

**PRA Disclosure Statement:** The goal of this voluntary template is to expedite CMS' reviews and approvals of states' requests for approval of Medicaid Section 1115 Reentry Demonstration Initiative applications, and to support state implementation planning and related transparency, as outlined in Application Procedures Part 42 CFR Section 431.412.

Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #86). The time required to complete this information collection is estimated to average six hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## **Medicaid Section 1115 Reentry Demonstration Initiative Preprint Instructions**

The Centers for Medicare & Medicaid Services (CMS) has developed a Reentry Demonstration Initiative Preprint to support the review and approval of a state's proposal for a section 1115 reentry demonstration. The preprint is not a substitution for section 1115 demonstration application and transparency requirements detailed in 42 CFR 431.412 (demonstration application procedures). States are not required to use this preprint, but it is intended to help expedite CMS review.

Instructions for completing the preprint are included where applicable within the fillable form, and this document provides supplementary instructions.

For any questions on the use and submission of the preprint, the state should contact its CMS demonstration team.

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## **1. Instructions for Completing and Submitting a Reentry Demonstration Initiative Preprint**

The Reentry Demonstration Initiative Preprint is a fillable PDF form reflective of the special terms and conditions (STCs) for reentry demonstrations and aligned with requirements of the State Medicaid Director Letter (SMDL) for the Reentry Section 1115 Demonstration Opportunity.<sup>1</sup>

The fillable form includes pre-defined selections (checkboxes) and open text boxes where additional explanation is requested or may be beneficial. Drop-down calendars are available to complete prompts requesting dates. CMS requests that a state complete all prompts unless otherwise specified with the prefix, “If applicable.”

Before submission, review the form to ensure all prompts are accurate and complete. A state may submit their completed preprint to [1115demorequests@cms.hhs.gov](mailto:1115demorequests@cms.hhs.gov).

## **2. Section-Specific Instructions**

This section provides supplemental instructions and contextual information corresponding to each section of the preprint.

### **Section 1: General Information**

Prompts 1.A and 1.B allow the state to provide general information regarding the reentry demonstration initiative and identify the type of application where the state initially requested authority for a reentry demonstration initiative. The state only needs to complete prompt 1.B.1 if the state is requesting a demonstration extension or an amendment. The requested information in prompt 1.B.1 can be found in the state’s most recent demonstration approval letter. Prompt 1.B.2 requests the proposed effective date for the initiative, the proposed start date for implementing the delivery of pre-release services, and the proposed date that the state anticipates implementation being complete.

### **Section 2: Reentry Demonstration Initiative Goals**

Section 2 presents the eight demonstration goals outlined in the SMDL and requests that the state select the checkbox to indicate it has read the summary and intends to address all eight goals in the reentry demonstration initiative. If the state has additional goals, briefly list them in the text box.

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<sup>1</sup> SMD# 23-003, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated,” <https://www.medicaid.gov/sites/default/files/2023-12/smd23003.pdf>.

### Section 3: Demonstration Design

#### *Prompt 3.A: Statewide Implementation and Participating Facilities*

Prompt 3.A allows the state to select the appropriate checkbox that corresponds with how the state intends to implement the reentry demonstration initiative: statewide, on a non-statewide basis, or within a specific geographic location(s).

For a state that intends to implement the reentry demonstration initiative within a specific geographic location(s), specify the localities, counties, or regions. Briefly explain the state's rationale for implementing the demonstration within a specific geographic location(s) including why the state selected those specific location(s).

Prompt 3.A.1. Select all facility type options in which the state intends to implement the reentry demonstration initiative. Select "Other" if the state plans to implement the demonstration in a facility type not listed and specify the facility type in the text box.

Prompt 3.A.2. If the state has state-specific names for the facility types selected in section 3.A.1 and would prefer for the state-specific names to be reflected in approval documents, please provide those state-specific names.

Prompt 3.A.3. If the state does not plan to phase in implementation of the reentry demonstration initiative by geography, participating facility, and/or by facility type, the state may leave the text box blank. Otherwise, briefly describe the state's phase-in plans, including the approximate date(s) of implementation.

