passing approval may submit an appeal to HCPF. If desired, HCPF will also provide technical assistance to correctional facilities to enroll as a Medicaid provider. Medicaid provider enrollment is required for correctional facilities to be reimbursed for M-REACH services.

Timeline

The timeline below lists timeframes and milestones for submission and review. The Facility Readiness Assessment will be revised and launched following federal approval to move forward with M-REACH implementation.

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Milestone	Example Timeframe
Facility completes assessment and turns it in	Dependent on correctional facility and may be turned in on a rolling basis
HCPF review and approval period	Five weeks
HCPF issues assessment responses	One week
Post-assessment go-live date	Earliest go-live date for each individual facility is the date that they receive a passing score on the Facility Readiness Assessment

Questions

Any correctional facility staff completing this assessment may direct questions or comments, and may submit the assessment template with attachments, to the following point of contact:

HCPF Criminal and Juvenile Justice Inbox

HCPF_CJJ@state.co.us

Facility Information

Facility Name:

Facility Address:

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Point of Contact Name/Title:

Point of Contact Phone:

Point of Contact Email:

Check correctional facility type:

- State Prison
- Secure Youth Center
- Other (please specify): _____

M-REACH Facility Readiness Assessment Topics

Focus Area 1: Medicaid Application Process

Readiness Element 1a. Medicaid & CHP+ Screening

Readiness Element 1b. Application Support

Readiness Element 1c. Activation of Benefits

Readiness Element 1d. Screening for M-REACH Eligibility

Focus Area 2: Provider Enrollment & Billing

Readiness Element 2a. Medicaid Provider Enrollment

Readiness Element 2b. Medicaid Billing

Focus Area 3: 90-Day Pre-Release Service Delivery

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Readiness Element 3a. Attestation for provision of minimum services
Readiness Element 3b. Virtual/In-Person In-Reach Provider Support
Readiness Element 3c. Support for Medications (Prescriptions Upon Release)
Readiness Element 3d. Support for MAT
Readiness Element 3e. Support of Targeted Case Management
Readiness Element 3f. Support of Screening & Diagnostics

Focus Area 4: Oversight and Project Management

Readiness Element 4a. Reinvestment of Savings
Readiness Element 4b. Data Sharing for Continuity of Care and Program Monitoring
Readiness Element 4c. Compliance with Federal and State Methadone Regulations

Focus Area 1: Medicaid Application Process

Readiness Element 1a. Medicaid & CHP+ Screening

Defined process and support model to screen for current Medicaid enrollment and eligibility if not yet enrolled.

Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<ul style="list-style-type: none"><input type="checkbox"/> Process in place to screen for current Medicaid or CHP+ enrollment<ul style="list-style-type: none">○ Prior to 90 days before release, or as early as feasible prior to release, for individuals with longer	<p>Describe and provide documentation on correctional facility procedures for Medicaid & CHP+ eligibility screening process. These may be new procedures to address the minimum requirements, including:</p> <ul style="list-style-type: none">● When does the correctional facility inquire about an individual's insurance status - whether they are already enrolled in Medicaid, CHP+ or other insurance (e.g., part of intake, within a few days after intake) and how is the question asked and recorded?

