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September 26, 2024

The Honorable Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

The State of Louisiana, through the Louisiana Department of Health (LDH), is pleased to submit the enclosed application for the Louisiana Reentry Demonstration Section 1115 Waiver.

In accordance with State Medicaid Director Letter #23-003 issued on April 17, 2023, Louisiana seeks to implement a reentry demonstration program to allow Medicaid coverage to qualified individuals prior to their release from prison or jail. Louisiana recognizes the critical role of healthcare in facilitating successful reintegration into society for incarcerated individuals. Through this waiver, LDH seeks to cover Medicaid services, including case management, medication-assisted treatment (MAT), and a 30-day supply of prescription drugs, among other services, for 90 days prior to a Medicaid-eligible individual's release from prison or jail. By offering these services prior to release, Louisiana aims to improve access to healthcare coverage, continuity of care, the likelihood of better health outcomes, and supporting individuals to become productive members of the community. The proposed demonstration aligns with the state's commitment to providing rehabilitation and support for individuals returning to the community and builds upon the success of the state's existing initiatives including the Medicaid Pre-Release Enrollment Program.

Louisiana looks forward to working with the Centers for Medicare & Medicaid Services on approval of the Louisiana Reentry Demonstration Section 1115 Waiver. Should you have any questions or concerns during your review of this application, please contact Louisiana Medicaid Executive Director Kimberly Sullivan at Kimberly.Sullivan@LA.GOV. We appreciate your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Landry".

Jeff Landry
Governor

Reentry Demonstration
Section 1115 Waiver Application



September 27, 2024

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Section 1: Executive Summary

Louisiana has long been plagued with one of the highest incarceration rates in the nation, a trend that has significant social and economic implications. The Bureau of Justice Statistics reported a rate of 596 residents sentenced and imprisoned in state or federal custody per 100,000 in 2022, 1.7 times higher than the national average.¹ At the same time, Louisiana has been hit hard by the opioid epidemic, with the 5th highest drug overdose mortality rate in the country. The state has observed a vicious cycle of individuals lapsing in and out of correctional facilities as a result of their substance use disorder (SUD).² The Louisiana Department of Public Safety and Corrections (DPS&C) reports that 73% of incarcerated individuals have SUD that contribute to their incarceration.³ By nature of entering and exiting institutional facilities, individuals often experience disruptions in healthcare coverage and access to substance use treatment, making it challenging to foster recovery pre- and post-release.

It has also long been understood that incarcerated individuals are at a high risk for poor health outcomes relative to their counterparts in the community. Individuals who are most likely to experience incarceration often have pre-existing disproportionately high rates of chronic and infectious diseases due to the many other social determinants of health that affect at-risk populations. Specifically, individuals in prisons, jails, and other carceral facilities are more likely to experience violence, SUD, mental health challenges, and infectious and chronic diseases than the general population.⁴ Additionally, incarceration itself can have a negative impact on one's health status and outcomes upon release. One study found that each additional year in prison produced a 15.6% increase in the odds of death for parolees.⁵ Upon release, difficulties such as finding housing and employment, reconnecting with social networks, and reestablishing medical and behavioral healthcare services put individuals at a greater risk of hospitalization, emergency department visit, and even death, compared to those with no justice involvement.⁶

The health risks for incarcerated individuals are interlaced in many ways with their time spent in prison or jail, underscoring the importance of access to healthcare coverage and services for this population. Because many justice-involved individuals come from low-income backgrounds, a high proportion of this group qualifies for Medicaid,⁷ pointing to the importance of this program as a source of coverage and access to healthcare for this group. However, historically, providing Medicaid services to incarcerated individuals has proven difficult for states. Prisons and jails are not designed or intended to primarily function as medical facilities. To combat this, Louisiana facilities utilize telemedicine or transport patients to community providers whenever necessary. However, obtaining the necessary technology and other infrastructure to facilitate telehealth and care in the community places a significant financial and administrative burden on facilities. Additionally, until recently, the federal Medicaid inmate exclusion prohibited utilizing federal funds to pay the cost of any treatment for an individual who is an inmate of a public institution. Because of this prohibition, individuals in Louisiana have their Medicaid coverage suspended upon incarceration.

¹ US Department of Justice, Bureau of Justice Statistics. *Prisoners in 2022 – Statistical Tables* (November 2023)

<https://bjs.ojp.gov/document/p22st.pdf>

² Centers for Disease Control and Prevention. *Drug Overdose Mortality by State*. (n.d.)

https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

³ Louisiana Department of Public Safety and Corrections. *Reentry Initiatives & Transitional Work Programs*. (n.d.)

<https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>

⁴ Brinkley-Rubenstein, L. *Incarceration as a Catalyst for Worsening Health*. *Health and Justice Journal*. (October 24, 2013).

<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/2194-7899-1-3>

⁵ Patterson, E. *The Dose-Response of Time Served in Prison on Mortality: New York State, 1989-2003*. *AJPH*. (February 6, 2013).

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.301148>

⁶ Albertson, E., Scannell, C., et al. *Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration*. *AJPH*. (March 2020).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7002937/>

⁷ *Ibid.*

Like several other states, the Louisiana Department of Health (LDH) Bureau of Health Services Financing (Louisiana's state Medicaid agency) partnered with DPS&C to work within these regulatory constraints to support the healthcare of incarcerated individuals upon reentry to the community by implementing programs aimed at enrolling individuals in Medicaid or reactivating coverage upon release. LDH and DPS&C implemented the Pre-Release Enrollment Program in 2017 to streamline application, enrollment, and activation processes pre-release to allow eligible individuals to be enrolled in Medicaid and assigned to a managed care organization (MCO), ensuring benefits and high-risk case management were active immediately upon release. DPS&C has also introduced programs to facilitate smoother transitions from incarceration to the community, such as Regional Reentry Programs.⁸

Despite these efforts, the inability of Louisiana's Medicaid program to seamlessly begin care management for all individuals who will be eligible for Medicaid upon release leaves a very real possibility that there will be a gap in care when a justice-involved individual reenters the community. When it comes to chronic healthcare conditions, mental illnesses, and SUD treatment needs, even a short gap can be disastrous to the individual's ability to succeed as a law-abiding private citizen. Evidence has demonstrated that engaging incarcerated individuals with intensive in-reach services and establishing a plan for post-release services is one of the most impactful ways to ensure that individuals remain linked with services post-release.⁹

The Centers for Medicare & Medicaid Services (CMS) recently announced a new reentry 1115 waiver opportunity through which states may receive federal matching funds for critical in-reach case management services, as well as an array of other Medicaid-covered services, prior to an individual's release from incarceration. Importantly, these recent federal flexibilities now offer a chance for Louisiana's Medicaid program to bridge the risk of coverage gap for individuals leaving a carceral setting and facilitate continuity of care during this critical transition period.

Louisiana is pleased to submit this Section 1115 Waiver Application ("Reentry Demonstration") in response to this new CMS opportunity. Through this waiver, LDH seeks to implement a reentry demonstration program that covers Medicaid services, including case management, medication-assisted treatment (MAT), and a 30-day supply of prescription drugs upon release, among other services, for 90 days prior to a Medicaid-eligible individual's release from prison or jail.

Louisiana recognizes that the corrections system must strike a balance between deterring crime and providing rehabilitation. As such, Louisiana has made a variety of strategic investments in reentry programming to promote community reintegration that supports a seamless transition for incarcerated individuals while reducing the likelihood of recidivism. With a focus on continuity of care and connecting individuals to their community-based providers, Louisiana seeks to use this Reentry Demonstration to build upon the success of these prior initiatives and provide the healthcare that all incarcerated individuals require prior to release increasing the likelihood of better health outcomes and supporting individuals to become productive members of the community.

⁸ Louisiana Department of Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>

⁹ Buck, D., Brown, C., Hickey, J. *Best Practices: The Jail Inreach Project: Linking Homeless Inmates Who Have Mental Illness with Community Health Services*. Psychiatric Services. (2011). https://ps.psychiatryonline.org/doi/10.1176/ps.62.2.pss6202_0120

Section 2: Background and Waiver Goals

2.1 Background

Louisiana has one of the highest imprisonment rates in the United States, with a current rate of 596 prisoners per 100,000 residents.¹⁰ As of March 2024, DPS&C reported a total population of 28,387 individuals, with more than half being incarcerated in local jails.¹¹ Across the nation, significant disparities are evident in the incarcerated population as well, specifically in regard to race and gender. Louisiana's incarcerated population exceeds the national averages, as 65% are African American and 95% are male.¹²

The incidence of mental illness and SUD is also heavily overrepresented in the justice-involved population. When paired with challenges in getting treatment and the impact of incarceration on serious mental illness (SMI) and SUD symptoms, the result is often a longer duration of incarceration and increased barriers to recovery.¹³ In Louisiana, DPS&C estimates that 28% of the state prison population have a mental illness, with 10% having been diagnosed with SMI. DPS&C also estimates that around 73% of those under state custody struggle with SUD, which is higher than nationally reported statistics that found SUD rates of 63% of those in jails and 58% of those in prisons.^{14- 15}

Louisiana's corrections system is a multifaceted network of facilities and policies overseen by a number of different entities, including DPS&C, which manages eight state prison facilities. DPS&C also houses individuals in 92 local facilities within the parishes across the state. In addition, the Federal Bureau of Prisons (BOP) manages two federal prisons within the state of Louisiana.¹⁶

Similar to the county structure found in other states, Louisiana has 64 different local government parishes. There are a variety of local government structures within the parishes, including 38 parishes that are governed by a police jury.¹⁷ A police jury is a legislative and executive body with full autonomy to manage the parish. Parish sheriffs oversee local jails, including supplementing state prisons to manage populations as needed.¹⁸

In 2022, approximately 13,000 people in Louisiana were released from state prisons and parish jails.¹⁹ During the reentry period, many individuals face significant challenges, including difficulty with finding housing, employment, and healthcare. In the realm of healthcare, individuals particularly struggle to continue receiving the services they obtained while incarcerated, such as

¹⁰ US Department of Justice, Bureau of Justice Statistics. *Prisoners in 2022 – Statistical Tables* (November 2023) <https://bjs.ojp.gov/document/p22st.pdf>

¹¹ Louisiana Department of Public Safety and Corrections. *Demographic Dashboard*. (Last Accessed July 12, 2024) <https://doc.louisiana.gov/demographic-dashboard/>