#### *Prompt 3.B: Population(s) Covered and Pre-Release Timeframe*

Medicaid-eligible adults (prompt 3.B.1), Medicaid-eligible children (prompt 3.B.2), and CHIP-eligible individuals (prompt 3.B.3) incarcerated in participating facilities may be eligible to receive pre-release services as part of the demonstration. Individuals may have been determined eligible by an application completed before or during incarceration. For each population:

- If the state *does not intend to include* the population in the demonstration, select the checkbox, "The state does not intend to cover this population."
- If the state *intends to include* the population in the demonstration:
  - Select the pre-release coverage period from the options in the drop-down menu.
  - Select the checkbox that corresponds with the specific population the state intends to include in the proposed demonstration:
    - If there are **no additional health-related or other criteria**, select the checkbox for each population.

- If there are **additional health-related or other criteria**, select the second checkbox and describe the criteria in the text box. Footnote 3 of the preprint provides examples of additional health-related or other criteria.
- If the state will cover Medicaid-eligible children (3.B.2), indicate the age(s) of the children considered eligible for participation in the demonstration, e.g., “Under 19.” This should be consistent with the state’s definition of Medicaid eligibility for children.
- If the state will cover individuals eligible for the Children’s Health Insurance Program (CHIP) (3.B.3), indicate the type of CHIP program that will be covered under the reentry demonstration initiative (i.e., Medicaid-CHIP, Separate-CHIP, or both) and answer the remaining questions if applicable.

Prompt 3.B.4. CMS requests the state complete this prompt if the state selected “Other” for any of the proposed pre-release coverage period(s) in prompts 3.B.1 – 3.B.3 or if the state would like to include additional details about the state’s proposed covered population(s).

*Prompt 3.C: Scope of the Pre-Release Services*

Prompt 3.C.1. This prompt requests that the state select the checkbox to acknowledge it has read the summary of the set of minimum services. CMS expects that all states applying for the reentry demonstration will provide a minimum set of services in any facility participating in the reentry demonstration initiative. For the purposes of budget neutrality, note that the expenditures for the 30-day supply of prescription medication should not be included in the per-member per-month (PMPM) amount for pre-release services.

Prompt 3.C.2. This prompt allows the state to indicate whether it intends to provide the minimum set of services listed in prompt 3.C.1. If the state selects “No,” explain the rationale in the text box. Note that provision of the expected minimum set of services is a condition of approval for the reentry demonstration initiative.

Prompt 3.C.3. This prompt presents CMS’ policy on Medicaid drug rebates for prescribed drugs provided through the reentry demonstration initiative.

Prompt 3.C.4. If the state intends to provide additional services beyond the expected minimum set of services, the state can select the checkbox corresponding with each additional service. If the state selects “Other,” use the text box to specify all additional services not already included in the prompt. The state will need to provide service definitions for all of the selected services, including any services identified in the “Other” option, in the following prompt. If the state intends to provide only the expected minimum set of services without any additional services or proposed modifications, the state may leave this prompt blank.

Prompt 3.C.5. This prompt requests the service definitions for the three services that comprise the minimum set of services and any pre-release services selected in the previous prompt.

Prompt 3.C.6. This prompt allows the state to indicate whether it intends to vary any additional service(s) by population or facility. If the state selects “Yes,” indicate the service(s) and corresponding population or facility in the text box. If the state intends to provide only the expected minimum set of services without any additional services, the state may leave this prompt blank.

Prompt 3.C.7. CMS requests the state complete this prompt if it intends to phase in provision of additional services. If the state does not intend to phase in provision of additional services, or if the state intends to provide only the expected minimum set of services without any additional services, the state may leave the text box blank.

Prompt 3.C.8. If the state intends to phase-in services and would like to do so using structured tiers of services, review the description of “service levels” in the preprint and indicate whether the state agrees to this implementation approach. If the state intends to provide only the expected minimum set of services without any additional services, the state may select “No, this is not applicable.”

#### **Section 4: Medicaid/CHIP Eligibility and Enrollment Policy**

As indicated in the SMDL, the state is required to implement a policy to suspend rather than terminate Medicaid or CHIP benefits. This section prompts the state to select the appropriate checkbox to indicate whether the state currently has a suspension policy or intends to implement a suspension policy. If the state intends to implement a new policy, this prompt requests the anticipated effective date of this policy.

