May 13, 2024

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Connecticut Medicaid Coverage for Justice-Involved Population Re-entry Amendment

Dear Secretary Becerra,

The Center on Budget and Policy Priorities and Georgetown University Center for Children and Families appreciate the opportunity to comment on "Connecticut Medicaid Coverage for Justice-Involved Population Re-entry, a proposal to amend Connecticut's current Substance Use Demonstration.[1]

The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

Connecticut's amendment, which would provide a targeted benefit package and services to address health-related social needs (HRSN) to justice-involved adults and youth during the 90 days prior to their release from incarceration, aligns with CMS guidelines for pre-release initiatives. We believe Connecticut's request would improve access to care for justice-involved individuals who would be eligible for Medicaid but for their incarceration and would promote the objectives of the program. The application includes robust hypotheses which, if approved, will enable the state and CMS to build the evidence base for these important initiatives. We urge you to approve the amendment subject to the recommendations detailed below.

Targeted pre-release services during the last 90 days of incarceration would reduce gaps in coverage and care, supporting successful transitions back to the community.

Connecticut is requesting approval to provide targeted pre-release benefits and HSRN services to adults and youth who would be eligible for Medicaid but for their incarceration. We support Connecticut's plan to provide benefits and supports to Medicaid-eligible youth in juvenile detention centers and adults with substance use disorders, mental illness, chronic conditions, intellectual

[1] State of Connecticut Department of Social Services, "Connecticut Medicaid Coverage for Justice-Involved Population Re-entry Substance Use Demonstration Amendment Request," March 26, 2024, https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ct-sud-demo-03272024-pa.pdf.

disability, acquired brain injury, and HIV/AIDs and individuals who are pregnant or within a 12-month postpartum period. The plan is consistent with CMS's recent letter to State Medicaid Directors, which outlined standards for approval of pre-release services.[2] We are concerned, however, that the proposal only covers the three years remaining in Connecticut's SUD waiver and appears to assume that the amendment would be in effect in July 2024. Even if implementation could begin in July, which is unlikely, three years is too short to implement and evaluate the initiative. We urge CMS to work with the state to establish a longer waiver period, perhaps by making this a separate five-year demonstration.

People in jail and prison have high rates of untreated, chronic conditions as well as a high incidence of substance use disorder and mental illness. Connecticut's proposal cites state data from a 2022 study showing that 89 percent of its justice-involved population had a history of, or a current, substance use problem, and 32 percent of the population had an active mental health disorder requiring treatment.

Justice-involved individuals often return home without adequate access to medications or care coordination. Once home, health care often falls by the wayside as people face competing demands, including securing housing, finding work, filling prescriptions, connecting with family, and fulfilling court-ordered obligations. Gaps in coverage and care contribute to a litany of poor health outcomes and compound the harmful effects of mass incarceration and the over-policing of people of color. In addition, incarcerating children and young adults can cause serious harm to youth who are separated from their family and community, including long-term adverse impacts on individuals' physical and mental health.[3]

Connecticut's request appears to be consistent with CMS guidance, focusing on a targeted set of services for people preparing to leave carceral settings[4] and a robust set of HSRN services focused on connecting people to suitable and safe housing.[5] Recognizing that transitions take time, we

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[2] State Medicaid Directors Letter, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated, SMD 23-003, CMS, April 17, 2023, https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf.

[3] Cortney Sanders, "State Juvenile Justice Reforms Can Boost Opportunity, Particularly for Communities of Color," Center on Budget and Policy Priorities, July 27, 2021. https://www.cbpp.org/research/state-budget-andtax/statejuvenile-justice-reforms-can-boost-opportunity-particularly-for; Vincent Schiraldi, "Can We Eliminate the Youth Prison? (And What Should We Replace It With)?" Square One Project, June 2020, https://squareonejustice.org/paper/can-we-eliminate-the-youth-prison-and-what-should-we-replaceit-with-by-vincentschiraldi-june-2020/; Christopher Wildeman and Emily Wang, "Mass Incarceration, Public Health, and Widening Inequality in the USA," The Lancet 389, April 2017, https://doi.org/10.1016/S0140-6736(17)30259-3; Michael Massoglia and Brianna Remster, "Linkages Between Incarceration and Health," Public Health Reports, May 1, 2019, https://doi.org/10.1177/0033354919826563.

[4] CMS, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated," State Medicaid Director Letter (SMDL) #23-03, April 17, 2023, https://www.medicaid.gov/sites/default/files/2023-12/smd23003.pdf.