¹² <https://bjs.ojp.gov/document/p22st.pdf>

¹³ SAMHSA. *About Criminal and Juvenile Justice*. (n.d.) <https://www.samhsa.gov/criminal-juvenile-justice/about>

¹⁴ Louisiana Department Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>

¹⁵ SAMHSA. *About Criminal and Juvenile Justice*. (n.d.) <https://www.samhsa.gov/criminal-juvenile-justice/about>

¹⁶ Louisiana Court Records Electronic Access. *Inmate Records, Prison System*. (n.d.) <https://louisianacourtrecords.us/criminal-court-records/inmate/prison-system/>

¹⁷ National Association of Counties. *Louisiana Parish Government Overview*. (n.d.)

https://www.naco.org/sites/default/files/event_attachments/DRAFT_Louisiana_012022.pdf

¹⁸ Misick, Verite, B. *Louisiana Still Leads Nation for State Prisoners Held in Local Jails*. Louisiana Illuminator. (January 24, 2024). <https://ailluminator.com/2024/01/24/louisiana-local-jails/>

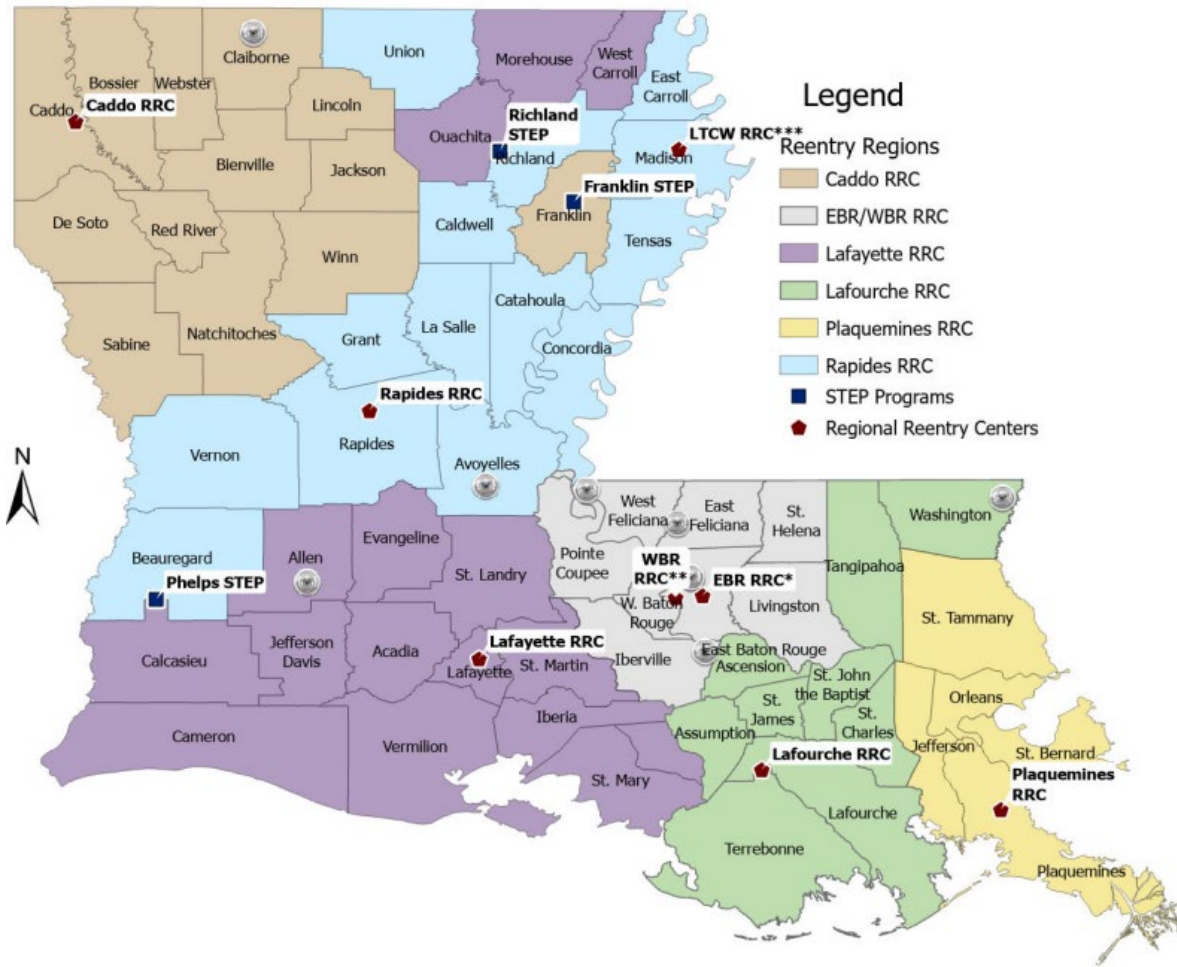
¹⁹ Louisiana Department Public Safety and Corrections. *Release Dashboard*. (n.d.) <https://doc.louisiana.gov/release-dashboard/>

accessing the prescription medications they took while in prison or jail. These challenges often impede their efforts to successfully maintain treatment for chronic conditions and reintegrate into their local communities. Due to these challenges and other contextual factors, in 2008, Louisiana's DPS&C began to pursue standardized and expanded reentry programming for incarcerated individuals across the state. In collaboration with local sheriffs, DPS&C opened regional reentry programs across the state.²⁰ Each region of the state includes at least one reentry center, with reentry centers currently operating in the following eight parishes: Caddo, East Baton Rouge, Lafayette, Lafourche, Madison (LTCW), Plaquemines, Rapides, and West Baton Rouge. See *Figure 1* below.

The reentry center infrastructure has allowed DPS&C to expand programming typically limited to state prisons, to be available at the local level as well. Since individuals in local jails account for roughly 87% of all annual releases in the state, this shift was critically important to ensure broad access to the full array of reentry supports. The regionalized approach further enhances Louisiana's ability to engage local community resources, including treatment providers in the community, in support of people reentering the community across the state.

²⁰ Background information on Regional Reentry Programs obtained from: Louisiana Department Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (Last accessed July 12, 2024) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>

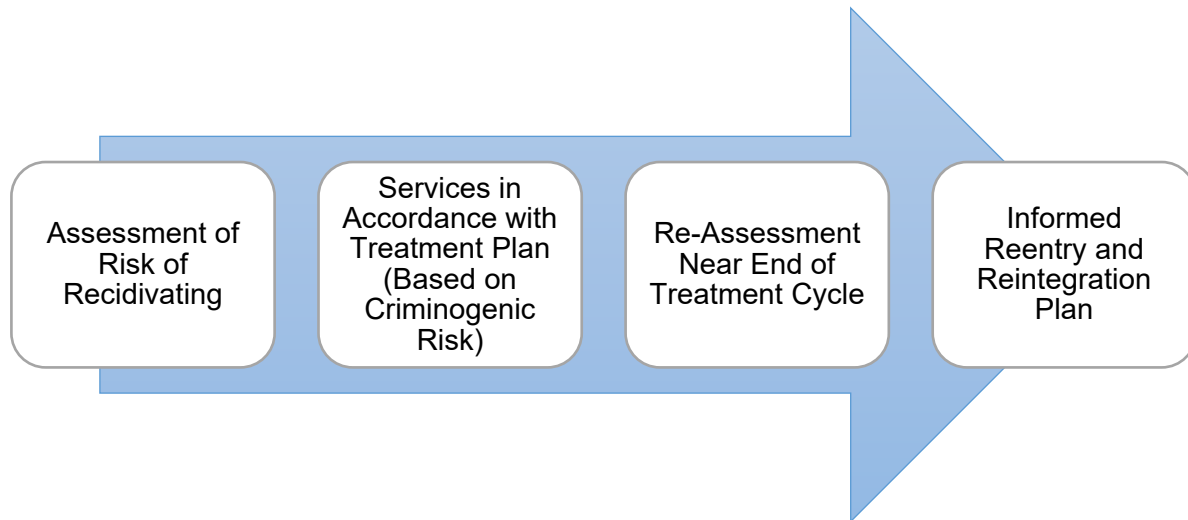
Figure 1: Louisiana Regional Map with State Correctional Facilities, Reentry Centers, and STEP Programs



*East Baton Rouge Reentry Center will serve those within 18-24 months of release.
 **West Baton Rouge Reentry Center will serve those within 3-5 years of release.
 ***LTCW RRC is a female only reentry center. They serve local females from all parishes.

Through the framework of the reentry centers, DPS&C has utilized the Transition from Prison to Community Model to outline a comprehensive reentry philosophy. The phases of the reentry process under this philosophy are shown below in *Figure 2*.

Figure 2: Louisiana DPS&C Reentry Philosophy



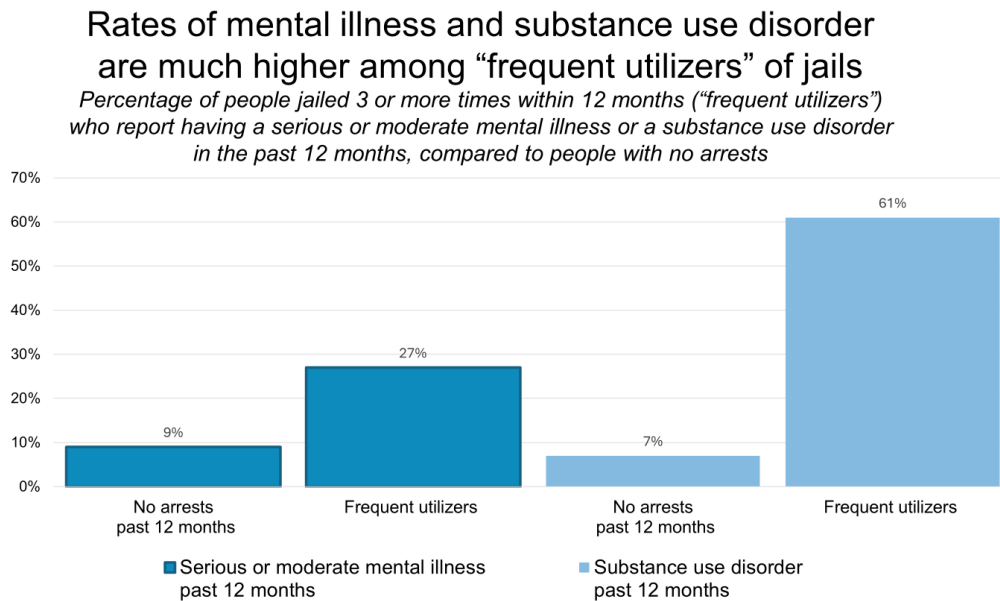
One component of the Regional Reentry Programs is offering Certified Treatment and Rehabilitative Programs. These programs build skills to support successful reentry, such as work readiness preparation, money management, parenting, and anger management. In addition, these programs provide SUD education and treatment. These Certified Treatment and Rehabilitative Programs must adhere to DPS&C standards in order to assure fidelity to an evidence-based model. Incarcerated individuals may earn up to a maximum of 360 days of credit toward early release for participating. Other opportunities facilitated through Regional Reentry Programs include Transitional Work Programs. Through Transitional Work Programs, incarcerated individuals are permitted to work at an approved job during incarceration. These programs allow incarcerated individuals to participate from six months to four years prior to release.

