



New Hampshire
Department of Health and Human Services

Substance Use Disorder Serious Mental Illness
Serious Emotional Disturbance
Treatment and Recovery Access Section
1115(a) Research and Demonstration Waiver

Addendum to Extension Request
Clarifying Community Reentry Demonstration
Components

September 14, 2023

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I. Introduction

On September 30, 2022, New Hampshire (NH) submitted its Substance Use Disorder-Serious Mental Illness-Serious Emotional Disturbance Treatment and Recovery Access 1115(a) demonstration extension request, which included a new Community Reentry component for individuals transitioning from state prisons into the community. In accordance with Section 5032 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), The Centers for Medicare & Medicaid Services (CMS) released guidelines for this type of Community Reentry program in the State Medicaid Director Letter “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated” (SMD 23-003) dated April 17, 2023 (SMDL). Given that the SMDL was released after NH’s original demonstration extension request, this addendum seeks to clarify certain Medicaid operational aspects of the proposed demonstration, confirm the minimum services package, and more precisely articulate the goals of NH’s Community Reentry program in alignment with CMS guidelines. This information was developed through a partnership between NH Department of Corrections (DOC) and Department of Health and Human Services (DHHS), which will continue to work together to achieve the goals of this demonstration, if approved.

II. Rationale for 45-Day Service Window

As noted in the original demonstration extension request, NH is seeking to provide a targeted set of services to otherwise-eligible incarcerated individuals with behavioral health needs, including substance use disorder (SUD), opioid use disorder (OUD), and serious mental illness (SMI) in the 45 days prior to expected release.

By allowing coverage beyond the 30-day timeframe contemplated by Section 5032 of the SUPPORT Act (for up to 45 days prior to expected release), NH is seeking to demonstrate that incarcerated individuals will have a greater opportunity to coordinate with correctional facility staff, establish stronger relationships with community providers, identify required medications, and set up more comprehensive post-release transition plans. Coverage of up to 45 days is also expected

to provide more time for enrollees to identify and receive services, which may reduce post-release acute care utilization, and lead to a reduction in health crises, overdoses, and overdose-related deaths.

NH expects that the longer service window will reduce suicide-related death, overdoses and overdose-related death in the period following release. As noted in the original demonstration extension request, the demonstration is designed to test the following hypotheses: by providing a tailored set of Medicaid services 45 days prior to release, re-integration rates will increase and recidivism will be reduced among Medicaid beneficiaries who receive the pre-release transition services. The State will work with CMS to develop robust methods to test these hypotheses and determine the effectiveness of the extended 45-day service window in achieving the outlined demonstration goals.

III. Medicaid Operational Alignment

Medicaid Suspension

NH acknowledges the CMS requirement that states must suspend, rather than terminate, Medicaid eligibility upon incarceration. NH DOC currently operate a suspension policy which meets this requirement. Below is a more detailed description of the State's current suspension policy.

Current State:

The State currently requires that Medicaid coverage be suspended (and not terminated) for any Medicaid beneficiary who becomes incarcerated. DHHS formally adopted a policy to this effect in 2016, with the intent of helping ensure a successful transition for individuals following incarceration. According to this document, "Medicaid eligibility is now placed in suspension status during the period of time an individual is incarcerated, provided that the individual meets all other Medicaid eligibility requirements except for being incarcerated" (DFA SR 16-22). Suspension of Medicaid eligibility during incarceration facilitates access to covered Medicaid services for eligible individuals if the individual becomes an inpatient in a medical facility while incarcerated, consistent with the "patient in a medical institution" exception to the inmate exclusion outlined in section 1905(a)(31)(A) of the *Social Security Act*. Additionally, if redetermination is required during the period of incarceration, the policy facilitates assistance with renewals to help ensure a successful transition for the individual following incarceration.

In order to ensure that only allowable services are paid during incarceration, the Medicaid Management Information System (MMIS) is programmed to deny all claims for individuals who are incarcerated. To allow for reimbursement of offsite inpatient medical care, hospital dates are retroactively confirmed by DHHS and added to the MMIS, which then opens a temporary eligibility window and allows for Medicaid reimbursement of these hospital services.