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<p>sentences and/or known release date</p> <ul style="list-style-type: none"> ○ At or close to intake for individuals with short-term stays, pre-adjudication/pre-trial, and/or unknown release dates <p><input type="checkbox"/> Processes and infrastructure in place to facilitate the timely and accurate exchange of eligibility information between the correctional facility and eligibility site</p>	<ul style="list-style-type: none"> ● How will the correctional facility confirm if an individual is already enrolled in Medicaid or CHP+ (e.g., use the provider portal, or an alternative method such as coordinating with the eligibility site)? ● When an individual is identified as not having Medicaid or CHP+, what is the process to flag that a Medicaid application is needed (e.g., is there a list the individual gets put on to identify need for subsequent enrollment process)? ● Who at the correctional facility is responsible for following up with individuals who are not enrolled in Medicaid to assist with completing an application? What are the related timelines? ● What is the process to obtain consent to apply on behalf of youth under 18 years old?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 1a:</p> <ul style="list-style-type: none"> ● Policy Manual ● Process Map ● MOU with partners such as eligibility site <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document,</p>	<p>Readiness Element 1a. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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<p>reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	
<p>Readiness Element 1b. Application Support Defined process to support individuals to apply for Medicaid or CHP+ coverage.</p>	
<p>Minimum Requirement Checklist</p>	<p>Evaluation Questions to Determine Implementation Readiness</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Process in place to support individuals in completing and submitting a Medicaid application or completing a redetermination <input type="checkbox"/> Process in place to ensure individuals receive Medicaid or CHP+ communication and documentation, including Notices of Action (NOA) related to eligibility determinations (e.g., approvals or denials) <input type="checkbox"/> Processes and infrastructure to receive a Medicaid or CHP+ card while incarcerated and release that to the individual upon release 	<p>Describe and provide documentation on correctional facility procedures for Medicaid and CHP+ application process, including:</p> <ul style="list-style-type: none"> • Who/what entity is responsible for submitting an application to the eligibility site? • How often/on what days are those applications submitted? • What volume of individuals has the correctional facility previously been able to support with Medicaid applications, and what is the expected future volume? • What modality is being used (e.g., telephone, fax, online, paper, all)? • How will the correctional facility ensure that the individual is permitted the time and a location to complete and submit the application? • How will the correctional facility ensure that individuals receive all Medicaid and CHP+ communication and documentation, including NOA and Benefits Identification Card, in a timely fashion during their incarceration and if the individual uses the correctional facility as their mailing address?

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<p>❑ Processes in place to support individuals' ability to request and participate in fair hearings</p>	<ul style="list-style-type: none">● How will the correctional facility ensure that individuals are able to make timely requests for a fair hearing if they choose to? For those who remain incarcerated during their scheduled hearing date, how will the correctional facility work with the eligibility site to attend virtual fair hearings via videoconference or telephone?<ul style="list-style-type: none">○ The "Appeals" webpage provides additional information on HCPF's fair hearing process for individuals who disagree about a decision about whether they qualify for Medicaid or a decision about services that they receive.○ Consider:<ul style="list-style-type: none">■ Ensuring access for the individual to submit exhibits to the court for their hearing either by email, fax, or mail■ Ensuring the individual received any court exhibits sent to them at the correctional facility in a timely manner■ Ensuring access to a quiet space to participate in the hearing● How does the correctional facility follow-up to track that the individual who requested support with Medicaid enrollment receives application assistance?● How will the correctional facility ensure that the individual receives any Medicaid or CHP+ card received while incarcerated upon release?● How will the correctional facility provide contact information and any other relevant information to apply for Medicaid in another state, when relevant?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 1b:</p>	<p>Readiness Element 1b. Response: In this box, please provide your response to the evaluation questions for this readiness element.</p>

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<ul style="list-style-type: none"> Policy Manual Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	
Readiness Element 1c. Activation of Benefits Process and data sharing capability to notify the eligibility site of the individual's release date to reactivate full coverage and to enable full scope of benefits upon release.	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<ul style="list-style-type: none"> <input type="checkbox"/> Processes and infrastructure in place to notify the eligibility site of incarceration <input type="checkbox"/> Processes and infrastructure in place to facilitate the timely and accurate exchange of information between the correctional facility and 	<p>Describe and provide documentation on correctional facility procedures and data sharing capabilities for unsuspension/activation of benefits, including:</p> <ul style="list-style-type: none"> How and by whom is the release date provided to the eligibility site? What is the process for confirming release date after individual has been released? How frequently is the correctional facility doing this reporting? Is it done in real-time or daily (or other frequency) batched process? How is timeliness of notification tracked?