Despite the benefits and opportunities provided by these reentry centers, recidivism rates in Louisiana remain high. Per the latest data, 40% of released individuals will return to incarceration within five years.²¹ The highest cohort for recidivism are individuals with co-occurring mental illness and SUD. National studies have captured a similar trend across the country, finding that the rates of mental illness and SUD are substantially higher among those who are jailed frequently.²² See *Figure 3*.

²¹ Louisiana Department of Public Safety and Corrections. *Fiscal Year 2019/2020 Annual Report*. (2019/2020). <https://doc.louisiana.gov/wp-content/uploads/2021/03/DPSC-FY-2020-Annual-Report-Final-3.4.21.pdf>

²² Compiled by the Prison Policy Initiative from the Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. (2017) (Graph: Wendy Sawyer, 2019). https://www.prisonpolicy.org/graphs/frequent_utilizers_mh_sud.html

Figure 3: Rates of Mental Illness and SUD for “frequent utilizers” of jails



It is widely understood that SUD and incarceration are closely linked, as SUD often contributes to criminal behavior, creating a complex cycle that poses significant challenges for both individuals and the criminal justice system.²³ The prevalence of substance use among the incarcerated population is significantly higher than in the general public, highlighting the need for targeted interventions. The Louisiana DPS&C reports that 73% of individuals in state custody have SUD.²⁴ Without proper treatment, individuals with SUD are at a high risk of recidivism, as the underlying issues driving their criminal behavior remain unaddressed. Effective treatment programs for individuals with SUD within correctional facilities and immediately upon release may help break this cycle by providing the necessary support and resources for long term recovery. Medicaid offers a crucial tool in this effort by linking individuals to the necessary care and support services following incarceration.

The Louisiana Medicaid program currently provides a solid foundation of behavioral healthcare services accessible to justice-involved and non-justice-involved populations alike. In 2016, LDH extended coverage to adults aged 19-64 under Medicaid expansion, a policy direction conducive to supporting community reentry as those exiting carceral facilities often fall into this eligibility category. This Reentry Demonstration also builds upon and leverages the state’s existing behavioral health continuum, which includes access to SUD treatment and withdrawal management services to individuals residing in Institutions for Mental Disease (IMD) for stays longer than 15 days under the Healthy Louisiana OUD/SUD 1115 waiver, as well as a robust array of community-based mental health and SUD services administered through an integrated

²³ See, e.g., Pierce et. al., *Insights into the Link Between Drug Use and Criminality: Lifetime Offending of Criminally-Active Opiate Users*. (October 1, 2017). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5608072/>

²⁴Louisiana Department of Public Safety and Corrections. *Reentry Initiatives & Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>

managed care program.²⁵⁻²⁶ When an individual is released from jail or prison, they will have access to the full continuum of Medicaid-covered behavioral health services. This includes the most acute levels of care such as inpatient and SUD residential, if medically appropriate, as well as an expansive array of outpatient services available through the Local Governing Entities (LGEs) and community-based providers. In addition, LDH is also pursuing opportunities to build out the continuum of behavioral health services through the Certified Community Behavioral Health Clinics (CCBHC) model of care. Ultimately, this waiver aligns with and leverages the ongoing efforts and local structures within the broader continuum of care. LDH envisions that this waiver will provide enhanced connections to the services upon release that best address each individual's unique behavioral health needs.

LDH continues to modernize and maintain clinical best practices with regard to behavioral health benefits and is currently undertaking a systematic review and provider engagement process to explore aligning services, levels of care, and reimbursement with the American Society of Addiction Medicine (ASAM) Criteria, 4th edition. While this foundation of Medicaid administered behavioral health programming offers promising resources for individuals as they reenter the community from incarceration, LDH recognizes significant opportunities to improve the community transition process and assure that members are able to access these benefits before, during, and after this critical period in their recovery.

A recent study examined the healthcare utilization patterns of individuals transitioning from incarceration to community life in Louisiana, finding that early enrollment in Medicaid prior to release supported an individual's transition to the community.²⁷ The study utilized data linking Louisiana Medicaid and corrections release information, focusing on individuals released from state custody and enrolled in Medicaid within 180 days of release. The study included 13,283 individuals who met the eligibility criteria, with 78.8% of the population enrolled in Medicaid prior to release. Findings revealed that individuals enrolled in Medicaid post-release were more likely to have emergency department visits and hospitalizations and were less likely to receive outpatient mental health services and prescription drugs compared to those enrolled pre-release. Moreover, post-release enrolled individuals experienced significantly longer wait times to access various services, including primary care visits, outpatient mental health services, SUD treatment, medications for opioid use disorder (MOUD), as well as medications such as inhaled bronchodilators, antipsychotics, and antidepressants.

Recognizing the value of connecting incarcerated individuals to healthcare coverage, LDH invested in a pre-release enrollment initiative in 2016. LDH worked with DPS&C and the state's Medicaid MCOs to develop a program in which participants are enrolled into Medicaid and connected to an MCO prior to release. Through this program, called the Pre-Release Enrollment Program, critical documents such as an individual's Medicaid card are sent directly to the facility in which the individual is incarcerated to ensure that they are aware of and prepared to use their Medicaid benefits, which are activated upon release.

²⁵ Louisiana Department of Health. *Healthy Louisiana OUD/SUD 1115 Demonstration Waiver*. (Approved February 1, 2018) <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81866>

²⁶ Louisiana Department of Health. *Medicaid Behavioral Health Services*. (n.d.) <https://ldh.la.gov/page/behavioral-health-services-adult>

²⁷ Wennerstrom A, Sugarman OK, Reilly B, Armstrong A, Whittington A, Bachhuber MA. *Health Services Use Among Formerly Incarcerated Louisiana Medicaid Members Within One Year of Release*. (2023). <https://pubmed.ncbi.nlm.nih.gov/37200349/>

In addition to these enrollment services, a select group of high-risk individuals are also connected to nurse case management services provided by their MCO. This service is targeted to individuals in state prisons who have certain high risk medical or behavioral health diagnoses.²⁸ If eligible for the high needs case management services, individuals are engaged in the high needs case management services for up to 12 months post-release. After the 12-month period concludes, individuals may be transferred to another level of case management services. Between January 2017 and September 2023, the Medicaid program received 20,211 total applications from the Pre-Release Enrollment Program applications, and 25% of these applications were marked for enrollment in the high-needs case management program.

The cornerstone of the Pre-Release Enrollment Program is to enroll individuals in Medicaid to connect them to care prior to their release such that they may obtain healthcare services immediately upon release. Due to the federal inmate exclusion prohibiting Medicaid funding from being utilized to pay for services for incarcerated individuals, such enrollment assistance is currently not a Medicaid billable service. Similarly, case management provided by the individual's Medicaid MCOs may not be provided until release. This waiver offers the opportunity to expand the effectiveness of the existing programming by providing services to individuals sooner to support a successful reentry.

In addition to the Pre-Release Enrollment Program, DPS&C, LDH, and local parishes have supported several other pilot programs and initiatives to facilitate the reentry transition and connection with community-based behavioral health and supportive services. While there are several local and statewide initiatives underway, the following are select examples of current and planned initiatives:

- **• OUD Prevention, Treatment, and Recovery:** In partnership with the DPS&C, the Louisiana Office of Behavioral Health (OBH) is enhancing existing statewide prevention, treatment, and recovery support services offered to incarcerated individuals experiencing or at risk for OUD, who are preparing for re-entry into the community. Releasing offenders who have a diagnosis of OUD may be transferred to select facilities 9 to 12 months prior to their earliest release date. Treatment is individualized and may include MOUD via oral and/or injectable naltrexone, if indicated, in addition to evidence-based therapeutic practices and naloxone distribution at the time of release.
- **• Intensive Discharge Planning and Case Coordination:** DPS&C deploys Transition Specialists to provide individualized discharge planning, follow-up services, and coordination with parole officers for any individual released within the region. Prior to release, a discharge plan is developed by integrating various assessments, conducted by medical and mental health staff, which aims to address all aspects of the person's wellbeing and to ensure a smooth transition from incarceration into the community. Specialists assist with coordination between the incarcerated individual and resources within the community. Following discharge, the Specialists also provide coordination with after-care services, parole officers, and other community resources as needed for up to one-year post-release.
- **• Orleans Parish Day Reporting Center (OPDRC):** OPDRC provides a treatment program of evidence-based practices to clients with Opioid Use Disorder (OUD) or

²⁸ For complete details on qualifying conditions, see Appendix J at <https://ldh.la.gov/page/justiceinvolved-prereleaseenrollment-program>

stimulant use/misuse (SUM) released from incarceration and returning to the community. Treatment includes a comprehensive assessment, intensive case management, individual treatment planning, and intensive and structured discharge planning. Clients participate in weekly intensive outpatient groups and individual therapy sessions. Each client is also assigned peer support staff who provide peer assistance and offer referrals for community resources, including to community-based facilities that provide MOUD. Finally, participants have the option to participate in contingency management to increase negative drug screens and reduce relapse. OPDRC is one of ten Day Reporting Centers²⁹ that coordinate SUD treatment programs.