[5] CMS, SHO# 21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH), Centers for Medicare and Medicaid Services, January 7, 2021, https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf; CMS, All-State Medicaid and CHIP Call, "Addressing Health-Related Social Needs in Section 1115 Demonstrations," December 6, 2022, https://www.medicaid.gov/sites/default/files/2023-01/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf; CMS, CMCS Informational Bulletin, "Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program," November 16, 2023, https://www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf; CMS, "Coverage of

support the state's request to provide services in the 90-days prior to release. Engaging case managers to help people leaving incarceration and engaging community case managers post-release to facilitate warm handoffs to community providers will help promote continuity of care when people leave carceral settings.

Connecticut's correction system for adults and juveniles is operated by the state, making it easier to phase in and implement a consistent approach across the state than in states with county and local-based systems. According to the proposal, each facility will have to demonstrate its ability to provide the full package of pre-release services. Connecticut also has had a longstanding policy of suspending rather than terminating Medicaid enrollment for up to three years as well as a policy to expedite Medicaid eligibility on release, giving it a head start to implement its proposed amendment.

As with other recent demonstration approvals, we urge CMS to 1) establish a clear, limited set of covered pre-release services that are tailored to the goal of improving continuity of care as people return to the community and 2) prioritize the use of community-based providers to deliver the services. In responding to multiple comments urging the state to maximize the use of community-based providers, Connecticut stated that it did intend to utilize community providers including community health workers with lived experience. The commenters were likely raising the issue due to the proposal's lack of specificity about the providers who would deliver services under the proposal. In the description of the delivery system, the proposal refers to the use of "either community-based or correctional facility-based providers," and at other points it leaves the specifics on providers to the implementation plan. We urge CMS to require the state to provide more details on how it plans to maximize the use of community-based providers.

We also recommend that CMS require all providers under the demonstration to be enrolled as Medicaid providers. The proposal requests a waiver of provider enrollment for CHIP but not for Medicaid. We urge CMS to disapprove this waiver request. Instead, we recommend that CMS require all providers under the demonstration to be enrolled as Medicaid and CHIP providers and, again, find ways to maximize the use of community-based providers to deliver pre-release services, including case management services that can more seamlessly bridge to post-release services.

Connecticut plans to provide a broad range of services beyond those required by CMS policy for re-entry initiatives. We support the service package but note that given the breadth of services such as laboratory and radiology and prescription drugs, it is likely many of these services are currently being provided with state funds. We anticipate that CMS will require a Reentry Initiative Reinvestment Plan to ensure that Medicaid funding doesn't simply replace other current funding sources, and we urge CMS to ensure that all state funds are reinvested in accordance with the list of reinvestments included in the proposal (p. 31)

Proposed services to address unmet HRSN should be approved consistent with CMS's recent guidance.

We also support Connecticut's proposal to address unmet HRSN – particularly housing insecurity – for people leaving incarceration and returning to the community. Unmet HRSN both

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Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)," November 2023, https://www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf.

jeopardize health and lead to costly, but avoidable, health care use. Unmet social needs are common among Medicaid enrollees, especially people of color. Over half of Medicaid enrollees had unaffordable or inadequate housing prior to the pandemic.[6] By focusing on housing-related services (including up to six months of rent, utility costs, pre-tenancy and tenancy sustaining services, housing transition navigation services, and medically necessary air conditioners, home modifications, and remediation services), Connecticut is seeking to aid the justice-involved individuals who might otherwise have difficulty establishing safe places to live as they return to the community. We support Connecticut's plans to invest in these services for a particularly vulnerable population. As noted above, the state's application appears consistent with recent CMS guidance on providing HRSN services and we urge CMS to solidify implementation details in robust terms and conditions and implementation guidance.

We also note that Connecticut is proposing $300 million in non-service expenditures along with $27.4 million in HSRN infrastructure costs, which exceeds the projected $182.1 million in expenses for services over the three-year waiver period. While we are generally support CMS providing states with infrastructure funding to make implementation successful, CMS should ensure that these expenditures are reasonable and necessary and that they provide ongoing benefits for the justice-involved population. The amount of these expenditures bears consideration particularly given the three-year waiver period and is another reason CMS should work with the state to establish a longer waiver period.

Conclusion

Our comments include numerous citations to supporting research, including direct links to the research, for HHS's benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for the consideration of our comments. If you would like any additional information, please contact Allison Orris (aorris@cbpp.org) or Joan Alker (jca25@georgetown.edu).

[6] Bradley Corallo, "Housing Affordability, Adequacy, and Access to the Internet in Homes of Medicaid Enrollees," KFF, September, 22, 2021, https://www.kff.org/medicaid/issue-brief/housing-affordability-adequacy-and-access-to-the-internet-in-homes-of-medicaid-enrollees/.