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<p>eligibility site to notify the eligibility site of release.</p>	
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 1c:</p> <ul style="list-style-type: none"> • Policy Manual • Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 1c. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>
<p>Readiness Element 1d. Screening for M-REACH Eligibility Process to identify which individual are eligible for Medicaid reentry services</p>	
<p>Minimum Requirement Checklist</p>	<p>Evaluation Questions to Determine Implementation Readiness</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Process is in place to determine M-REACH eligibility. <input type="checkbox"/> Process is in place for correctional facility to receive information or access 	<p>How is the correctional facility ensuring that individuals receiving services are eligible for M-REACH? Who is responsible for ensuring this?</p> <p style="text-align: center;">To be eligible, individuals must:</p> <ul style="list-style-type: none"> • Meet the definition of an inmate of a public institution

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<p>information on former foster care youth from the eligibility site</p> <p><input type="checkbox"/> Process is in place to determine eligibility for CAA 5121 minimum services.</p>	<ul style="list-style-type: none"> Be incarcerated in a correctional facility Have been determined eligible for Medicaid or CHIP if not for their incarceration status; and Have an expected release date within 90 days (including both pre- and post-adjudication individuals). <p>There are no additional requirements, such as diagnosis, to be eligible for M-REACH.</p> <p>How is the correctional facility identifying “eligible youth” for access to services required under CAA 5121?</p> <p>For CAA 5121, “eligible youth” are:</p> <ul style="list-style-type: none"> Medicaid or CHP+ eligible Post-adjudication Under age 21 or under age 26 for former foster care
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 1d:</p> <ul style="list-style-type: none"> Policy Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant</p>	<p>Readiness Element 1d. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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information can be found, and describe the policy in the box to the right.	
Focus Area 2: Provider Enrollment & Billing	
Readiness Element 2a. Medicaid Provider Enrollment Established plan is in place to enroll the pharmacy, prescribers and other service providers furnishing services that will be billed to Medicaid.	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<p>Check which of the following services provided at the correctional facility will be billed to Medicaid:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications upon release <input type="checkbox"/> Medication Assisted Treatment (medications and counseling) <input type="checkbox"/> Targeted Case Management <p>Eligible youth have access to the minimum services required in CAA 5121:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Targeted Case Management 30 days prior to release and for 30 days after release <input type="checkbox"/> EPSDT-compliant screenings and diagnostics 30 days prior to release or as soon as practicable 	<p>What services will the correctional facility be billing for?</p> <p>How will the correctional facility identify non-facility providers who will be furnishing services billed to Medicaid?</p> <p>Describe and provide documentation of the correctional facility's Medicaid provider enrollment procedure, including:</p> <ul style="list-style-type: none"> • Who is at the correctional facility is responsible for ensuring the correctional facility and relevant staff are enrolled as Medicaid providers, and correctional facilities with pharmacies onsite are enrolled with Medicaid as pharmacies? • For in-reach services (services provided by a community provider), do all providers have a National Provider Identifier (NPI) number? For embedded model, do Facilities have an NPI?

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<ul style="list-style-type: none"><input type="checkbox"/> All identified providers are identified and notified of need to enroll in Medicaid <input type="checkbox"/> Designated pharmacy is enrolled<input type="checkbox"/> Providers rendering services to be billed for (including prescribers) are enrolled	
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 2a:</p> <ul style="list-style-type: none">• Policy• Process Map• List of possible providers <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 2a. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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Readiness Element 2b. Medicaid Billing Established plan is in place to bill for services.	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<input type="checkbox"/> Billing process is in place for each of the services selected above	<p>Describe and provide documentation of the correctional facility's Medicaid Billing procedure, including:</p> <ul style="list-style-type: none"> What services will the correctional facility be billing for? How will service provision be documented? How will correctional facilities comply with privacy requirements including HIPAA? How will the correctional facility complete and submit claims to Medicaid? <p>Describe and provide documentation of the non-facility's Medicaid Billing procedure:</p> <p><i>Note: All minimum services must be offered by the correctional facility, but the correctional facility is not required to bill for all minimum services. Facilities may submit an amended readiness assessment if they wish to expand the services they bill for in the future.</i></p>
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 2b:</p> <ul style="list-style-type: none"> Policy Process Map 	<p>Readiness Element 2b. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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<ul style="list-style-type: none"> Contract/MOU/Data Sharing Agreements <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	
Focus Area 3: 90-Day Pre-Release Service Delivery	
Readiness Element 3a. Attestation for provision of minimum services	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<p>Eligible individuals, 90 days prior to release have access to the minimum required services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A 30-day supply of all prescription medications provided to the individual immediately upon release from the correctional facility, consistent with approved Medicaid and CHIP state plan coverage authority and policy <input type="checkbox"/> Medication Assisted Treatment 	<ul style="list-style-type: none"> How will the correctional facility implement Medicaid and CHIP requirements for providing services under the demonstration with reasonable promptness, receipt of notices regarding requests for services under the demonstration, and any other requirements specific to receipt of pre-release services by qualifying individuals under the reentry demonstration initiative? What is the correctional facility's staffing and project management approach for supporting the correctional facility's participation in the reentry demonstration initiative? What are the initial and ongoing training activities to ensure compliance with Medicaid and CHIP requirements? How will service refusal of one or more services be documented to