- **Safe Recovery Housing:** In partnership with OBH, Oxford House Inc. provides stable housing opportunities for persons incarcerated and seeking a safe recovery housing environment upon release. Oxford House addresses the needs of men, women, pregnant women, and women with dependent children through a community-based approach to recovery housing, which provides an independent, supportive, and sober living environment. As part of this model, peer support specialists provide referrals for treatment services, partnerships, and community linkages necessary for men and women with mental health and SUD to support recovery and reduce recidivism.
- **Mental Health Transition Pilot Program:** Act 665 of the 2024 Regular Legislative Session directs DPS&C to administer a mental health transition pilot program in the parishes of Livingston, St. Helena, and Tangipahoa to provide eligible individuals with transition services in the community while on probation or parole. DPS&C will screen individuals for mental health disorders and support enrollment in Medicaid and connection with mental health and SUD services. The legislation also requires the three parishes to participate in this Reentry Demonstration following CMS approval.
- **Short Term Expanded Program (STEP):** The STEP provides comprehensive reentry, educational, social, religious and rehabilitative programs tailored to individuals. Eligible participants (third or greater offense, 18 months to 5 years remaining on sentence, no sex offense, no detainees, and no aggravated escape) will be transferred to a facility that offers the STEP program and the participant will be placed into the program based on risk and need. Three local jails currently offer STEP Programs: Richland Parish, Franklin Parish, and Phelps Correctional.
- **Rehabilitation and Reentry Court Program:** DPS&C, Louisiana State Penitentiary and Louisiana Correctional Institute for Women partner with several district courts across the state to provide the Corrections Reentry Court Workforce (Development) Program aimed at aggressively tackling issues that promote and lead to recidivism. The innovative Reentry program addresses various fundamentals that many offenders lack and must receive before their release (i.e. Educational and Vocational programming, moral rehabilitation, basic social and life skills, community and faith-based support systems, etc.). This unique approach differs from all others in that short-term offenders are mentored by long-term offenders housed at both Louisiana State Penitentiary (male offenders) and Louisiana Correctional Institute for Women (female offenders), with those mentors having graduated Seminary programs and/or possessing advanced job and life skills.

²⁹ The other Centers do not directly offer SUD services. Instead, these Centers partner with LGEs or other providers in the area.

2.2 Waiver Goals

Through this Reentry Demonstration, LDH seeks to build upon current and planned initiatives and partnership with DPS&C to promote seamless access to necessary Medicaid services both prior to and following release from jail or prison to facilitate a smooth transition into the community and reducing the likelihood of relapse and recidivism.

During the demonstration period, LDH seeks to achieve the following outcomes for the targeted population through this waiver and associated investments:

- Increasing coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
- Improving access to services prior to release and improving transitions and continuity of care into the community upon release and during reentry;
- Improving coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- Increasing additional investments in healthcare and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;
- Improving connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
- Reducing all cause deaths in the near-term post-release;
- Reducing overdose deaths occurring within 12 months of release; and
- Reducing the number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral healthcare.

In addition to the above health-related goals, LDH, in partnership with DPS&C, aims to track the demonstration's impact on recidivism. As described above, SUD and other behavioral health conditions, especially if untreated, increase the likelihood of an individual reoffending and returning to incarceration. Through the implementation of pre-release services and case management, LDH hopes to connect individuals with appropriate treatment to manage their conditions and remain in the community. Continued engagement after release will also be important to achieve this goal. LDH will leverage its managed care delivery system to assure continuity of treatment and care management before, during, and after release.

Section 3: Program Design

In accordance with the new federal opportunity to support community reentry, Louisiana requests federal approval to waive the inmate exclusion to permit Medicaid to reimburse for a targeted set of services provided to inmates in the 90-day period prior to their release into the community. Authority to cover the pre-release benefit package is requested for individuals in state prison facilities and a limited number of local parish jails participating on a pilot basis, as described in more detail below.

Eligibility for Pre-Release Services

LDH seeks authority through this waiver to provide pre-release services to the following individuals:

1. Individuals who meet the definition of an inmate in a public institution as defined in 42 C.F.R. § 435.1010 and are enrolled in Medicaid; and
2. Individuals who are inmates in a public institution as defined in 42 C.F.R. § 435.1010 and are enrolled in or otherwise eligible for CHIP.

LDH intends for these broad categories to capture all incarcerated individuals who are eligible for Medicaid or CHIP, such that both adults and youth will be eligible for the pre-release services outlined in this application, provided they are incarcerated in a participating facility.

Louisiana Medicaid will allow appropriate access to enrollment and eligibility information to designated employees of the prisons, jails, and correctional institutions for the purposes of facilitating applications and renewals.

Carceral Settings

LDH intends to provide pre-release services to individuals incarcerated in all state prison facilities. In addition, LDH will pursue a limited pilot for local parish-operated jails with the intent to expand participation to all parish jails over time.

As is the case in many states, Louisiana state prisons are designed for lengthy detention periods while local jails primarily handle short-term stays. As such, prisons are typically equipped to provide a robust array of healthcare services, while jails tend to focus on primarily providing emergency healthcare rather than long-term treatment. Therefore, from a strictly operational standpoint, prisons will be well positioned to implement the pre-release services authorized under this Reentry Demonstration.

However, in Louisiana, the majority of incarcerated individuals are held in local jails rather than state facilities.³⁰ Therefore, given the importance of parish jails to the overall carceral system, LDH desires to expand to eventually include all parish jails in the Reentry Demonstration in the future. However, given the large and complex system of jails that are at different stages of readiness for the reentry initiative and the likely need for substantial infrastructure investments, LDH will pilot the Medicaid pre-release services in a more limited way to begin.

Specifically, in order to ensure that all participating jails are fully operational at the time of implementation and to build on progress made under concurrent initiatives, LDH proposes to begin the program in up to 13 parish jails. Selected facilities may include those that are participating in the mental health transition pilot program established by Act 665 of the 2024 Regular Legislative Session, those that are located in parishes that operate a regional reentry center, or those with the highest concentration of incarcerated individuals.³¹⁻³²

In order to participate, jails will be expected to engage in a readiness review process that will assess their ability to assist individuals in enrolling in Medicaid, provide approved services, and connect individuals to care upon release, among other responsibilities. If a jail cannot demonstrate readiness, it will not participate in the first phase of the demonstration. LDH intends

³⁰ Carson, EA, Kluckow, R. *Prisoners in 2022 – Statistical Tables*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (November 2023) <https://bjs.ojp.gov/document/p22st.pdf>

³¹ Louisiana State Legislature. *HB961 Corrections/Prisoners: Provides relative to the creation of a mental health transition pilot program*. (2024) <https://www.legis.la.gov/legis/BillInfo.aspx?i=247213>

³² Louisiana Department of Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>

to set forth this expectation, as well as additional details on the phases of the demonstration in its required implementation plan.

Scope of Pre-Release Services, Delivery System, & Cost Sharing

During the pre-release period, eligible Medicaid enrolled individuals at state prisons or participating local parish jails will be eligible for the following mandatory services during the pre-release period:

1. Case management;
2. Medication-assisted treatment (MAT) and SUD counseling;
3. A 30-day supply of prescription medications upon release;
4. Prescribed drugs, in addition to MAT and the 30-day supply of prescription medications described above, and medication administration;
5. Mental health evaluation and counseling;
6. Peer support services;
7. Laboratory services, including but not limited to testing for infectious diseases; and
8. Durable medical equipment (DME).

The demonstration will be operated within Louisiana's existing Medicaid managed care delivery system and administered by all seven managed care entities. This demonstration does not impact the structure of the state's delivery system.

Further, these services will be provided by any qualified Medicaid enrolled provider with no cost-sharing to the enrollee. In the "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated" State Medicaid Director Letter (SMD #23-003) published in April 2023, CMS highlights its desire for states to utilize community-based providers. Utilizing community-based providers can improve continuity of care for individuals upon release, especially for services in which the provider-patient relationship is critical, such as counseling services.³³

In order to balance the importance of continuity with available capacity, LDH envisions that incarcerated individuals who qualify for services under this waiver will be served by providers from inside and outside the carceral facility. At present, DPS&C serves incarcerated individuals through a complex network of facility-based and contracted staff. These relationships, as well as those with community-based providers, will be leveraged to deliver covered pre-release services within carceral settings, either in-person or via telehealth to build off of current efforts and reduce difficulties in implementation. LDH plans to utilize infrastructure investments to support the provision of pre-release services by community-based providers. This approach will prioritize access to services by allowing any qualified provider to deliver the services approved under this demonstration.

Timing of Availability of Pre-Release Services

LDH seeks authority to provide the set of pre-release services outlined in this waiver application 90 days prior to release. LDH believes that connecting individuals with services 90 days prior to release will facilitate the appropriate amount of engagement with medical and behavioral health providers, case management professionals, and other supports, if applicable, to ensure that the

³³ Centers for Medicare and Medicaid Services. (2023, April) *Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals who are Incarcerated*. State Medicaid Director Letter #23-003. Department of Health and Human Services. <https://www.medicare.gov/federal-policy-guidance/downloads/smd23003.pdf>

individual both receives the care they need while incarcerated and is more likely to stay connected to their care upon release.

LDH is also aware that it can often be difficult to determine an individual's exact release date. By requesting authority to offer pre-release services within the maximum allowable 90-day period, this Reentry Demonstration will provide the necessary administrative flexibility to ensure the pre-release services may be coordinated and provided prior to release.

Infrastructure Investments

In order to support the implementation of this waiver request, LDH is also requesting infrastructure funding in accordance with SMD #23-003.³⁴ Per the SMD letter, this could include investments in developing software to facilitate communication among Medicaid providers and correctional staff, adding data fields and matching logic for Medicaid program components such as eligibility, adding new system processes or enhancements for file exchanges, establishing data integration, and more. Additionally, funding could be directed toward increasing staff capacity, comprehensive training programs, and acquiring the necessary resources and technology to support these initiatives. These investments will help ensure that the infrastructure is robust and capable of sustaining the reentry services effectively, ultimately enhancing the continuity of care for individuals transitioning from correctional facilities to the community.

DPS&C seeks infrastructure funding for a number of the permitted functions above, including enhancing data systems, obtaining equipment for telehealth, and staffing. Specifically, DPS&C envisions that infrastructure funding will help support:

- Improvements to data hosting, analytics, and reporting capabilities;
- Improvements to abilities to interface between DPS&C offender management systems and Medicaid systems;
- Equipment and physical space to support the provision of telehealth; and
- Staffing costs for implementing and maintaining new data and telehealth capabilities.