#### **Section 5: Participating Providers**

This prompt describes participating provider requirements and requests that the state select the checkbox to indicate it has read the summary. In prompt 5.A, the state can describe any limiting criteria it intends to use for selecting participating providers to deliver pre-release services in the text box. Prompt 5.B asks whether the state will provide pre-release services through a fee-for-service delivery system or through managed care.

#### **Section 6: Monitoring and Evaluation**

This prompt describes monitoring and evaluation requirements and requests that the state select the checkbox to indicate it has read the summary and then complete prompt 6.A to indicate whether the state is requesting approval for coverage more than 30 days pre-release. If the state’s proposed pre-release coverage is more than 30 days, select the checkbox to indicate that the state intends to evaluate the provided outcome measures or specify the alternative outcome measures to be evaluated using the text box.

## **Section 7: Funding for Transitional, Non-Service Expenditures**

This prompt describes funding opportunities to support planning and implementation. The following bullets provide instructions for how to proceed based on whether the state intends to request funding for IT system and non-services expenditures and/or funding through a Designated State Health Program (DSHP):

- If the state does not intend to request funding for IT system and non-services expenditures and/or funding through a DSHP, skip to Section 8 of the preprint.
- If the state intends to request funding for IT system and non-services expenditures, select the checkboxes in prompt 7.A.1 that correspond with the expenditures applicable to the state's request for funding to support planning and implementation. If the state intends to incorporate additional activities not captured in prompt 7.A.1, please complete prompt 7.A.2.
- If the state intends to request funding through a DSHP, complete prompt 7.B by selecting the checkbox to indicate whether the state intends to request federal financial participation for a DSHP. If the state selects "Yes," use the text box to indicate the approximate funding amount and describe how the state intends to use the DSHP funds.

## **Section 8: Budget Neutrality**

This prompt describes budget neutrality requirements and requests that the state select the checkbox to indicate it has read the summary and then complete prompt 8.A to acknowledge that the state has completed the reentry budget neutrality formulation workbook.

## **Section 9: CHIP Allotment for the S-CHIP Population**

This prompt describes S-CHIP allotment requirements and requests that the state select the checkbox to indicate it has read the summary. If the state intends to cover the S-CHIP-eligible population, select the checkbox in prompt 9.A to confirm that the allotment or reallocated funds will be used first to fully fund costs associated with the S-CHIP state plan populations. In prompt 9.B, provide the projected enrollment and the per member per month (PMPM) rate for this population.

## **Section 10: Reinvestment Plan**

This prompt describes reinvestment plan requirements and requests that the state select the checkbox to indicate it has read the summary. The state may use the checkboxes to indicate whether it intends to submit a reinvestment plan. If the state intends to use federal Medicaid matching funds to support existing carceral health care services, use the text box to elaborate on how the state intends to use federal Medicaid matching funds for activities or initiatives that increase access to and/or improve the quality of health care services and resources for individuals who are incarcerated or who are soon to be released from carceral settings.



## **Section 11: Interaction with Mandatory State Plan Benefits for Eligible Juveniles and Targeted Low-Income Children**

This prompt describes the interaction between the reentry demonstration initiative and the mandatory state plan benefits for eligible juveniles and targeted low-income children. As described in SHO# 24-004, the population eligible for the mandatory state plan benefits while incarcerated are post-adjudication Medicaid and CHIP-eligible individuals that are under 21 years of age, as well as former foster care children between the ages of 18 and 26 years old, that are within 30 days of their scheduled date of release.<sup>2</sup> If the population covered by the proposed reentry demonstration initiative overlaps with this mandatory population, CMS can provide the state with a waiver of the otherwise mandatory state plan coverage requirements to permit the state to cover at least the same services for the same individuals under the reentry demonstration initiative.

If the reentry demonstration initiative *fully* encompasses the statutorily required services and population, select the first checkbox. If the reentry demonstration initiative *partially* encompasses the statutorily required services and population, select the second checkbox. If the state *does not intend to cover* this overlapping population under the reentry demonstration, or for another reason does not want a waiver of this requirement, select the third checkbox. Please request technical assistance from CMS if the state is unsure of which option to select.

## **Section 12: State Contact and Signature**

This prompt requests the names and contact information for the State Medicaid Director, state point-of-contact for the demonstration application, and the authorizing official who is accepting the attestations in this form.

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<sup>2</sup> SHO# 24-004, “Provision of Medicaid and CHIP Services to Incarcerated Youth,” see, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf>.