Future State:

NH will continue to operate the Medicaid suspension policy described above to ensure that individuals have access to full Medicaid services immediately upon release. To facilitate implementation of the demonstration, NH will institute MMIS edits such as "benefit plans" that will allow for the limited package of demonstration services to be reimbursed during the 45-day pre-release window. NH will further describe this approach in the subsequent implementation plan.

Medicaid Outreach/Enrollment

NH acknowledges the CMS requirement that states must assist incarcerated individuals with applying for Medicaid no later than 45 days prior to the expected release date. NH currently assists with Medicaid enrollment as part of the pre-release transition planning process. Below is a more detailed description of the State's current outreach and enrollment activities.

Current State:

NH DOC case managers are assigned to support individuals with reentry planning and work directly with assigned residents to complete a comprehensive reentry plan starting upon intake into a NH DOC facility. Case managers also work with individuals to complete a detailed release plan that will prepare residents for success following release from prison. For individuals who have reached their maximum sentence, pre-release planning begins a minimum of 6 months prior to an individual's release date. For individuals whose release date is subject to the Adult Parole Board, NH DOC policy requires that case managers strongly encourage individuals not already enrolled in Medicaid to apply. Case managers then support and assist individuals with the Medicaid application process.

Future State:

Case managers will continue to encourage and assist individuals not already enrolled in Medicaid to apply as part of the reentry planning process. NH DOC will implement new policies to ensure this occurs a minimum of 45 days prior to the anticipated release date. The main challenge to completing the outreach and enrollment process 45 days prior to release is the relatively short timeline provided by the Adult Parole Board. To ensure all participating facilities conduct Medicaid outreach and enrollment activities a minimum of 45 days prior to release, NH DOC is exploring the following options:

- NH DOC will coordinate with the Adult Parole Board to identify earlier opportunities to communicate an individual's anticipated release dates, including earlier notification of parole hearing dates; and/or
- NH DOC will explore the possibility of conducting Medicaid outreach and enrollment activities prior to the pre-release transition meetings described in the current state.

NH will further describe its approach to ensuring all Medicaid outreach and enrollment activities occur a minimum of 45 days prior to release in the subsequent implementation plan.

IV. Minimum Services Package Alignment

Case Management

NH acknowledges the CMS requirement that case management must include the following elements: a comprehensive assessment and reassessment of needs, development of a person-centered care plan, referral activities (such as scheduling appointments) and monitoring/follow-up activities with a focus on health-related social needs (HRSN). NH DOC's existing case management meets these requirements. NH DOC will partner with DHHS to build out additional case management capacity in support of the transition and post-release periods. Below is a more detailed description of the State's current case management services.

Current State:

NH DOC is currently operating a robust case management system including needs assessments, person-centered planning, referral activities (such as scheduling appointments), connections with

post-release HRSN services and programs, and ongoing monitoring/follow-up activities. In addition to NH DOC case management pre-release, NH DOC parole officers perform post-release case management functions as part of their parole supervision. These functions include reentry planning and supervision, promoting access to services in the community (such as rehabilitation and housing), employment assistance, and drug testing.

Furthermore, NH DOC has secured grant funding to support additional assertive case management staff (three new full-time equivalents or “FTEs” of Re-Entry Care Coordinators) for inmates being released with OUD to provide additional transition and post-release case management support for 12 months post release. The Re-Entry Care Coordinator positions and case management program is described more completely in NH’s 1115 demonstration extension request submitted on September 30, 2022.

DHHS provides numerous case management services for individuals with Serious Mental Illness (SMI) and SUD, including those recently released from incarceration. For those with SMI, comprehensive case management is offered as a Medicaid State Plan service. For those with SUD, care management is delivered through MCOs. DHHS also provides peer support services for individuals with SUD. These services are available for all qualifying Medicaid recipients, including those recently released from incarceration.