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<p>(MAT)</p> <ul style="list-style-type: none"><input type="checkbox"/> Targeted Case Management (TCM) <p>Eligible youth have access to the minimum services required in CAA 5121:</p> <ul style="list-style-type: none"><input type="checkbox"/> Targeted Case Management 30 days prior to release and for 30 days after release<input type="checkbox"/> EPSDT-compliant screenings and diagnostics 30 days prior to release or as soon as practicable after release	<p>note that services were offered and the lack of service delivery was due to individual refusal?</p> <ul style="list-style-type: none">• How will the correctional facility report data requested by HCPF to support program monitoring, evaluation, and oversight (e.g., reinvestment funds)?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3a:</p> <ul style="list-style-type: none">• Policy• Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 3a. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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Readiness Element 3b. Virtual/In-Person In-Reach Provider Support	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<input type="checkbox"/> Process is in place to support access to in-person and/or virtual visits to in-reach providers, where relevant.	<ul style="list-style-type: none"> What are the established processes for supporting rapid scheduling and providing space, including physical space for in-person visits and/or space and technology for virtual visits (e.g., laptop or similar device, webcam, internet access telephone line), for in-reach provider services while ensuring appropriate security protections remain in place?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3b:</p> <ul style="list-style-type: none"> Policy Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 3b. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>
Readiness Element 3c. Support for Medications (Prescriptions Upon Release)	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness

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<ul style="list-style-type: none"> ❑ Infrastructure and processes are in place to support the provision of medications on day of release, or an action plan has been defined to support provision of medications on day of release. ❑ Processes are in place to ensure that individuals receiving medications are transitioned to community providers at reentry via a warm hand (e.g., prescription sent to pharmacy, connection made to community-based provider to continue care). 	<p>Describe and provide documentation of procedures to support provision of medications upon release, including:</p> <ul style="list-style-type: none"> • Who are the providers of pharmacy services (credentials and qualifications, correctional facility staff or in-reach, etc.)? • What pharmacy is utilized (e.g., on-site, mail, or community partner)? • What is the process to support provision of medications upon release whenever possible for an unexpected release? • What processes are in place to ensure Prior Authorization (PA) and Utilization Management (UM) requirements are met? • Are there processes in place to provide Naloxone upon release? • If prescriptions are delivered to the correctional facility prior to release, how will they be stored and given to the individual upon release? Will there be any special procedures for controlled substances? • Does the correctional facility support overdose prevention by providing naloxone upon release and a clinically appropriate supply of MAT with follow-up? Please describe below.
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3c:</p> <ul style="list-style-type: none"> • Policy • Process Map <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these</p>	<p>Readiness Element 3c. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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<p>minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	
Readiness Element 3d. Support for MAT	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<ul style="list-style-type: none"> <input type="checkbox"/> Infrastructure and processes are in place to support MAT. <input type="checkbox"/> All individuals are screened for SUD. <input type="checkbox"/> All persons for whom MAT is clinically indicated and who consent to its use are inducted into treatment in a timely fashion and maintained on treatment throughout incarceration. <input type="checkbox"/> Processes are in place to ensure that individuals receiving MAT are transitioned to community providers at reentry via a warm hand. 	<p>Describe and provide documentation of procedures for MAT services, including:</p> <ul style="list-style-type: none"> • Who are the providers of MAT services (credentials and qualifications, correctional facility staff or in-reach, etc.)? • What are the relevant processes or policies for provision of MAT? <ul style="list-style-type: none"> ○ What is the current capacity (e.g. is there a waitlist for new inductions)? ○ Are individuals inducted onto MAT as appropriate, or are services limited to continuation of MAT? • What MAT medications are available? • If the correctional facility does not currently offer all forms of FDA-approved medications for the treatment of alcohol use disorder (AUD) and substance use disorder (SUD), is there an action plan to ensure all types of MAT medication are available? • What accompanying assessment, counseling, and patient education are available?

