

August 6, 2025

Secretary Robert F. Kennedy Jr.  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Re: Maine Section 1115 Demonstration Extension Request

Dear Secretary Kennedy:

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Maine's request for a five-year extension of the "Maine Substance Use Disorder (SUD) Care Initiative," which the state seeks to rename as "Maine's Whole Person Care Waiver." 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. The 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.

Maine is seeking to continue the programmatic elements of its current SUD demonstration, which was approved in 2020. It is also requesting to add additional elements aimed at improving health outcomes during transitions for targeted populations and developing and maintaining adequate infrastructure and system capacity to support its goals and initiatives. Our comments focus on select aspects of the proposal, which we support subject to the recommendations below. The proposal includes other provisions, including new initiatives for people with serious mental illness, which we do not address.

**The proposal would improve continuity of care during transitional periods.**

***Providing incentive payments for transitions of care would help ensure individuals receive critical services in a timely manner.***

Maine seeks expenditure authority for federal matching funds for a pilot program that would provide incentive payments to providers who render services to Medicaid beneficiaries within 7 days of discharge from hospitals, IMDs and carceral settings. The incentive payments would be \$236.77 for each eligible claim. We support the goal of increasing the likelihood that individuals receive treatment soon after release from these institutions when they are vulnerable to drug-related deaths and suicide. Approval of this pilot should be accompanied by requirements for a robust and timely evaluation that looks at whether the incentives increase the likelihood of treatment and whether the

services eligible for the incentive payments contribute to successful transitions. The results should determine whether to continue the payments over the full term of the demonstration and during potential future extensions.

***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.***

Maine proposes to extend Medicaid coverage for targeted Medicaid services for up to 90 days prior to release for individuals transitioning from jails, prisons, and the state's youth correctional facility. Services would be provided on a phased-in basis as facilities become ready. The state is also requesting \$15 million in capacity-building funding to support changes in its systems necessary to implement the demonstration. We support the proposal, which would help minimize negative health outcomes that may occur in the period immediately following reentry and promote better health for people leaving carceral settings, although as noted below there are some additional details Maine should provide during the approval process to ensure its effectiveness and compliance with CMS policy.<sup>1</sup>

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. However, they 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.<sup>2</sup> The demonstration would help advance longstanding federal efforts to combat the opioid crisis, first declared a public health emergency in 2017 by President Trump.<sup>3</sup>

Maine's proposal includes case management, medication-assisted treatment (MAT), and a minimum 30-day supply of prescription medication as required by CMS policy. The state also proposes to include physical and behavioral health clinical consultation services, HIV and Hepatitis C care, and family planning services and supplies. This approach aligns with federal priorities to expand access to proven treatments and ensure continuity of care during the transition period from incarceration to the community.

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<sup>1</sup> 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>

<sup>2</sup> 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](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>.

<sup>3</sup> Ongoing emergencies | CMS. (n.d.). Retrieved February 19, 2025, from <https://www.cms.gov/about-cms/what-we-do/emergency-response/current-emergencies/ongoing-emergencies>

According to the proposal, “all adults and youth who are incarcerated in a participating correctional setting and are enrolled in Medicaid” will be eligible for the demonstration. The proposal confirms that Maine already suspends enrollment for Medicaid-eligible individuals in carceral settings and will enroll eligible individuals who are not enrolled. CMS should require the state to provide additional details about the enrollment process to make sure that Maine does effectively suspend rather than terminate enrollment and to explain how it will assess uninsured individuals for potential Medicaid eligibility.

The proposal states that all correctional providers will enroll in Medicaid. It also states that “all willing and qualified providers can enroll to provide pre-release services,” but the state is asking for a waiver of freedom of choice “to enable the state to require qualifying beneficiaries to receive pre-release services. . . *through only certain providers*” (emphasis added.) We urge CMS to require the state to provide more details on how it plans to maximize and prioritize the use of community-based providers who are more likely to remain engaged after individuals transition from the facility. Maine should also be required to provide a reinvestment plan to ensure that Medicaid doesn’t simply replace other current funding sources for the services Maine will provide under the demonstration both as to funding for health care services and spending on infrastructure.

***Maine’s proposal to address health-related social needs would help drive better health outcomes.***

Maine seeks expenditure authority to implement “Food is Medicine” pilot projects aimed at people who have a chronic health condition, a behavioral health condition, or who are pregnant or up to six months postpartum. Benefits would include case management, nutrition counseling and instruction, home-delivered meals or pantry stocking, and in some cases nutrition prescriptions and grocery provisions. We support these pilots, which would be tailored to address the connection of nutrition to health outcomes and recommend that they be carefully monitored and evaluated to assess their effectiveness in improving health outcomes. Nutrition supports have been shown to reduce hospitalizations and emergency room visits in Massachusetts.<sup>4</sup> Maine’s program could help determine whether these programs should be replicated more broadly.

Maine also requests expenditure authority for three pilot sites that would provide care for people experiencing homelessness prior to and after a hospital stay. The proposal cites high rates of homelessness connected to Maine’s opioid crisis and increases in HIV and Hepatitis C incidence as well as prior research that has shown these programs to be effective in decreasing hospital lengths of stay and readmissions.<sup>5</sup> We support these pilots, which would ensure that people have a safe place and necessary health care before and after hospital treatment. They should be monitored and evaluated to assess their success in decreasing hospital readmissions and improving health outcomes.

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<sup>4</sup> “Medicaid Nutrition Supports Associated With Reductions In Hospitalizations And ED Visits In Massachusetts,” Health Affairs. April 2025, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01409>.

<sup>5</sup> Doran, Kelly M. & Ragins, Kyle T. & Gross, Cary P. & Zerger, Suzanne. "Medical Respite Programs for Homeless Patients: A Systematic Review." Journal of Healthcare for the Poor and Underserved, vol. 24 no. 2, 2013, pp. 499-524. Project MUSE, doi:10.1353/hpu.2013.0053.

Maine is proposing to fund payments to certified recovery residences for parents with SUD who are at risk of or already involved with Maine's Child Protective Services (CPS) agency. Benefits would include housing transition and pre-tenancy services, such as one-time moving expenses and the development of a housing support plan, and housing and tenancy sustaining services, such as coaching and training on good tenancy practices. While we support this initiative, we do not understand how the proposal relates to the initiatives focused on family reunification that are part of Maine's ongoing SUD demonstration. Maine should explain how these initiatives fit together and how they will be monitored and evaluated as a package of services intended to keep families together. Maine also should specify the length of time these services will be provided to an eligible individual.

Allowing the state to provide housing and nutrition services and supports to address HRSNs would help address the root causes of chronic illness. These strategies have potential to drive down long-term spending and improve overall health. Therefore, consistent with efficient use of Medicaid resources to improve coverage and health outcomes, we urge CMS to approve the proposal.

**The proposal to implement a pilot program to reimburse for traditional health therapies would help support healthcare for American Indian populations.**

In coordination with the Wabanaki Nations, the collective name for Maine's four federally recognized tribes, Maine proposes a pilot that would cover traditional healing therapies for Native Americans. These services would be provided by practitioners employed by or contracting with Indian Health Services facilities or Tribal Organizations. While we support this innovative pilot, the final approval documents should explain how the therapies will be integrated with other medical care and how the initiative will be evaluated as part of Maine's overall demonstration.

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 your consideration of our comments. If you would like any additional information, please contact Joan Alker ([jca25@georgetown.edu](mailto:jca25@georgetown.edu)) or Allison Orris ([aorris@cbpp.org](mailto:aorris@cbpp.org)).