Section 4: Program Evaluation Design

LDH proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for 1115 demonstrations. All components of the preliminary evaluation plan are subject to change as LDH will contract with an independent evaluator who will work with the state to develop a comprehensive evaluation design and to conduct this review.

The evaluation will employ mixed methods including quantitative analysis, beneficiary surveys, and key informant interviews. To the extent feasible, the state will collect data to support analyses stratified by key subpopulations of interest including but not limited to age, gender, race/ethnicity, primary language, disability status, and geography. Additionally, to the extent feasible, the state will use the phased implementation of certain parish jail facilities to create comparison groups. Where comparison groups are not feasible, the state will consider a time series approach evaluating changes during the pre-waiver and post-waiver implementation periods.

³⁴[bid.](#)

Table 1 details the goals of the program, as well as preliminary hypotheses, potential data sources, and example measures. A final detailed evaluation methodology will be submitted following approval of the demonstration.

Table 1: Evaluation Design

Evaluation Question 1. Did the demonstration increase coverage, continuity of coverage, and appropriate service uptake?

Hypothesis	Data Sources	Example Measures
1.1 The program will improve uptake and continuity of MAT services and behavioral health treatment	Corrections records Medicaid claims data Pharmacy claims data	The percentage of individuals with SUD receiving MAT prior to release The percentage of individuals with SUD receiving MAT during the post-release period
1.2 The demonstration will result in increased uptake of healthcare services post-release resulting in improved perception of health	Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period	Members rating of their physical and behavioral health
1.3 The program will result in increased utilization of pre-release case management	Corrections records Medicaid claims data	The percentage of individuals receiving one or more case-management services prior to release

Evaluation Question 2. Did the demonstration improve access to services?

Hypothesis	Data Sources	Example Measures
2.1 The program will result in increased utilization of outpatient physical and behavioral health services during the first 12 months post-release	Corrections records Medicaid claims data	The percentage of individuals utilizing behavioral health services during the first 30 days post-release The percentage of individuals with a primary care visit during the first 30 days post-release The rate of outpatient behavioral health utilization by month for each of the first 12 months post-release The monthly rate of outpatient utilization by month for 12 months post-release
2.2 The program will result in improved access to preventive care and chronic	Medicaid claims data Medical record data	Quality measure performance for individuals post-release <1 year

disease management during the post-release period		<p>1 year as of December 31st of a given year including:</p> <p>HEDIS Measures:</p> <ul style="list-style-type: none"> • Breast cancer screening • Cervical cancer screening • Colorectal cancer screening • Hepatitis C virus screening
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Evaluation Question 3. Did the demonstration improve coordination and communication?

Hypothesis	Data Sources	Potential Measures
3.1 The demonstration will improve coordination and communication with beneficiaries	<p>Surveys of MCO case managers</p> <p>Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period</p> <p>Key informant interviews</p>	<p>Member satisfaction with care coordination</p> <p>Description of MCO case manager perceptions of program success</p>

Evaluation Question 4. Did the demonstration increase investment in healthcare and related services?

Hypothesis	Data Sources	Potential Measures
4.1 The demonstration will result in increased investment in Medicaid services delivered prior to release	<p>Corrections records</p> <p>Medicaid claims</p>	<p>Per capita spending on care coordination services delivered prior to release</p> <p>Per capita medical spending prior to release</p>
4.2 The demonstration will result in an increase in the number of community-based providers delivering services to beneficiaries prior to release	<p>Corrections records</p> <p>Medicaid claims</p> <p>Provider enrollment files</p>	<p>The number of providers delivering pre-release Medicaid services, measured in 6-month intervals throughout the waiver</p>

Evaluation Question 5. Did the demonstration improve connections between carceral settings and community services?

Hypothesis	Data Sources	Potential Measures
5.1 The demonstration will improve data sharing infrastructure between carceral settings and community services	Surveys of MCO case managers Key information interviews	Description of MCO case manager perceptions of communication with carceral settings Description of changes in the frequency, volume, and types of information exchanged between carceral facilities and community services during the post-release period

Evaluation Question 6. Did the demonstration reduce all-cause deaths?

Hypothesis	Data Sources	Potential Measures
6.1 The demonstration will result in a reduction in deaths by all-causes during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to any cause during the first 12 months post-release

Evaluation Question 7: Did the demonstration reduce overdose deaths occurring within 12 months of release?

Hypothesis	Data Sources	Potential Measures
7.1 The demonstration will result in a reduction in deaths attributed to drug overdose during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to drug overdose (identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14) during the first 12 months post-release

Evaluation Question 8. Did the demonstration reduce the number of ED visits and inpatient hospitalizations?

Hypothesis	Data Sources	Potential Measures
8.1 The demonstration will result in a reduction in ED utilization during the 12 months post-release	Corrections records Medicaid claims data Medical records	Rate of ED visits for any cause during the first 12 months post-release Rate of ED visits for SUD-related conditions

		Rate of ED visits for ambulatory care sensitive conditions during the first 12 months post-release
8.2 The demonstration will result in a reduction in inpatient hospitalizations during the 12 months post-release	Corrections records Medicaid claims data Medical records	Measures of hospital admissions during the first 12 months post-release including <ul style="list-style-type: none"> • All-causes • PQI 15: Asthma in younger adults admission rate • PQI 05: COPD and asthma in older adults admission rate • PQI 01: Diabetes short-term complications admission rate • PQI 08: Heart failure admission rate

Section 5: Demonstration Financing and Budget Neutrality

The budget neutrality requirements for Section 1115 waivers ensure that Medicaid demonstration projects do not increase federal Medicaid spending beyond what it would have been without the waiver. As a result, states must design their 1115 waiver proposals so that the projected costs under the waiver are equal to or less than the expected costs to the federal government without the waiver. The budget neutrality formula compares Without Waiver (WOW) expenditures to With Waiver (WW) expenditures, ensuring that WOW costs are greater than or equal to WW costs on a per member per month (PMPM) basis. WOW expenditures, or baseline expenditures, represent the amount the federal government would have spent in the absence of the demonstration and form the basis for the budget neutrality expenditure limit. WW expenditures, or actual expenditures, are the projected costs under the demonstration. In accordance with CMS guidance, for the budget neutrality calculation associated with pre-release services, hypothetical costs have been used to estimate WOW expenditures for the re-entry waiver, meaning these expenditures are based on anticipated costs rather than historical data. For purposes of the budget neutrality, Medicaid rates were applied to anticipated utilization for the PMPM projections. Additional details on the budget neutrality calculation, including the detailed workbook pages, can be found in *Appendix A*.

Section 6: Waivers and Expenditure Authorities

LDH requests all federal authority necessary to implement the reentry services described in Section 3, including those outlined in *Table 2* below.

Table 2: Requested Waiver Authorities

Authority	Purpose	Citation
Waiver Authorities		
Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying beneficiaries on a geographically limited basis.	Social Security Act (SSA) 1902(a)(1)
Amount, Duration, and Scope	To enable the state to provide only a limited set of pre-release services to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the demonstration.	SSA 1902(a)(10)(B)
Freedom of Choice	To enable the state to require qualifying beneficiaries to receive pre-release services, as authorized under this demonstration, through only certain providers.	SSA 1902(a)(23)(A)
Expenditure Authorities		
Expenditures for pre-release services provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from participating state prisons and parish jails.	To allow for expenditures for pre-release services.	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

Authority	Purpose	Citation
Capped expenditures for payments for allowable administrative costs, services, supports, transitional non-service expenditures, infrastructure and interventions, which may not be recognized as medical assistance under Section 1905(a) or may not otherwise be reimbursable under Section 1903, to the extent such activities are authorized as part of the Pre-Release initiative.	To allow for expenditures for pre-release non-services (infrastructure costs).	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

Section 7: Public Comment

7.1 Public Notice Process

In accordance with 42 CFR section 431.408, the state conducted a thirty (30) day public notice and comment process from August 1 to August 30. This allowed the public and other interested parties the opportunity to review and provide feedback on the Reentry Demonstration. During this time, LDH held two dedicated public hearings. The first took place in Baton Rouge on August 13 during the existing Medical Care Advisory Committee meeting, which is open to the public. The second hearing took place in Shreveport on August 16.

Public Notice

LDH published public notice of the waiver application in the state’s major newspapers and on a dedicated webpage on the LDH website on August 1 to formally begin the public comment period. LDH also used an electronic mailing list to notify the public of the application, hearings, and opportunity to comment on the waiver draft. To encourage feedback and compliance with accessibility, a copy of the draft waiver was made accessible at a public web link and available in hard copy. Instructions for requesting a hard-copy document were included in the formal public notice. The public notice document also provided detailed instructions to the public for submitting written comments.

A copy of the formal public notice is attached as *Appendix B* and a copy of the abbreviated public notice document is attached as *Appendix C*. Both documents are also available for viewing on LDH’s website: ldh.la.gov/1115Reentry.

Public Hearings

LDH held two (2) public hearings during the notice and comment period in geographically diverse areas of Louisiana. The hearings were available for interested parties to attend either in person or virtually via Zoom platform. LDH confirms the two public hearings were held on the following dates and locations, as scheduled and as publicized in the formal notice:

Public Hearing #1 (MCAC Meeting)	Public Hearing #2
August 13, 2024 1:00pm Bienville Building 628 North 4 th Street Baton Rouge, LA 70802 Also available for virtual participation: Zoom Link: https://us06web.zoom.us/j/84284472322 Dial-In: (602) 333-0032 Conference Code: 520621	August 16, 2024 12:00pm Shreveport Behavioral Health Clinic 1210 North Hearne Avenue Shreveport, LA 71107 Also available for virtual participation: Zoom Link: https://us06web.zoom.us/j/81194952051 Dial-In: (602) 333-0032 Conference Code: 273643

All hearings were held in person. Teleconferencing capability was available via Zoom for both public hearings. Materials presented at the hearings were posted on the public notice web page.

Tribal Consultation

Only July 12, 2024, LDH sent public notice of the waiver application to the representatives of all federally recognized tribes located within Louisiana in accordance with 42 CFR § 431.408, with the option to schedule a separate tribal consultation to discuss the waiver. Tribal consultation was not requested. A copy of the formal correspondence sent to the tribal representatives soliciting input on the waiver application can be found in *Appendix D*.

7.2 Summary of Public Comments & State Response

LDH received robust engagement, both from individuals and organizations, during the public comment period. Of the total 43 public comments related to the waiver, 26 comments were received via email, 16 were provided via public participation in the two public hearings, and 1 was provided via mail. A thematic summary of all public comments received is provided here along with the state’s response to those comments, including indication of instances where the waiver application narrative was revised in light of the public comments.

Support for the demonstration: LDH received overwhelming support for the waiver application, with many commenters writing to express general support for the waiver and its goal of increasing access to healthcare for incarcerated individuals. LDH recognizes and appreciates these commenters for sharing their support.

Coverage of additional services pre-release: LDH received 18 comments recommending that additional Medicaid services be provided during the 90-day pre-release period. Specifically, commenters recommended adding coverage for the following additional services:

- Prescription medications;
- Physical health consultation (including family planning and evaluation for chronic conditions);
- Diagnostic and treatment services, specifically for Hepatitis C, Tuberculosis (TB), HIV, Syphilis, and other sexually transmitted infections (STIs);
- Community health workers; and
- HRSN services.

Commenters expressed that coverage of 90 days of prescription medications prior to release will improve access to necessary treatments in a critical period prior to an individual's reintegration into the community. Additionally, commenters noted that access to prescription medications would be highly beneficial to the discharge process, increasing the likelihood of a smooth transition out of the facility. Recognizing the benefit of aligning prescription medications with the Medicaid prescription drug formulary prior to release, LDH has added a request for coverage of prescription medications in the 90-day pre-release period to further support continuity of treatment during this critical transition period.

Many commenters were concerned about whether the waiver would cover testing and treatment for infectious diseases such as Hepatitis C, TB, HIV, Syphilis, and other STIs. Commenters specifically expressed that treatment should be covered while an individual is incarcerated. Currently, DPS&C conducts testing for infectious diseases upon entry and discharge, and when individuals are diagnosed, treatment is provided. Additionally, LDH notes that the waiver application requests coverage of all laboratory and pharmacy services for Medicaid-eligible individuals 90 days prior to release. Therefore, testing and treatment for infectious diseases will be covered under the waiver if approved. Language has been added to the waiver application to clarify that coverage of laboratory services is intended to include testing for infectious diseases.

Several commenters requested that LDH seek coverage of physical health consultation, including family planning services. LDH appreciates this input and clarifies that prescription contraception will be included within the pharmacy benefit. Individuals will be able to obtain a 30-day supply upon release. Five commenters recommended that LDH consider amending the waiver to request authority for community health worker services. Three requested the inclusion of HRSN services, such as housing supports.

LDH appreciates all of the public comments related to adding pre-release services. With the exception of the pharmacy benefit, LDH is not explicitly adding services to the waiver application at this time. LDH seeks to emphasize that the pre-release services provided under this waiver are intended to be limited to services that are supportive of helping people transition to the community where they will then have access to the full array of Medicaid services. Further, it is LDH's intent that the reentry case management will include connections to community-based services to address whole-person health upon release.

Connection to services post-release: Five commenters requested that LDH emphasize mechanisms for ensuring continuity of coverage for individuals post-release. This could include facilitating warm hand offs to certain key provider types, such as FQHCs and residential treatment providers, as well as services critical to maintaining appointments, such as transportation and access to technology for telehealth. One commenter recommended providing educational materials with information on retaining coverage after release. LDH is committed to ensuring the availability of community-based services to all individuals post release from incarceration. Additionally, LDH envisions that case managers will assist in connecting eligible individuals with necessary community resources and will facilitate appointments upon release. Case managers will also be expected to inform clients of the services available to them as appropriate for their particular circumstances.

Eligibility for pre-release services: Four commenters sought additional clarification on whether the waiver would cover adults, children, or both. One commenter asked that the waiver prioritize incarcerated individuals who are awaiting trial and leaving jails, while another asked

that the demonstration be expanded to cover individuals in all carceral settings in the state. LDH clarifies that all Medicaid-eligible individuals incarcerated in Louisiana state prisons, as well as those in jails selected to participate in the jail pilot program, will be eligible to receive pre-release services 90 days prior to release under this waiver regardless of their underlying Medicaid eligibility category.

Specifically, LDH notes that the facilities under the waiver serve individuals ages 17 and older. Therefore, some youth may be eligible for services under the reentry demonstration based on their incarceration status in a participating state prison or jail. LDH is exploring the potential for expansion to juvenile facilities under the purview of the Office of Juvenile Justice (OJJ) in the future; however, these facilities are not included in the waiver at this time. Additionally, LDH notes that in accordance with the 2023 Consolidated Appropriations Act (CAA), all incarcerated juveniles will have access to screening and diagnostic services, as well as targeted case management beginning in January 2025 via a Medicaid state plan amendment.

Additionally, commenters also requested clarification on whether there will be a timeframe for how long an individual must be incarcerated in order to qualify and how transfers to federal authorities would impact eligibility. To clarify, any Medicaid-eligible incarcerated individual in a state prison or select jails can receive services 90 days prior to their release back to the community under the waiver, regardless of the duration of their incarceration. However, due in part to the differences in operational considerations between prisons and jails based on duration of incarceration, the state intends to offer pre-release services jails on a pilot basis, as described in the waiver. Leveraging any lessons learned from the pilot, LDH may seek a waiver amendment in the future to expand to other allowable facilities.

MAT services: Three commenters expressed concerns about whether access to certain types of MAT will be made available in jails and whether community-based providers will be willing to prescribe and dispense them after release. Commenters specifically identified methadone and buprenorphine as important forms of MAT. At present, all incarcerated individuals have access to vivitrol and naltrexone as medically appropriate, while methadone is only provided to pregnant women. CMS guidance regarding the waiver opportunity encourages coverage of methadone but does not require it. LDH intends to give further consideration to how to best provide broad access to medically necessary MAT as part of its upcoming implementation planning process for the waiver.

Continuous eligibility post-release: Three commenters requested that LDH amend the waiver authority to request 12 months of continuous eligibility for individuals exiting the justice system. LDH is not including continuous eligibility at this time and may consider this suggestion for future waiver amendments.

Community engagement: Two commenters requested that LDH create a compensated community advisory vehicle and/or stakeholder workgroup to obtain feedback on implementation of the program. Another recommended prioritizing the involvement of individuals with lived experience. LDH plans to engage in a robust planning and implementation phase for the waiver which will include consideration of comments and concerns heard from community members, including formerly incarcerated individuals. Similarly, one commenter emphasized the importance of engaging with cross-agency stakeholders throughout the implementation process. LDH has been working with DPS&C and other agency partners from the outset of the development of the waiver application and will continue to facilitate ongoing collaboration.

Managed care: Some commenters sought additional information on how individuals will be enrolled in Medicaid and managed care. One commenter requested that the state share an eligibility file indicating new incarcerations and pending releases. The same commenter also requested that the state maintain the existing auto-assignment algorithm for managed care and ensure individuals maintain assignment with the MCO they were assigned to prior to incarceration. Another commenter asked that the state establish a system that ensures individuals are enrolled in Medicaid prior to release, including completing paperwork for individuals with upcoming parole hearings.

In compliance with federal guidance on the reentry waiver opportunity, LDH will provide individuals with the opportunity to enroll in Medicaid prior to their release to the community. LDH does not intend to change the process of enrolling in managed care from that used for Medicaid eligible individuals who are not incarcerated. If an individual enters a jail or prison with a managed care plan, they will remain enrolled (but suspended) while they are incarcerated. Their coverage will begin again under that plan in the 90-day pre-release period and continue when they are released. If individuals enter the carceral facility without a managed care plan or without Medicaid coverage and are determined eligible, they will be assigned to a managed care plan prior to release following standard enrollment processes. Additional details about the enrollment process will be determined during implementation planning.

Reentry case management: One commenter asked for more information on the logistics of how case management will be provided, including how it will vary from case management previously provided to incarcerated individuals under existing state initiatives. Another commenter asked for clarification on whether specialist evaluations would be included in case management. Regarding the logistical details of how case management will be provided, including eligible providers, LDH plans to develop case management service definitions and provider requirements as part of the waiver implementation planning process. LDH intends to build upon existing case management infrastructure that was developed as part of the Pre-Release Enrollment Program to enhance the service for the unique needs of the incarcerated population. Managed care plans, providers, carceral facilities, and other key stakeholders will be engaged as LDH continues planning efforts.

Reentry demonstration operations: Several commenters asked questions related to how the reentry demonstration waiver would be operationalized. For example, one commenter sought clarification on whether treatment for SUD would be provided off-site or on-site. Additional operational questions included those regarding the use of infrastructure funding, technology, data sharing, and privacy standards. One commenter asked whether services would be considered “above and beyond” what inmates are currently receiving or substituting for them.

For the comments concerning where SUD treatment will be provided, CMS guidance indicates that pre-release services can be provided in-person, via telehealth, or a combination of modalities. This guidance further clarifies that states can implement the waiver through provision of “in reach” services by community-based providers or carceral health care providers. Regarding all comments and questions concerning waiver operations, LDH notes that operational details, including provider requirements and service settings, will be considered as part of the state’s forthcoming process to develop protocols for the waiver following approval. All policies and procedures will be developed with stakeholder and cross-agency engagement.

Regarding the question related to whether new services will complement or supplement existing services, LDH would refer commenters to the CMS guidance on reentry waivers. The reentry demonstration waiver provides an opportunity for states to obtain federal funding for services provided to Medicaid eligible individuals prior to release. Some of these services may have been covered previously by the state's corrections system, while others may be new. The federal authority allows for Medicaid expenditures aimed at achieving "improved access to and/or quality of carceral health care services, including by covering new, enhanced, or expanded pre-release services."³⁵

Carceral facilities: One commenter requested that Caddo Correctional Center and/or Bossier Parish Maximum Security Jail be included in the jail pilot. LDH intends to include all parish jails with an associated reentry center. LDH will assess which jails to include in the waiver as part of the implementation process.

Demonstration evaluation: Two commenters offered feedback on the proposed evaluation design. LDH appreciates these suggestions and will consider the feedback as the evaluation plan is further developed.

Technical corrections: One of these commenters suggested a number of technical changes to the waiver narrative to ensure its accuracy. LDH has incorporated these technical corrections as applicable.

7.3 Waiver Changes Based on Public Comments

As previously indicated, LDH has accepted several suggested technical corrections in order to ensure accuracy of the waiver narrative, particularly within the background section.

Per the submitted comment requesting coverage of prescription drugs in the pre-release period, LDH has amended the waiver to include a request to cover prescription medications in the 90-day pre-release period. This request is in addition to coverage of MAT and 30 days of prescription medications upon release. LDH agrees with commenters that adding coverage for 90 days of prescription medications will facilitate a smoother discharge process by ensuring that individuals are receiving the medications they need prior to release.

LDH has also edited select portions of the waiver to better reflect that individuals will have access to the entire continuum of Medicaid-covered mental health and SUD services upon release as medically necessary. Emphasis was added to the waiver narrative to underscore LDH's intent to promote access and warm hand-offs to these services, highlighting alignment with current delivery system innovations. Additionally, LDH has modified the description of available mental health pre-release services to read "mental health evaluation and counseling," in order to clarify that individuals may obtain both diagnostic and therapy services.

³⁵ Centers for Medicare and Medicaid Services. (2023, April) *Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals who are Incarcerated*. State Medicaid Director Letter #23-003. Department of Health and Human Services. <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

Appendix A: Budget Neutrality

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	BASE YEAR DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WOW
			DY 01	DY 02	DY 03	DY 04	DY 05	

Hypo 1 - Services								
Pop Type:								
Eligible Member Months	13,194	0.0%	13,194	13,194	13,194	13,194	13,194	65,970
PMPM Cost	\$ 1,261 90	6.5%	\$ 1,343.93	\$ 1,431 28	\$ 1,524 32	\$ 1,623 40	\$ 1,728 92	\$ 7,651 84
Total Expenditure			\$ 17,731,897	\$ 18,884,470	\$ 20,111,961	\$ 21,419,238	\$ 22,811,489	\$ 100,959,056

Hypo 2 - Planning and Implementation (Non-Services)								
Pop Type:								
Total Expenditure			\$ 7,571,929	\$ 3,785,965	\$ 1,514,386	\$ 1,514,386	\$ 757,193	\$ 15,143,858

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
<u>Hypo 1 - Services</u>								
Pop Type:	Hypothetical							
Eligible Member Months			13,194	13,194	13,194	13,194	13,194	
PMPM Cost			\$ 1,344	\$ 1,431	\$ 1,542	\$ 1,623	\$ 1,729	
Total Expenditure			\$ 17,731,897	\$ 18,884,470	\$ 20,111,961	\$ 21,419,238	\$ 22,811,489	\$ 100,959,056
<u>Hypo 2 - Planning and Implementation (Non-Services)</u>								
Pop Type:	Hypothetical							
Total Expenditure			\$ 7,571,929	\$ 3,785,965	\$ 1,514,386	\$ 1,514,386	\$ 757,193	\$ 15,143,858

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ 17,731,897	\$ 18,884,470	\$ 20,111,961	\$ 21,419,238	\$ 22,811,489	\$ 100,959,056
Hypo 2 - Planning and Implementation (Non-Services)	7,571,929	\$ 3,785,965	\$ 1,514,386	\$ 1,514,386	\$ 757,193	\$ 15,143,858
TOTAL	\$ 25,303,826	\$ 22,670,435	\$ 21,626,347	\$ 22,933,624	\$ 23,568,682	\$ 116,102,914

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ 17,731,897	\$ 18,884,470	\$ 20,111,961	\$ 21,419,238	\$ 22,811,489	\$100,959,056
Hypo 2 - Planning and Implementation (Non-Services)	\$ 7,571,929	\$ 3,785,965	\$ 1,514,386	\$ 1,514,386	\$ 757,193	\$15,143,858
TOTAL	\$ 25,303,826	\$ 22,670,435	\$ 21,626,347	\$ 22,933,624	\$ 23,568,682	\$ 116,102,914

HYPOTHETICALS VARIANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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Appendix B: Formal Public Notice



PUBLIC NOTICE OF PROPOSED LOUISIANA 1115 DEMONSTRATION WAIVER APPLICATION

In accordance with 42 CFR 431.408, notice is hereby given that the Louisiana Department of Health (LDH) proposes to submit to the Centers for Medicare and Medicaid Services (CMS) an 1115 demonstration waiver application. This notice provides details about the waiver application and serves to formally open the thirty (30) day public comment period, which begins on August 1, 2024, and concludes on August 30, 2024.

During the public comment period, the public is invited to provide written comments to LDH via U.S. Postal Service or electronic mail, as well as make comments verbally during public hearings that will be hosted at geographically diverse locations around the state. LDH will hold two (2) public hearings, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter. Public hearings will be held on the following dates and times and at the following locations:

Public Hearing #1 (MCAC Meeting)	Public Hearing #2
August 13, 2024 1:00pm Bienville Building 628 North 4 th Street Baton Rouge, LA 70802	August 16, 2024 12:00pm Shreveport Behavioral Health Clinic 1210 North Hearne Avenue Shreveport, LA 71107
Also available for virtual participation: Zoom Link: https://us06web.zoom.us/j/84284472322 Dial-In: (602) 333-0032 Conference Code: 520621	Also available for virtual participation: Zoom Link: https://us06web.zoom.us/j/81194952051 Dial-In: (602) 333-0032 Conference Code: 273643

The proposed waiver application along with other related documentation is accessible for public review on the LDH website at ldh.la.gov/1115Reentry. In addition, the draft documents are also available in hard copy. Persons who wish to receive a hard copy by mail may submit a request at the email or mailing address below.

Interested persons should submit comments to LDH on the waiver application on or before August 30, 2024. Comments can be submitted via email to 1115Reentry@la.gov or by mail to Missy Graves, P.O. Box 4049, Baton Rouge, LA 70821.

Program Description

LDH seeks authority via this demonstration waiver to provide an array of services to Medicaid-eligible individuals 90 days prior to their release from prison or jail. With one of the highest incarceration rates in the nation, the state is focused on providing incarcerated individuals with opportunities to obtain services and supports that facilitate recovery and reduce recidivism. These services are particularly critical for individuals with substance use disorder (SUD), who make up 73% of Louisiana's incarcerated population.

Incarceration can have cascading adverse effects on an individual's health. Many individuals enter prison or jail with a pre-existing condition, such as SUD, mental health challenges, and infectious and chronic diseases. Without access to critical services during the incarceration period, an individual's condition may worsen and, particularly in the case of SUD or mental health conditions, put them at risk of reoffending if untreated. Incarceration itself can also have a negative impact upon a person's well-being. Additionally, upon release, many formerly incarcerated individuals struggle to obtain stable housing, secure reliable employment, and access healthcare services.

By implementing an array of pre-release services in the Medicaid program, LDH hopes to both enhance the current array of services available to individuals during incarceration while also connecting them to community-based providers to facilitate a smoother reentry process.

Goals and Objectives

The intent of this demonstration is to increase health coverage and improve access to critical services for justice-involved individuals post-release, with a focus on engagement in and continuity of care for SUD and other behavioral health needs. By connecting individuals to coverage and engaging in care before they reenter the community, the state hopes to increase the likelihood that formerly incarcerated individuals will be able to access critical health services in the community to manage conditions such as SUD, thus fostering recovery and reducing the likelihood of recidivism.

During the demonstration period, LDH seeks to achieve the following outcomes for the targeted population through this waiver and associated investments:

- Increasing coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
- Improving access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;
- Improving coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- Increasing additional investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;
- Improving connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
- Reducing all cause deaths in the near-term post-release;
- Reducing overdose deaths occurring within 12 months of release; and
- Reducing the number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

In addition to the above health-related goals, LDH, in partnership with the Louisiana Department of Public Safety and Corrections (DPS&C), will also track the demonstration's impact on recidivism.

Eligibility, Cost Sharing, Delivery Systems, and Benefits

Eligibility

Pre-release services will be available to any Medicaid eligible individual in prison or jail, provided they are incarcerated in a participating facility. All state prisons will be included in the demonstration from the outset. Select parish jails will be phased-in via a pilot approach. LDH proposes to begin the program in up to 13 parish jails.

This demonstration does not impact existing Medicaid eligibility categories.

Cost-Sharing

Individuals receiving services under this waiver will not be subject to cost-sharing. This demonstration does not impact existing cost-sharing obligations.

Delivery System

This demonstration will be operated within Louisiana's existing Medicaid managed care delivery system and administered by all seven managed care entities. This demonstration does not impact the structure of the state's delivery system.

Benefits

Eligible individuals will receive access to the following services:

1. Case management;
2. Medication-assisted treatment (MAT) and SUD counseling;
3. A 30-day supply of prescription medications upon release;
4. Mental health services, including behavioral health clinical consultation;
5. Peer support services;
6. Laboratory services; and
7. Durable medical equipment (DME).

Enrollment and Expenditures

Table 1, below, reflects expected enrollment and expenditures, including both services and non-services costs, for each waiver year in the demonstration period. For non-services costs, LDH expects to make infrastructure investments to support the provision of the waiver services in prisons and jails. Investments could include enhancements to technology systems, physical space improvements, and/or additional staffing.

Table 1: Enrollment and Expenditure Projections

REENTRY WAIVER ENROLLMENT AND EXPENDITURES PROJECTION BY WAIVER YEAR						
Component	BASE YEAR			WAIVER PERIOD		
	DY 0 (SFY 2025)	DY 1 (SFY 2026)	DY 2 (SFY 2027)	DY 3 (SFY 2028)	DY 4 (SFY 2029)	DY 5 (SFY 2030)
Service Cost PMPM	\$ 1,056.20	\$ 1,124.86	\$ 1,197.97	\$ 1,275.84	\$ 1,358.77	\$ 1,447.09
Enrollment - Member Months	13,194	13,194	13,194	13,194	13,194	13,194
Service Expenditure Projection		\$14,841,466	\$15,806,161	\$16,833,561	\$17,927,743	\$19,093,046
Infrastructure Expenditure Projection		\$6,337,648	\$3,168,824	\$1,267,530	\$1,267,530	\$633,765
Total Expenditure Projection		\$ 21,179,114	\$18,974,985	\$18,101,091	\$19,195,273	\$19,726,811

Hypotheses and Evaluation Parameters

LDH proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for 1115 demonstrations. All components of the preliminary evaluation plan are subject to change as LDH will contract with an independent evaluator who will work with the state to develop a comprehensive evaluation design and to conduct this review.

Evaluation Question 1. Did the demonstration increase coverage, continuity of coverage, and appropriate service uptake?

Hypothesis	Data Sources	Example Measures
1.1 The program will improve uptake and continuity of MAT services and behavioral health treatment	Corrections records Medicaid claims data Pharmacy claims data	The percentage of individuals with SUD receiving MAT prior to release The percentage of individuals with SUD receiving MAT during the post-release period
1.2 The demonstration will result in increased uptake of healthcare services post-release resulting in improved perception of health	Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period	Members rating of their physical and behavioral health
1.3 The program will result in increased utilization of pre-release case management	Corrections records Medicaid claims data	The percentage of individuals receiving one or more case-

		management services prior to release
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Evaluation Question 2. Did the demonstration improve access to services?

Hypothesis	Data Sources	Example Measures
2.1 The program will result in increased utilization of outpatient physical and behavioral health services during the first 12 months post-release	Corrections records Medicaid claims data	The percentage of individuals utilizing behavioral health services during the first 30 days post-release The percentage of individuals with a primary care visit during the first 30 days post-release The rate of outpatient behavioral health utilization by month for each of the first 12 months post-release The monthly rate of outpatient utilization by month for 12 months post-release
2.2 The program will result in improved access to preventive care and chronic disease management during the post-release period	Medicaid claims data Medical record data	Quality measure performance for individuals post-release <1 year 1 31 st of a given year including: HEDIS Measures: <ul style="list-style-type: none"> • Breast cancer screening • Cervical cancer screening • Colorectal cancer screening • Hepatitis C virus screening

Evaluation Question 3. Did the demonstration improve coordination and communication?

Hypothesis	Data Sources	Potential Measures
3.1 The demonstration will improve coordination and communication with beneficiaries	Surveys of MCO case managers Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period Key informant interviews	Member satisfaction with care coordination Description of MCO case manager perceptions of program success

Evaluation Question 4. Did the demonstration increase investment in healthcare and related services?

Hypothesis	Data Sources	Potential Measures
4.1 The demonstration will result in increased investment in Medicaid services delivered prior to release	Corrections records Medicaid claims	Per capita spending on care coordination services delivered prior to release Per capita medical spending prior to release
4.2 The demonstration will result in an increase in the number of community-based providers delivering services to beneficiaries prior to release	Corrections records Medicaid claims Provider enrollment files	The number of providers delivering pre-release Medicaid services, measured in 6-month intervals throughout the waiver

Evaluation Question 5. Did the demonstration improve connections between carceral settings and community services?

Hypothesis	Data Sources	Potential Measures
5.1 The demonstration will improve data sharing infrastructure between carceral settings and community services	Surveys of MCO case managers Key information interviews	Description of MCO case manager perceptions of communication with carceral settings Description of changes in the frequency, volume, and types of information exchanged between carceral facilities and community services during the post-release period

Evaluation Question 6. Did the demonstration reduce all-cause deaths?

Hypothesis	Data Sources	Potential Measures
6.1 The demonstration will result in a reduction in deaths by all-causes during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to any cause during the first 12 months post-release

Evaluation Question 7: Did the demonstration reduce overdose deaths occurring within 12 months of release?

Hypothesis	Data Sources	Potential Measures
7.1 The demonstration will result in a reduction in deaths attributed to drug overdose during the 12 months post-release	Corrections records Medicaid claims data Medical records	The number of deaths attributed to drug overdose (identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85,

	Vital statistics	and Y10–Y14) during the first 12 months post-release
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Evaluation Question 8. Did the demonstration reduce the number of ED visits and inpatient hospitalizations?

Hypothesis	Data Sources	Potential Measures
8.1 The demonstration will result in a reduction in ED utilization during the 12 months post-release	<p>Corrections records</p> <p>Medicaid claims data</p> <p>Medical records</p>	<p>Rate of ED visits for any cause during the first 12 months post-release</p> <p>Rate of ED visits for SUD-related conditions</p> <p>Rate of ED visits for ambulatory care sensitive conditions during the first 12 months post-release</p>
8.2 The demonstration will result in a reduction in inpatient hospitalizations during the 12 months post-release	<p>Corrections records</p> <p>Medicaid claims data</p> <p>Medical records</p>	<p>Measures of hospital admissions during the first 12 months post-release including</p> <ul style="list-style-type: none"> • All-causes • PQI 15: Asthma in younger adults admission rate • PQI 05: COPD and asthma in older adults admission rate • PQI 01: Diabetes short-term complications admission rate • PQI 08: Heart failure admission rate

Waiver and Expenditure Authorities

LDH is requesting the following waiver and expenditure authorities.

Authority	Purpose	Citation
Waiver Authorities		
Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying beneficiaries on a geographically limited basis.	Social Security Act (SSA) 1902(a)(1)
Amount, Duration, and Scope	To enable the state to provide only a limited set of pre-release services to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the demonstration.	SSA 1902(a)(10)(B)
Freedom of Choice	To enable the state to require qualifying beneficiaries to receive pre-release services, as authorized under this demonstration, through only certain providers.	SSA 1902(a)(23)(A)
Expenditure Authorities		
Expenditures for pre-release services provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from participating state prisons and parish jails.	To allow for expenditures for pre-release services.	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

<p>Capped expenditures for payments for allowable administrative costs, services, supports, transitional non-service expenditures, infrastructure and interventions, which may not be recognized as medical assistance under Section 1905(a) or may not otherwise be reimbursable under Section 1903, to the extent such activities are authorized as part of the Pre-Release initiative.</p>	<p>To allow for expenditures for pre-release non-services (infrastructure costs).</p>	<p>Expenditure Authority under 1115(a)(2) of the Act (CNOM)</p>
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Appendix C: Abbreviated Public Notice

PUBLIC NOTICE

**Louisiana Department of Health
Bureau of Health Services Financing**

1115 Demonstration Waiver Application

The Louisiana Department of Health (LDH), Bureau of Health Services Financing (BHSF) hereby gives public notice of the Department's intent to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) a Section 1115 demonstration waiver application. This proposed waiver will provide an array of services to Medicaid eligible individuals 90 days prior to their release from prison or jail. By implementing pre-release services in the Medicaid program, LDH hopes to both enhance the current array of services available to individuals during incarceration while also connecting them to community-based providers to facilitate a smoother reentry process. Pre-release services will be available to any Medicaid eligible individual in prison or jail. All state prisons will be included in this demonstration from the outset. Select parish jails will be phased-in via a pilot approach. Eligible individuals will receive case management, medication-assisted treatment (MAT) and counseling, a 30-day supply of prescription medications upon release, mental health services including behavioral health clinical consultation, peer support

services, laboratory services, and durable medical equipment (DME).

In compliance with CMS requirements, BHSF is posting the waiver application for public comment from August 1, 2024 through August 30, 2024. CMS regulations require the Louisiana Department of Health to actively engage the public and give program participants, advocates, providers and other community stakeholders the chance to provide input regarding applications for a demonstration waiver prior to submission to CMS.

Two public hearings are scheduled for this waiver application. The first will be held on August 13, 2024, at 1:00pm at the Bienville Building, 628 North 4th Street, Baton Rouge, LA 70802, and will be available for virtual participation at: <https://us06web.zoom.us/j/84284472322>, with dial-in available at (602) 333-0032 using conference code 520621. The second will be held on August 16, 2024, at 12:00pm in the large conference room in the Shreveport Behavioral Health Clinic, 1210 North Hearne Avenue, Shreveport, LA 71107, and will be available for virtual participation at <https://us06web.zoom.us/j/81194952051>, meeting ID 273643, with dial-in available at (602) 333-0032.

The waiver application is posted to the LDH website and may be accessed at the following address:

<https://ldh.la.gov/1115reentry>. A printed copy of the waiver

application shall be made available upon request to the Department by calling (225) 342-2540 or by email to 1115reentry@la.gov. Implementation of the provisions of this waiver application is contingent upon CMS approval.

Interested persons may submit written comments to Missy Graves, P.O. Box 4049, Baton Rouge, LA 70821. The deadline for receipt of all written comments is August 30, 2024 by 4:30 p.m.

Michael Harrington, MBA, MA

Secretary

Appendix D: Tribal Notice



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

July 12, 2024

Tricia Mestayer
Health and Human Services Director
Chitimacha Health Clinic
P.O. Box 640
Charenton, LA 70523

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Charenton, LA 70523

Mildred Darden, Clinic Office Supervisor
Chitimacha Tribe of Louisiana
P. O. Box 640
Charenton, LA 70523

Marshall Pierite, Chairman
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Chief Libby Rogers
Kelly Thompson, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

David Sickey, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Cameron Chase, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Dear Louisiana Tribal Contact:

RE: Notification of Application for Section 1115 Medicaid Reentry Demonstration Waiver

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009 and in accordance with federal regulations 42 CFR 431.408(b), the Louisiana Department of Health (LDH), Bureau of Health Services Financing (BHSF) is taking the opportunity to notify you of our intent to submit a Section 1115 Demonstration

Medicaid Reentry Section 1115 Demonstration Waiver

July 12, 2024

Page 2

Waiver application to the U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS) for approval.

The Section 1115 Medicaid Reentry Demonstration Waiver seeks a waiver of the federal inmate exclusion policy which will allow coverage of certain Medicaid services up to 90 days prior to an eligible person's expected release from incarceration. This demonstration waiver aims to improve care transitions and increase continuity of health coverage, reduce disruptions in care, and improve health outcomes for Medicaid-eligible individuals transitioning from correctional settings to the community. A full copy of the draft waiver application will be shared with you once it is available for review during the 30-day public notice comment period, which will begin on or around August 1, 2024.

Please forward any comments you may have by **August 11, 2024**, to Marjorie V. Jenkins, via email, at Marjorie.Jenkins@la.gov or by postal mail to:

Louisiana Department of Health
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

If you would like to request a tribal consultation to discuss the contents of this waiver request or should you have additional questions about Medicaid policy, Ms. Jenkins will be glad to assist you. You may reach her by email or telephone at (225) 342-5924. Thank you for your continued support of the tribal consultation process.

Sincerely,

Karen H. Barnes for
Kimberly Sullivan, J.D.
Medicaid Executive Director

KS/KHB/MJ

c: Brian Bennett
Kim Sullivan
Nancy Grano