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	<ul style="list-style-type: none"> Is the correctional facility aware of and compliant with Behavioral Health Administration (BHA) and Drug Enforcement Administration (DEA) regulations as it pertains to offering MAT?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3d:</p> <ul style="list-style-type: none"> Policy Process Map Screening Tools <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 3d. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>
Readiness Element 3e. Support of Targeted Case Management	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<input type="checkbox"/> Infrastructure or processes are in place to provide case management prior to release	<ul style="list-style-type: none"> Who are the providers of case management services (credentials and qualifications, correctional facility staff or in-reach, etc.)? Describe your process for identifying and assigning a case manager to each individual, including:

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<ul style="list-style-type: none">❑ Processes are in place to support transitioning care to the community upon release❑ Processes are in place to ensure that individuals receiving TCM within the correctional facility are transitioned to RAEs and community-based providers at reentry via a warm handoff, conducted prior to release.❑ Processes are in place to ensure that CAA 5121 eligible youth receiving TCM within the correctional facility are transitioned to continued access to TCM post-release at reentry via a warm hand.❑ Description of how the TCM will coordinate amongst partners furnishing health care services	<ul style="list-style-type: none">○ Noting if individual has existing relationship with community-based care managers who can be leveraged, OR○ Noting if individual needs a correctional facility-based case manager.● Describe your process for conducting assessments and screening, including:<ul style="list-style-type: none">○ What screenings and assessments are conducted?○ How record sharing consent is obtained by individuals○ How records are shared between correctional facility and community-based providers/health plans○ Methods for coordination and support of delivery of services by correctional facility clinical staff● Describe your plan for supporting reentry care that includes:<ul style="list-style-type: none">○ Developing and documenting an individualized care plan. With whom is the care plan shared?○ Warm Handoffs to RAEs and physical health and behavioral health community-based providers○ Referrals to social service departments○ Providing or connecting to care for continued access to TCM post-release for CAA 5121 eligible youth○ How will the TCM coordinate 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 and social service departments?
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<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3e:</p> <ul style="list-style-type: none"> Policy Process Map Data Sharing Agreements/MOUs <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 3e. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>
Readiness Element 3f. Support of Screening & Diagnostics	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<p><input type="checkbox"/> Processes are in place to ensure that CAA 5121 eligible youth receive screenings & diagnostics upon release via a warm hand.</p>	<p>In accordance with CAA 5121, HCPF covers screening and diagnostic services for CAA eligible youth under the age of 21 or under the age of 26 for former foster care immediately upon release from incarceration.</p> <ul style="list-style-type: none"> CAA eligible youth must be connected to care to receive EPSDT-compliant screening and diagnostics post-release for CAA 5121 eligible youth, including: <ul style="list-style-type: none"> Immunizations according to age and health history; Dental, vision, and hearing screenings;