Future State:

NH DOC and DHHS will continue to operate all programs described above and further collaborate to support holistic case management for individuals reentering the community. Specifically, NH DOC and DHHS will coordinate to ensure warm handoffs between pre- and post-release case managers through pre-release transition meetings. In addition, NH DOC and DHHS have committed to strengthening their existing case management offerings through the measures described below.

As of July 1, 2023, NH DOC received funding for Re-Entry Care Coordinators through the state budget and is no longer dependent on grant funding. This ensures that these positions have greater long-term financial stability and tenure. As part of this transition, NH DOC will broaden the role of the Re-Entry Care Coordinators to include all individuals with SUD, rather than just those with OUD.

DHHS is currently working to expand existing peer support services for Medicaid beneficiaries with SUD to include peer support services for those with SMI. NH plans to implement this additional capacity by the end of 2024. DHHS is also exploring the possibility of creating a new State Plan service for comprehensive SUD case management. This service would be tailored for SUD case management needs and would increase the support options available to individuals transitioning from incarceration. Additionally, DHHS is planning to include a provision in the new managed care RFP requiring MCOs to provide care management for the demonstration population.

[Medication Assisted Treatment \(MAT\)](#)

NH acknowledges the CMS demonstration requirement that participating states must provide Medication Assisted Treatment (MAT) services for all types of SUD as clinically appropriate, with accompanying counseling. NH DOC currently operates a robust MAT program, along with specialized SUD housing and counseling through the “Focus Unit” program. Below is a more detailed description of the State’s current MAT and counseling services.

Current State:

MAT services represent a vital component of NH DOC's SUD treatment services, especially for those with OUD. NH DOC provides MAT to those with OUD and SUD undergoing active clinical treatment, and strongly encourages the use of counseling services in conjunction with MAT, as clinically appropriate. DOC policy defines MAT as "the use of medications, in combination with counseling and behavioral therapies, to provide a 'whole patient' approach to the treatment of substance use disorders." DOC's MAT programs are clinically driven and tailored to meet each inmate's needs.

In addition to the MAT services defined above, NH DOC currently operates specialized Focus Units, or residential units that provide SUD treatment services with an emphasis on rehabilitation and wellness. NH DOC policy outlines various Focus Unit activities, including individual counseling/therapy and assignment to a primary Licensed Drug and Alcohol Counselor. The primary Licensed Drug and Alcohol Counselor partners with the participant to formulate an individual treatment plan, including methods for monitoring progress throughout the program. Focus Units are described more completely in NH's 1115 demonstration extension request submitted on September 30, 2022. Please note that the Focus Units are described as a testament to the strong supports already provided by NH DOC; New Hampshire does not intend to include this as a reimbursable demonstration service. Rather, the State views this existing DOC service as complimentary to the proposed demonstration programs and objectives.

Future State:

NH DOC will continue to provide robust MAT services and counseling/behavioral therapies. To complement these services, NH DOC will also continue to operate specialized SUD residential treatment units through the Focus Unit program.

30-Day Prescription Drug Supply

NH acknowledges the CMS demonstration requirement that participating states must provide eligible individuals with a 30-day supply of all prescription medications that have been prescribed for the beneficiary at the time of release. Currently, NH DOC provides prescription medication upon release, and plans to guarantee a 30-day supply in the future state. Below is a more detailed description of NH DOC's current processes and plans for the future state.

Current State:

NH DOC currently funds, at minimum, a 14-day supply of all prescription medications that have been prescribed for the beneficiary at the time of release. Individuals may receive approval for a supply greater than 14 days, depending on whether the prescription is a controlled substance and when their first post-release medical appointment is scheduled.

Future State:

NH DOC acknowledges the 30-day medication supply requirement, and will work with CMS to expand provision. The State will provide a 30-day supply of all prescription medications that have been prescribed for the beneficiary at the time of release, regardless of the type of substance or post-release appointment timeframe. NH intends to fund the 30-day supply through the demonstration, and will reinvest new federal matching funds into services for incarcerated or recently-released individuals. These details will be further specified in NH's Reinvestment Plan, if approved.