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	<ul style="list-style-type: none">○ Behavioral health screenings; and○ Follow-up diagnostic services when a screening indicates the need for further evaluation and such diagnostic services are medically necessary and ordered by a Medicaid-enrolled provider.● Note: This requirement can be satisfied if an eligible juvenile was screened and/or received a diagnostic service(s) prior to incarceration, upon entry to the correctional facility, and/or during other points of incarceration prior to 30 days before their scheduled release date.
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 3f:</p> <ul style="list-style-type: none">● Policy● Process Map● Data Sharing Agreements/MOUs <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 3f. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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Focus Area 4: Oversight and Project Management	
Readiness Element 4a. Reinvestment of Savings	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<input type="checkbox"/> Policies or process are in place to track and reinvest savings from Medicaid billing	<ul style="list-style-type: none"> Describe your plan for accounting and other financial record-keeping procedures related to re-entry demonstration service provision. Describe your policies or processes to ensure that savings resulting from funds received for Medicaid are tracked and reinvested. If a process is not yet in place, describe your action plan to ensure this requirement is met.
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 4a:</p> <ul style="list-style-type: none"> Policy <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	<p>Readiness Element 4a. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>
Readiness Element 4b. Data Sharing for Continuity of Care and Program Monitoring	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness

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<ul style="list-style-type: none"><input type="checkbox"/> Policy or process is in place to share data between correctional facility and community based partners for the purposes of continuity of care.<input type="checkbox"/> Correctional facility attests that they will partner with HCPF to provide data required for program monitoring, evaluation, and oversight in alignment with CMS requirements when determined.<input type="checkbox"/> Correctional facility attests that they have processes within the correctional facility to ensure compliance with applicable federal, state, and local laws governing confidentiality, privacy, and security of the information including HIPAA	<ul style="list-style-type: none">• Describe how relevant data sharing policies or processes are in compliance with applicable federal, state, and local laws governing confidentiality, privacy, and security of the information that would be disclosed among parties.
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 4b:</p> <ul style="list-style-type: none">• Data Sharing Agreements, MOUs <p>If documentation such as a correctional facility policy is being submitted to</p>	<p>Readiness Element 4b. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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<p>demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant information can be found, and describe the policy in the box to the right.</p>	
Readiness Element 4c. Compliance with Federal and State Methadone Regulations	
Minimum Requirement Checklist	Evaluation Questions to Determine Implementation Readiness
<input type="checkbox"/> Attest that the correctional facility is aware of and following relevant BHA & DEA methadone regulations for dispensing and take home medication.	<ul style="list-style-type: none"> Which entity is dispensing methadone for members in your correctional facility?
<p>Examples of Documentation that can be referenced and attached when answering Readiness Element 4c:</p> <ul style="list-style-type: none"> Policy Manual <p>If documentation such as a correctional facility policy is being submitted to demonstrate compliance with these minimum requirements, please identify the name of the attached document, reference where in the policy relevant</p>	<p>Readiness Element 4c. Response:</p> <p>In this box, please provide your response to the evaluation questions for this readiness element.</p>

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information can be found, and describe the policy in the box to the right.	
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Readiness Assessment Attestation Form

I certify that, as the representative of the correctional facility submitting this Reentry Services Readiness Assessment, I agree to the following conditions:

- The correctional facility will respond to inquiries from HCPF pertaining to the contents of their Reentry Services Readiness Assessment within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by HCPF. HCPF will consider reasonable timelines that will be dependent on the type of information when making such requests.
- The correctional facility will respond to general inquiries pertaining to program administration received from HCPF pertaining to M-REACH (before or after the go-live of reentry services) within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by HCPF. HCPF will consider reasonable timelines that will be dependent on the type and severity of information when making such requests.
- The correctional facility will enter into an Interagency Agreement (IA) with HCPF pertaining to M-REACH, including appropriate HIPAA data usage.
- All information provided in this Readiness Assessment is true and accurate to the best of my knowledge.

X

Title:

Date:

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Readiness Assessment Acceptance: For Completion by HCPF Staff Only

I certify that, as the representative from the Department of Health Care Policy and Financing, this Facility Readiness Assessment was received and assessed as:

☐ Passing

☐ Non-Passing

X

Title:

Date: