Minnesota Reentry Waiver
Application for Section 1115(a) Demonstration Waiver

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Section I – Overview and Background

Overview

Minnesota's reentry demonstration waiver advances a statewide approach to breaking the cycle of incarceration and improving health outcomes for justice-involved individuals. This initiative tackles three critical challenges: reducing post-release mortality rates, decreasing recidivism, and addressing the persistent health disparities that disproportionately impact formerly incarcerated populations.

Minnesota has an established history of comprehensive release planning and successful reentry programs. This waiver significantly expands our reach by providing targeted Medicaid services to eligible individuals during their final 90-days of incarceration with an intentional connection to community-based services. This pre-release period serves as a crucial window of opportunity to establish continuity of care and strengthen the foundation for successful community reintegration.

The waiver's service model adopts a holistic approach, integrating:

- Case management and reentry coordination.
- Comprehensive substance use disorder treatment.
- Mental health interventions.
- Management of complex and chronic medical conditions.
- Access to prescription medications.

By implementing this model in select prisons and jails as demonstration sites, Minnesota will evaluate its effectiveness before expanding the program across additional carceral facilities. This initiative reflects Minnesota's commitment to evidence-based interventions that not only improve individual health outcomes but also strengthen community well-being by supporting successful transitions from incarceration to community living.

Background

The Minnesota Department of Human Services (DHS) as the State Medicaid Agency will lead this waiver in collaboration with the Minnesota Department of Corrections (DOC) and the human services offices in each of Minnesota's 87 counties. DHS is partnering with leadership from the state's 11 federally recognized American Indian tribal nations to ensure culturally responsive program implementation.

The transition from incarceration to community living represents a period of vulnerability, particularly for individuals managing substance use disorders, behavioral health conditions, or complex medical needs. During this period, gaps in health care continuity often emerge at a time when consistent support and treatment are essential. Minnesota's demonstration waiver addresses these challenges by helping to establish a supportive bridge between carceral settings and community-based services. By improving eligibility and enrollment processes, Minnesota anticipates increasing capacity for release planning services allowing DOC staff to reach more individuals transitioning to the community.

There has been considerable interest in the state to broaden efforts supporting improved outcomes for people transitioning to the community from incarceration. Minnesota has an established advisory body, the Governor's Advisory Council on Opioids, Substance Use, and Addiction. This group, comprised of community leaders, individuals with direct experience with addiction, individuals providing treatment services, and other relevant stakeholders, identified the Reentry waiver as a priority.

Minnesota's Adult Correctional System

Minnesota has 83 county jails and 11 state correctional facilities (commonly referred to as prisons). DOC operates the prison system, primarily for individuals convicted of more serious offenses, and counties operate jails for pretrial detention and shorter sentences.[1] In 2023, approximately 8,200 people were incarcerated in Minnesota.[2]

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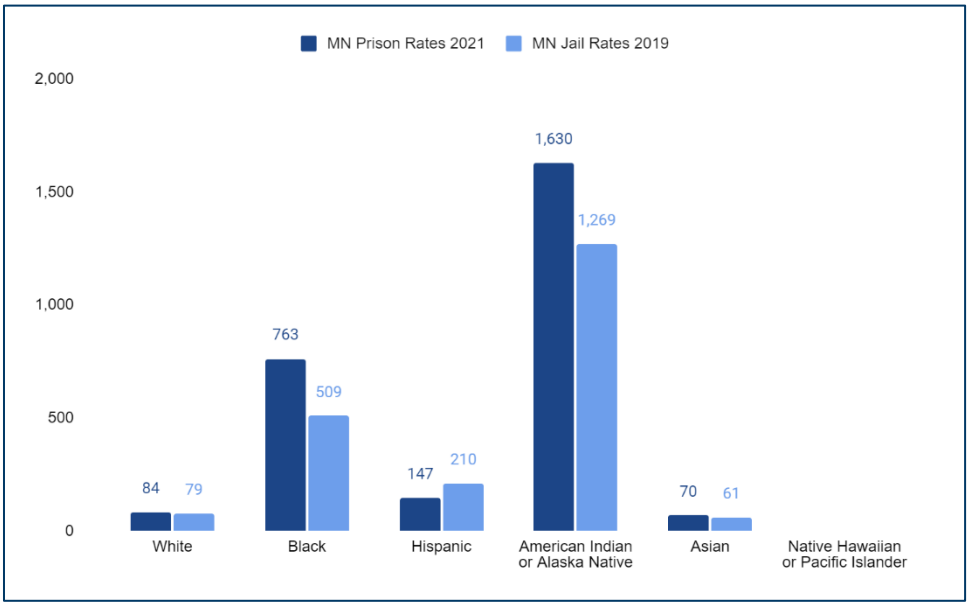
[1] https://tinyurl.com/5x45ehcw

[2] https://mn.gov/doc/assets/2023%20DOC%20Performance%20Report_Accessibility_Final_v2_tcm1089-608441.pdf

Figure 1 provides data showing significant racial disparities. Based on 2021 data for prisons and 2019 data for jails, Black people in Minnesota were incarcerated at 9.1 times the rate of White people, while American Indians were incarcerated at 18.75 times the rate of White people.[3] These numbers reflect substantial systemic inequities between racial groups.

Figure 1: Minnesota Prison and Jail Incarceration Rates per 100,000 State Residents by Race/Ethnicity[4]



Minnesota Initiatives

DOC is a national leader that has successfully implemented several impactful initiatives to support and achieve better outcomes for incarcerated individuals who are transitioning from carceral settings to the community. The reentry demonstration waiver builds off of these initiatives and advances this work. The following are a few examples of these initiatives.

Bridging Benefits

Bridging Benefits is a joint program between DOC and DHS designed to connect people exiting carceral settings with public health insurance, and cash and food assistance programs upon

[3] Minnesota profile | Prison Policy Initiative
[4] Minnesota profile | Prison Policy Initiative

release. DOC case managers and release planners work with individuals to connect them with DHS staff who help process applications for Medicaid.

Minnesota Statewide Initiative to Reduce Recidivism

The Joint Departmental Pilot Initiative was (Pilot) an example of a past successful collaboration between DOC and DHS that was created to identify gaps in the pre-release planning process, reduce recidivism, and better assist people reentering the community after release from a carceral setting. The Pilot was initiated as a part of the Minnesota Statewide Initiative to Reduce Recidivism (MNSIRR) and focused on gaps in the pre-release planning processes that act as barriers to essential services and benefits.

Minnesota Rehabilitation and Reinvestment Act

The Minnesota Rehabilitation and Reinvestment Act (MRRA)[5] was signed into law in 2023 to change the focus from the amount of time people spend in prison to how people spend that time. The MRRA creates incentives for incarcerated people to participate in and make progress toward individualized goals that they help establish when starting their time in the carceral setting, which can result in earlier release. Evaluations of this program found that for every dollar invested, DOC saved $4,600 per person and participants who completed the program were 35% less likely to reoffend.[6]

Release Planning Services

DOC has seen a significant growth in staffing for release planning services. In 2009 there were less than ten release planners. There are currently thirty. DOC has specialized release planning services for incarcerated individuals with the following treatment needs:

- Mental health
- Sexual offending
- Complex and chronic medical

[5] MRRA / Department of Corrections (mn.gov)
[6] Make time count: Pass the Minnesota Rehabilitation and Reinvestment Act - MinnPost

- Substance Use Disorder (SUD)
- Opioid Use Disorder (OUD).

Peer Led Initiatives

DOC recognizes the importance of service delivery to individuals through those with lived experience. DOC currently has two formal peer led initiatives, the Wellness Recovery Action Plan (WRAP)[7] and Certified Peer Recovery Support.

WRAP is a prevention and wellness process used by people in DOC facilities who want to make positive changes in the way they feel and react to life by using a series of tools and action plans. DOC partnered with Wellness in the Woods to provide a peer led WRAP group to incarcerated individuals at four facilities. WRAP helps people to:

- Decrease and prevent intrusive or troubling feelings and behaviors.
- Increase personal empowerment.
- Improve quality of life.
- Achieve personal life goals and dreams.

DOC currently has a grant that allows organizations to provide Certified Peer Recovery Support certification classes to those incarcerated. These formally trained individuals can assist those during incarceration and increase their employability skills upon release. DOC and partners have trained over 120 incarcerated individuals through these grants.

Tattoo Shop

DOC launched a tattoo parlor in one of the prison settings[8] to reduce the spread of bloodborne diseases caused by self-tattooing and create an opportunity for vocational training. There are approximately 100 cases of people diagnosed with hepatitis C in prisons each year with treatment costs reaching up to $75,000 depending on the person's treatment needs. The tattoo

[7] Wellness Recovery Action Plan (WRAP®) — Wellness in the Woods | Mental Health Advocacy (mnwitw.org)
[8] Stillwater Tattoo Parlor: DOC / Department of Corrections (mn.gov)

program helps reduce instances of bloodborne diseases, provides skills training which can be utilized post-release, and has proven to be a positive addition to prison services.

Terms

For purposes of this waiver application the following terms are used in the waiver application.

Demonstration setting means a carceral setting determined by DHS through a readiness review as meeting requirements provided in the waiver. This includes state prisons and local jails.

Inmate means a person who resides or is held involuntarily in a demonstration setting.

Participant means a person who meets the service eligibility criteria to receive services provided while incarcerated, including being enrolled in Minnesota's Medicaid program.

Benefit Set means the Medicaid services covered under the waiver and available to participants.

Federal and State Authority

Federal Authority

Individuals who are in carceral settings may be eligible for and enrolled in Medicaid, but federal Medicaid funds may not be used to pay for services for such individuals while they are incarcerated, except where they are inpatients in a medical institution as provided in federal law[9]. Through this waiver application Minnesota seeks a waiver of this exclusion under section 1115(a) of the Social Security Act (Act). This request is consistent with the direction provided by the Centers for Medicare & Medicaid Services (CMS) in the April 17, 2023, State Medicaid Director Letter (SMDL #23-003)[10], *Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated*. The CMS guidance was issued based on requirements in section 5031 of the 2018 Substance Use

[9] Qualifying inpatient stays include facilities such as hospitals, nursing homes, psychiatric residential treatment facilities or other medical institutions for an expected duration of 24 hours or more. See 42 CFR 435.1010 (Definitions relating to institutional status) and https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/sho16007.pdf

[10] SMD #23-003: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated (medicaid.gov)

Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and provided, for the first time, an opportunity for states to use section 1115 authority to secure federal Medicaid funds for services provided to individuals who are incarcerated.

The State Medicaid Director Letter provides a minimum set of services that must be offered through a Section 1115 reentry demonstration. The set of services must be provided to soon-to-be released individuals for at least 30 days and up to 90 days pre-release. Minimum services include:

- Case management to assess and address physical and behavioral health needs and health-related social needs (HRSN).
- Medication assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate, with accompanying counseling.
- 30-day supply of all prescription medications that have been prescribed for the participant at the time of release and provided to the participant immediately upon release from the correctional facility.

State Authority

The 2024 Minnesota legislature authorized DHS to request a demonstration waiver under section 1115 of the Act[11] to provide services to support people transitioning from carceral settings effective January 1, 2026. The law provides for a broader set of services than those identified in the State Medicaid Director Letter (SMD #23-003) and permits services to be covered up to 90-days prior to release with an intentional connection to community-based services and continuity of care. The law also calls for partner involvement and requires specific services to be available to participants, including those to treat mental health, chemical health, and complex or chronic medical conditions, in addition to case management and prescription drug coverage. The list of services is covered in Section II (Comprehensive Description, Benefit Set and Rates).

[11] Minnesota Office of the Revisor of Statutes, 93rd Legislature (2023-2024): SF 5335 Conference Committee Report - 93rd Legislature (2023 - 2024) (mn.gov)

Overall Design

Minnesota's Reentry demonstration waiver seeks to bridge the gap for individuals who are otherwise eligible for Medicaid and are reentering the community after incarceration. This is accomplished by providing services prior to release, providing support for Medicaid applications and renewals, and connecting participants to post-release services and supports with a focus on mental health, substance use disorders, and chronic and complex health needs. Further, Minnesota's Reentry waiver seeks to improve health equity and outcomes for people leaving carceral settings, particularly people who have been disproportionately represented in the justice system.

The goals of the waiver are to:

- Increase continuity of coverage;
- Improve access to health care services, including mental health services, physical health services, and substance use disorder treatment services;
- Enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers;
- Reduce overdoses and deaths following release;
- Decrease disparities in overdoses and deaths following release; and
- Maximize health and overall community reentry outcomes.

Minnesota's waiver application provides the planned program design, demonstration settings included, Medicaid provider requirements, participant eligibility, and budget neutrality calculations. More detailed information about the program design, the settings to be initially included, and operational processes will be provided in the implementation plan that DHS will submit to CMS 120-days following waiver approval. This timing permits more robust engagement from the community and partners.

DHS in partnership with DOC will convene a working group to provide feedback on the waiver and services, including the implementation plan, service evaluation, program monitoring, and reinvestment plan. The working group will have broad representation including people with lived experience and representatives from:

- Tribal Nations
- Community health care providers
- Minnesota Sheriffs' Association
- Minnesota Association for County Social Service Administrators
- Association of Minnesota Counties
- Minnesota Juvenile Detention Association
- Minnesota Office of Addiction and Recovery
- National Alliance on Mental Illness Minnesota
- Minnesota Association of Resources for Recovery and Chemical Health
- Minnesota Alliance of Recovery Community Organizations.

Section II – Comprehensive Description

The purpose of this demonstration is to test the impact of expanded service planning and outreach and enrollment strategies for people returning to the community from incarceration. Currently, DOC provides comprehensive release planning services for specific populations that comprise about one-third of prison population. This demonstration will allow for additional investment for both release planning services and the infrastructure and personnel needed to provide enhanced support for participants' Medicaid application and renewal processes. These supports will help ensure that the eligible population released from jails and prisons have both access to Medicaid coverage and connection with critical services in the community.

DHS will lead program design, working in partnership with DOC, for prison settings and local county authorities for county jails. The waiver demonstration will begin in three prisons and five jails. One of the jail settings will serve significant proportion of Tribal members or American Indians. This setting will be selected through Tribal consultation. Legislative authority is required to expand the number of demonstration settings.

This waiver application focuses on reentry services provided to participants 18 and older. Carceral settings licensed to serve people under age 18 are not included. Individuals who are eligible for juvenile reentry support (as required under section 5121 of the Consolidated Appropriations Act of 2023 (CAA) and who are in a demonstration setting, will receive the

benefits required under the CAA and may also be included under the waiver demonstration if the individual also meets the waiver criteria in Section II (Comprehensive Description). This affects people ages 18 to 21 and those who are eligible as former foster care youth to age 26. More information about the coordination of the services provided under the CAA with those under the waiver will be included in the implementation plan.

The demonstration setting selection process is detailed in the Participating Settings section of this application. All individuals in these settings will be screened to determine their eligibility for program participation based on the clinical and health criteria, see Table 2. For those meeting the criteria and who elect to participate, the demonstration setting will provide case management and release coordination. The setting may elect to provide case management and release coordination to individuals who are not enrolled in Medicaid and not included in the waiver demonstration. Similarly, individuals may apply for or have their Medicaid in a suspended status during incarceration, but not meet the clinical and health criteria to receive the benefits covered by demonstration waiver. These individuals are eligible for Medicaid benefits at the time of release (provided they continue to meet Medicaid eligibility requirements).

For Medicaid-eligible participants who meet the participation criteria for the waiver, including those who may also meet the criteria for services under the CAA reentry service, waiver services and case management will be provided up to 90-days prior to release. This comprehensive approach includes:

- Developing a detailed service plan.
- Providing referrals to appropriate treatment and support services.
- Facilitating transition to community-based case managers or health care providers.

Post-release participants will be eligible for Minnesota's Medicaid State Plan (State Plan) which offers a comprehensive set of benefits. Participants may also qualify for other community-based services and supports such as vocational services, educational programs, etc.

As stated earlier, significant racial disparities exist in incarceration rates and individuals face a high risk of overdose deaths during the first year of release.[12] Services provided through the waiver are expected to reduce recidivism and decrease overdose deaths across all populations released from demonstration settings.

Hypotheses

The waiver demonstration will test three hypotheses. Each is listed in Table 1 along with the primary goal and potential measures for evaluation.

Table 1. Hypotheses, Goals, Potential Measures

Hypotheses	Primary Goal	Potential Measures
By enrolling people in Medicaid during incarceration, the waiver will increase participation in and use of Medicaid services after release.	Access to medical coverage before release.	• Medicaid enrollment and renewals
By standardizing care transitions to the community, the waiver will lead to more consistent follow-up care in the community.	Enhanced reentry care coordination, and community-based services.	• Care coordination and case management claims, especially those with complex conditions and those with high risk of recidivism • Consistency of treatment claims within diagnosis post-release • Disaggregate data for equity impacts
Coordinating access to community-based chemical health treatment and supports will reduce overdoses.	Reduction in overdose and deaths following release.	• Non-fatal overdoses • Fatal overdoses • Emergency room or inpatient Medicaid claims

[12] Healthcare access for individuals exiting incarceration

Partnerships and Outreach

DHS conducted extensive outreach and developed robust partnerships. In tandem, the state's Office of Addiction and Recovery (OAR) has engaged in similar outreach. DHS and OAR have worked in conjunction to design Minnesota's Reentry waiver. The state's reentry concept was initially shared with legislators in the 2023-2024 legislative session. During that time, the proposal was shared with a variety of community partners including Hennepin Healthcare, Recovery Policy Alliance, the Minnesota Association of County Social Service Administrators (MACSSA), Tribal Nations, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH), Minnesota Alliance of Rural Addiction Treatment Programs (MARATAP), and local National Alliance on Mental Illness (NAMI). OAR is engaged with community partners related to identifying, analyzing, and reporting on gaps in behavioral health services for those that are exiting incarceration.

DHS and OAR have engaged with several partners and people with lived experience to inform the development of the Reentry waiver. Outreach and contact with the following groups is ongoing.

Associations

- Minnesota Indian Affairs Council (MIAC)
- Minnesota Urban Indian Directors (MUID)
- Minnesota Association of County Social Service Administrators (MACSSA)
- Association of Minnesota Counties (AMC)
- Minnesota Association of Resources for Recovery and Chemical Health (MAARCH)
- Minnesota Medical Association (MMA)
- Minnesota Association of Recovery Community Organizations (MARCO)

State and Local Government

- Minnesota Department of Health
- Minnesota Department of Public Safety
- Minnesota Department of Corrections
- Minnesota Association of County Social Service Administrators

- National Association of Counties (NACO)
- County human service directors and staff

Law Enforcement and Corrections

- Hennepin County Sheriffs
- Minnesota Sheriffs Association
- County jail officials and administrators

Health Care and Research

- Hennepin Healthcare (Metropolitan Healthcare System)
- Harvard University Researchers
- Johns Hopkins University Researchers
- Minnesota Opioid Epidemic Advisory Council
- Substance Use Disorder Providers
- Certified Community Behavioral Health Clinic Representatives

Participating Settings

State law identified the number and type of carceral settings to be included.

State-Run Adult Facilities

There will be three state-run prisons: Faribault, Stillwater, and Shakopee. Men reside at the Faribault and Stillwater facilities. Women reside at the Shakopee facility. The settings were determined by DOC.

Locally Run Adult Facilities

There will be four locally run jails. These settings are licensed under Minnesota Statutes, section 241.021, subdivision 1, and will be identified through a process determined in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties. A request for proposal (RFP) process began in November 2024 and the process generally takes six months to complete. DHS will include information about the facilities selected in the implementation plan.

Tribal Facility or Related Facility

There will be one local correctional facility that has an inmate census comprised of a significant proportion of American Indians. Tribal consultation was requested to work with Tribal leaders to identify this facility. DHS' Office of Indian Policy is facilitating the consultation. DHS will include information about the facility selected in the implementation plan.

Juvenile Detention Facility

The authorizing state statute provided for two facilities serving justice-involved children and youth to be included in the waiver demonstration. Due to implementation of the juvenile reentry requirements provided under the CAA, 2023, effective January 1, 2025, DHS plans to seek a legislative clarification to exclude juvenile facilities from this waiver.

Readiness Review

DHS staff will conduct a readiness review of each potential demonstration setting. The readiness review will evaluate the setting's ability to meet the requirements of the waiver. Each carceral setting must complete a self-assessment using a tool provided by DHS. The completed self-assessments will be submitted to DHS and DHS staff will use that document to evaluate the setting's capacity to meet the waiver requirements. To ensure sites meet the requirements, DHS staff will also conduct an on-site readiness assessment.

The details of the readiness review, on-site assessment, and threshold measures to determine readiness will be included in the implementation plan. As part of the readiness evaluation process, the demonstration setting must be able to carry out the following key functions:

- Conducting outreach regarding demonstration waiver services and providing forms for release of information, if applicable.
- Screening to determine inmates' service needs.
- Confirming Medicaid eligibility, reactivating Medicaid coverage, or assisting with applications and renewals, when needed.
- Completing or facilitating completion of assessments for chemical health, mental health, and complex and chronic health conditions as applicable.

- Assuring demonstration services are available in all demonstration settings.
- Completing or facilitating service planning for inmates who, based on their assessments, are eligible for case management and release coordination.
- Developing a comprehensive service plan and making referrals to community-based providers, including case management as applicable.
- Coordinating with community supervision (i.e., parole, probation, etc.) to ensure participants receive all services identified in the pre-release plan.
- Providing a 30-day supply of medications at the time of release.

If the carceral setting does not demonstrate the ability to provide these required functions, DHS will give notice of the areas which the setting is deficient and provide technical assistance to support the setting in meeting the requirements. Settings must meet all the requirements to participate in the demonstration. The implementation plan will provide the timelines, including how far in advance the facility will complete the readiness review and the timelines for DHS to respond. DHS may elect to contract with a vendor to complete or support tasks related to the readiness review.

Service Continuum

The service continuum includes the timeline in which service is available, how waiver participation is determined, comprehensive service planning, and the services available to participants.

Timeline

Medicaid covered waiver services are available to participants up to 90-days prior to release from the demonstration setting. There is no minimum timeline for which the participant must reside in the demonstration setting.

Impacted Beneficiaries – Service Eligibility

All inmates in a demonstration setting will be screened for mental health, substance use, and complex and chronic medical needs using a standardized screening tool(s). Inmates identified

through the screening as requiring further assessment will be assessed. Those that meet all of the following criteria are eligible to receive the services covered under the waiver.

Service Eligibility Criteria

- Be enrolled in or eligible for Medicaid
- Reside in a demonstration setting
- Be within 90-days of release
- Have a qualifying condition as defined in Table 2, Clinical and Health Criteria.

Table 2. Clinical and Health Criteria

Qualifying Condition	Definition
Mental Illness	An individual who is currently receiving mental health services or medications AND meets both of the following criteria: 1) The individual has one or both of the following: a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR b) A reasonable probability of significant deterioration in an important area of life functioning. 2) The individual's condition as described in paragraph (1) is due to a diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
Substance Use Disorder (SUD)	An individual who either: 1) Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR

	2) Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state approved screening tool.
Chronic Condition or Significant Non-Chronic Clinical Condition	An individual with a chronic condition or a significant non-chronic clinical condition shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated: 1) Active respiratory conditions (examples include chronic obstructive pulmonary disease, emphysema, and others) 2) Diabetes (Type 1 and 2; including any diabetes-related complications like retinopathy or renal disease) 3) Cardiovascular disease (examples include high blood pressure, heart disease, high cholesterol, stroke, those with a history of heart failure or heart attack) 4) Communicable disease (ex. hepatitis, human immunodeficiency virus, tuberculosis, sexually transmitted illnesses, coronavirus and others) 5) Active cancer 6) Advanced liver and/or renal disease 7) Severe chronic pain 8) Gender-affirming healthcare
Pregnant or Postpartum	A person who is pregnant or postpartum is a person who is either currently pregnant or within the 6-8 weeks postpartum period following the end of the pregnancy.

All individuals who meet the service eligibility criteria, referred to as participants, are eligible for the services listed in Section II (Comprehensive Description, Benefit Set and Rates). The state

intends to expand the health and clinical criteria following implementation as informed by monitoring and evaluation data.

Pursuant to the CAA requirements, all Medicaid eligible juveniles residing in a demonstration site will receive required reentry services. As described earlier, these individuals may also receive the more comprehensive benefit set covered under the waiver and extended timeline to access the services (90- versus 30-days) provided they meet the screening and assessment criteria, and the clinical and health criteria.

Comprehensive Care Plan and Service Planning

The management release coordination service, including development of a comprehensive care plan, service planning, and referrals to applicable follow-up services, will be provided to all participants. Details about the case management service and provider qualifications will be described in the implementation plan. The Plan will also include information about participant engagement to encourage and maintain the person's participation in services post-release.

Benefit Set and Rates

Expenditures for Medicaid services up to the 90-days prior to release from the demonstration setting may be covered for participants regardless of how long they were incarcerated at the demonstration setting. Service authorization must be based on the participants' assessed needs for the service and any other applicable service criteria in the State Plan.

Demonstration settings will offer flexibility in service delivery, allowing either facility staff (as Medicaid-enrolled providers) or community providers to furnish waiver services. The flexibility of this design is necessary due to the unique nature of the settings and variation in provider capacity throughout the state. All providers serving participants must satisfy all state licensing and credentialing requirements and enroll as Medicaid providers. Following release, participants have access to the full Medicaid benefit set and receive service from any qualified provider based on their coverage (provided they meet Medicaid eligibility requirements).

The benefit set provided pre-release includes the services listed below. All services, with the exception of Case Management Reentry Coordination and Physical Health and Wellbeing Screening, are defined in the State Plan and have established rates. Information about the services and coverage is available on DHS' website[13] and in the Minnesota Health Care Provider manual. More information about the Case Management Reentry Coordination and Physical Health and Wellbeing Screening service will be included in the implementation plan.

- Case management
- Prescription drug coverage
- Substance use assessment
- Substance use disorder treatment coordination
- Peer recovery support services
- Substance use treatment
- Mental health diagnostics
- Group and individual psychotherapy
- Mental health peer specialist services
- Family planning, obstetrics and gynecology
- Physical health well-being and screenings.

Provider Requirements

Providers furnishing services in demonstration settings must be enrolled as a Medicaid provider through DHS' provider enrollment process. This includes evaluating the provider meets the requirements to furnish the service(s) based on the state plan requirements.

Shared Information

Data identifying the participants who are scheduled to be released within 90-days from a demonstration setting will be provided by the demonstration setting to DHS. Participants' Medicaid eligibility information will be provided by DHS to the demonstration setting.

[13] Program overviews / Minnesota Department of Human Services

Information technology (IT) systems development will be required for this data exchange. Additionally, processes to obtain informed consent from the participants will be developed. The details of these operational processes will be provided in the implementation plan. All information that is shared will meet state and federal data sharing protections, including those related to secure electronic transmission.

Section III – Medicaid Objectives and Goals

Objectives

Section 5032 of the Support Act makes clear that the purpose of the demonstration opportunity is to improve care transitions for individuals who are soon to be released from correctional facilities. This demonstration furthers the objectives of Title XIX of the Act by improving health outcomes of people transitioning to the community from demonstration settings. This will be accomplished by providing services that bridge the transition and support participants prior to and post-release. Several ongoing partnerships will be required to plan and operationalize this work. Key partners include individuals with lived-experience, carceral settings, tribal leadership, counties, and subject matter experts in respective treatment specialties. These relationships take time to establish and will be detailed in the implementation plan.

DHS' objectives align with the goals CMS identified in the State Medicaid Directors letter (SMD#23-003). The objectives along with primary challenges, plans to address the challenge, and measures are in the following tables. More detail will be provided in the implementation plan once meetings with partners and other contributors are underway.

For each of the following seven areas described as overarching demonstration goals in CMS' SMDL #23-003, the state's objective is provided along with the related key challenges, plans to address the challenges, and measures to evaluate the impact of the change.

GOAL 1	
CMS Goal: Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of	**DHS Objective to address goal:** Determine Medicaid eligibility and provide application, reactivation, and renewal support prior to release.

coverage for benefits in carceral settings just prior to release.	

Key Challenges	Plan to Address	Potential Measures
• Exchange of nonpublic data concerning Medicaid eligibility and inmate release dates. • Coordinating assessments and service planning for participants who are in a demonstration setting less for short time frames. • Time to complete Medicaid enrollment and access to inmate's required verifications, if needed.	• Develop IT system solution for data sharing. This requires design and building systems. • Develop process for participant authorization for data sharing via forms or IT solutions. • Create process to facilitate processing Medicaid applications. • Develop a more efficient or automated method to activate Medicaid for participants whose coverage is suspended.	• Number of people who are Medicaid enrolled prior to release from a demonstration setting. • Number of people who are Medicaid enrolled within 30- and 60-days post release from a demonstration setting.

GOAL 2	
CMS Goal: Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry.	**DHS Objective to address goal:** Share patient health records and care plans to appropriate community partners and make introductions to those community providers prior to release.

Key Challenges	Plan to Address	Potential Measures
• Determining the scope of the case management benefit. • Ensuring there is a "warm hand-off" between case managers and service providers. • Transitioning from fee-for-service to managed care, as applicable. • Coordinating and completing Medicaid eligibility for participants who are in demonstration	• Program design options are being considered and will be solidified in the implementation plan. • Case manager coordination with the providers identified in the service plan prior to release. • Use of telemedicine to increase access to providers.	• The number of mental health, chemical health, and medical assessments that occur prior to release. • Number of participants who receive case management services release coordination prior to release. • Number of participants who continue to receive case management services post release.

settings for less than 15 days. • Coordinating and completing applicable assessments for participants who are in demonstration settings for less than 15 days.		• Community based provider introductions.

GOAL 3	
CMS Goal: Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers.	**DHS Objective to address goal:** Coordinate services between demonstration settings and Medicaid payor systems (fee-for-service and managed care, as applicable) to improve access and continuity of services.

Key Challenges	Plan to Address	Potential Measures
• There are no existing mechanisms for automated case data sharing between demonstration settings, managed care organizations, community providers, and DHS. • Completion of assessments while in the demonstration setting due to limited availability of some provider types, particularly in some regions of the state, short stays in the demonstration setting.	• Possible development of IT systems for data sharing and case communication tools. • Grants to enhance provider services and build provider capacity e.g., funds to add staffing. • Streamlining managed care enrollment.	• Number of participants and when they enrolled in managed care coverage relative to their release.

GOAL 4	
CMS Goal: Increase 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.	**DHS Objective to address goal:** Reinvest the funds generated from Medicaid, for services provided 90-days prior to release to the participants' release dates, for services and supports that supports the state's waiver goals.

Key Challenges	Plan to Address	Potential Measures
• Time to obtain additional information from community partners and people with lived experience to learn more about how the reinvestment money can be most effectively used. Determine how to target certain populations to reduce disparities.	• DHS is seeking additional information for program design options and planning more community engagement. • DHS has a contractor to facilitate a Reentry working group whose membership is outlined in state law. • DHS is planning outreach to providers.	• Data baseline and evaluation metrics will be determined. • Decrease in recidivism in the first-year post release. • Decrease in overdose deaths in the first six months post release.

GOAL 5	
CMS Goal: Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN).	**DHS Objective to address goal:** Address each participant's assessed needs following release from incarceration through comprehensive service planning and coordination and linkage to care.

Key Challenges	Plan to Address	Potential Measures
• Participants who have short periods of incarceration and processing Medicaid applications (if required), scheduling assessments, and providing case management services. • Transitioning participants between payor sources and providers e.g., services provided by the demonstration setting, fee-for-service and managed care coverage, and coordination of case management services pre- and post-release. • Time to obtain additional information from	• Consider case management models to assure continuity of care during the transition to community providers. • Providing case management pre- and post- release to provide ongoing coordination of services to address physical, behavioral, and support needs. • Working to streamline Medicaid application processing. • State grant funds may be used for counties to develop provider staffing capacity and training for in-reach services.	• Decrease in participant overdose deaths six months following release. • Decrease in participant use of emergency department (ED) visits for care that could be scheduled as an out-patient. • Decrease in participant recidivism in the first year post release. • Longer or ongoing participant engagement in applicable treatment (e.g., chemical heath, mental health, complex or chronic medical needs).

community partners and people with lived experience to inform how the reinvestment money can be most effectively used.	• DHS staff to train on claims submission for new providers. • DHS will determine with community partners how best to target certain populations to reduce disparities.	

GOAL 6		
CMS Goal: Reduce all-cause deaths in the near-term post-release.	**DHS Objective to address goal:** Reduce participant deaths as measured from carceral release to five years following release.	
Key Challenges	**Plan to address**	**Potential Measures**
• Establishing and maintaining participant engagement post-release. • Participants access to illicit drugs post-release and possible returning to a Returning to "using environment." • Possible limited provider availability (depending on location in the state and service needed). • Provider workforce shortages. • Coordination with employment services. • Need for stable housing.	• Service planning will provide the option of peer-support for participants, as applicable. • Consideration of health related social need supports for e.g., to provide transportation, phones, etc. • Case management coordination of housing services and food supports and coordination of currently available cash or other assistance and support programs. • Case management assistance to access affordable housing. • DHS coordination with and input from the work group to identify racial disparities in risk of death and methods for better supports.	• Time between release and first appoint with managed care coordinator or case manager and other service providers. • Participants on-going contact with case management services, chemical health, mental health, prescription and medical services. • Number of participants with non-fatal overdoses or suicide attempts during the first-year post-release. • Number of participants who die during the first-year post-release and the cause.

	• DHS coordination with the Minnesota state agencies responsible for housing and employment.	

GOAL 7		
CMS Goal: Reduce number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.	**DHS Objective to address goal:** During the first year following release, reduce ED and inpatient hospital services for treatment that could be effectively provided via out-patient services.	
Key Challenges	**Plan to Address**	**Potential Measures**
• Participant engagement in case management and other applicable services post release. • Participants who have short periods of incarceration and processing Medicaid applications (if required), scheduling assessments, and providing case management services. • Time to work with community partners and others to determine how to target certain populations to reduce disparities.	• Provide case management and applicable assessments pre-release when possible. • Coordinate with parole or other justice staff that may be involved post release. • Provide a 30-day supply of medications prior to release. • Consider development of a notification process to alert the managed care case manager of an ED visit or hospital admission. • Provide the option of peer recovery services as applicable. • Develop claims coding and edits to manage the waiver benefit set.	• Number of prescriptions participants' filled (compared to authorized) during the first six months following release. • Date of assessment completion, as applicable. • Decrease in participant use of ED visits for care that could be scheduled as an out-patient.

Section IV – Waivers and Expenditure Authorities

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of state plan requirements contained in section 1902(a) of the Act are requested to enable the state to implement the Reentry waiver.

Title XIX Waivers Requested

Title XIX Sections Waived	Requirement	Reason
1902(a)(1)	Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying individuals on a geographically limited basis in accordance with the implementation plan.
1902(a)(10)(B)	Amount, Duration, and Scope of Services and Comparability	To enable the state to provide only a limited set of pre-release services to qualifying individuals that is different than the benefits available to Medicaid beneficiaries in the same eligibility category who are not incarcerated.
1902(a)(23)(A)	Freedom of Choice	To enable the state to require qualifying individuals to receive pre-release services, as authorized under this demonstration, through only certain providers.

Expenditure Authorities

Under the authority of section 1115(a)(2) of the Act, expenditures made by the state for the services and costs related to this waiver, which are not otherwise included as expenditures under section 1903, will be regarded as expenditures under the state's title XIX plan for the period of this waiver. This includes expenditures for pre-release services covered under this waiver and provided to participants up to 90-days prior to release from a demonstration setting and related administrative costs.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly included in this waiver or identified as not applicable, shall apply to the expenditure authorities.

The state requests expenditure authority under Section 1115 for costs not otherwise matchable related to a variety of activities necessary to support successful transitions from a carceral facility into the community. The activities may include conducting pre-release readiness assessments, improving the eligibility application process, developing eligibility information exchange systems, providing education and training, linking electronic health records, and other activities to be submitted in the implementation plan and reinvestment plan.

Section V – Eligibility and Cost Sharing

Eligibility

Processes to streamline the exchange of data to demonstration settings about beneficiaries' Medicaid status will be provided in the implementation plan. Currently, for people enrolled in Medicaid and in a carceral setting, their Medicaid is suspended. For people who are not enrolled in Medicaid prior to incarceration, process improvements to streamline Medicaid determinations will be included in the implementation plan. The Medicaid eligibility groups included in the Reentry waiver were provided in state law and include those in the following charts.

Eligibility Charts

Mandatory Groups

MAGI Groups	Social Security Act and CFR Citations	Income Level
Parents	1931; 42 CFR 435.110	133% FPL
Pregnant people	1902(a)(10)(A)(III) and (IV); 42 CFR 35.116 and 435.170	278% FPL
Poverty-level children	§1902(a)(10)(A)(i) (VI), and (VII); 42 CFR §435.118	275% FPL
Former Foster Care Children through age 25	1902(a)(10)(A)(i)(IX)42 CFR §435.150	N/A
Non-MAGI Groups		
Mandatory 209(b) Group for SSI recipients, deemed SSI recipients, recipients of state supplements, disabled adult children.	1902(f) and 1902(a)(10)(A)(ii)(I) and 1905(a) 42 CFR 435.121	100% (with disregards)

Optional Groups

MAGI Groups	Social Security Act and CFR Citations	Income Level
Adults without children	1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	133% FPL
Children age 19 and 20	§1902(a)(10)(A)(ii), 1905(a)(i); 42 CFR 435.222	133% FPL
Non-MAGI Groups		

Aged, blind, disabled qualifying for SSI or optional state supplements	1902(a)(10)(a)(ii)(I), (IX)	100% FPL
Disabled child age 19 and 20	1902(a)(10)(A)(ii)(I) and (IV); and 1905(a)(i)	100% FPL
HCBS waiver group (would otherwise be institutionalized)	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	100% FPL
Reasonable classification of HCBS children	1902(a)(10)(A)(ii); 1905(a)(i)	100% FPL
Medically Needy for ABD	1902(a)(10)(C) 42 CFR 435.322, 435.330	100% FPL
Medically Needy for parents, pregnant persons, children 19 & 20	1902(a)(10)(C)(ii)(II) 42 CFR 435.301, 435.308, 435.310	133% FPL

Enrollment Limits

There are no enrollment limits for people who meet the waiver participation requirements in Section II (Comprehensive Description).

Cost Sharing

No cost sharing applies for services delivered in carceral facilities under this demonstration.

Section VI – Health Care Delivery Systems

Fee-for-Service

Services provided to participants during the 90-days prior to release will be covered fee-for-service. All providers must meet the state's MHCP provider enrollment criteria as described in Section II (Comprehensive Description, Provider Requirements). All fee-for-service claims will be processed through the state's Medicaid Management Information System (MMIS).

Managed Care

A significant portion of participants have Medicaid services provided through managed care plans post-release. Participants are provided a choice of health plans during their enrollment process. Participants who do not select a health plan are auto-assigned using DHS' established process. Participants who are not required to enroll and do not elect to enroll in a managed care plan remain fee-for-service.

The implementation plan will provide more details about the processes the state will use to expedite managed care enrollment and whether contracts with the health plans require amendments. It will also detail how services will be transitioned from fee-for-service to managed care (for people who are enrolled in managed care).

Section VII – Enrollment, Costs, and Budget Neutrality Projections

The hypothetical budget neutrality model is used for the Reentry waiver. Demonstration year (DY) 1 is from January 1, 2026 through December 31, 2026. Only cost and member months prior to release are included. There will be two Medicaid Expenditure Groups (MEG), one for participants in DOC settings and one for participants in locally run settings. Program implementation is anticipated to begin January 1, 2026 with the six total demonstration settings identified in Section II (Comprehensive Description, Participating Settings). The projections are based on nearly all of the remaining DOC and locally run settings being phased in by demonstration year (DY) three. A summary of the per member per month costs (PMPM) and enrollment projections are in the tables for each MEG below.

Projected participant enrollment for DOC settings was based on a point-in-time count of inmates within 90-days of release in the three identified demonstration settings and anticipated to continue at the same level. Because the four of the local settings will be selected in an RFP process and one will be determined through Tribal consultation, the participant projections were not location specific.

Two different rates of Medicaid participation are expected to apply. The first is for non-disabled adults between the ages of 21 and 65 who are not the custodial parents of minor children (i.e., adults without children). This group has a federal matching rate of 90% for service costs. The second, for all other populations, is the Federal Medical Assistance Percentage rate of 50.68% for federal fiscal year 2026 was used and assumed to remain constant. A different blend of these two rates is assumed for the DOC population versus those local facilities. DOC participants are assumed to be differentiated only by age less than 21 or over 65 years old, with 90% assumed to qualify for the 90% federal matching rate. Of the county and local facility

participants, 40% are assumed to have custodial parent status, so 60% of that population was projected to qualify for the 90% federal matching rate.

Table 3. Projections for MEG 1, State Prisons

MEG 1	DY1	DY2	DY3	DY4	DY5
Enrollee Months	2,742	2,742	5,346	5,346	5,346
PMPM Costs	$1,349	$1,389	$1,431	$1,474	$1,518
Total Expenditures	$3,699,284	$3,810,256	$7,651,623	$7,881.180	$8,117,634

Table 4. Projections for MEG 2, Local Jails

MEG 2	DY1	DY2	DY3	DY4	DY5
Enrollee Months	5,154	10,308	16,752	23,196	23,196
PMPM Costs	$1,011	$1,042	$1,073	$1,105	$1,138
Total Expenditures	$5,215,020	$10,742,895	$17,982,602	$25,646,889	$26,416,301

Table 5. Projections for MEGs 1 and 2 Combined

Combined	DY1	DY2	DY3	DY4	DY5
Enrollee Months	7,896	13,050	22,098	28,542	28,542
PMPM Costs	$1,128	$1,115	$1,160	$1,174	$1,209
Total Expenditures	$8,914,304	$14,553,150	$25,634,225	$33,528,069	$34,533,934

IT Systems Costs

Currently, four significant IT systems projects have been identified. Project details will be provided in the implementation plan.

- DHS plans to conduct a Request for Information (RFI) to inform system development for the exchange of eligibility information. DHS seeks to purchase a vendor solution to enable the exchange of eligibility information between carceral settings and DHS.
- DHS, as part of the RFI related to eligibility, will also seek to gather information to inform possible implementation of a cloud-based care coordination platform that would facilitate the exchange of health information, release date, and other data related to services provided to participants. Correctional facilities, providers, and counties would use the platform to facilitate a seamless transition back to community for participants by exchanging relevant care and service information.

- DHS, as part of the RFI, will seek information related to vendor billing solutions. DOC and possibly other carceral settings will need to develop a Medicaid billing system and process that integrates with their electronic health record.
- DHS plans to explore the possibility of using the Minnesota Encounter Alert Service (EAS) to enable the exchange of discharge date information to ensure proper care and services are coordinated upon release.

One-Time Costs

Minnesota has identified items to enhance connections between state prisons, local jails, and Medicaid program operations to support the demonstration project. DHS, DOC, and county officials will work together to determine the amount of time-limited support in the form of federal financial participation required to support service delivery and coordination with community providers. Specific detail regarding the state's request will be included in the implementation plan. Activities may include the following:

- Technology and IT systems needed to support application, enrollment, and the coordination of post-release services.
- Hiring of staff and training to coordinate enrollment, suspension, and the coordination of post-release services.
- Adoption or upgrades of certified electronic health record technology.
- Purchase of billing systems.
- Planning, activities to enhance collaboration, and the development of protocols and procedures.
- Limited capital expenditures to provide space for the provision of pre-release services.

Reinvestment Plan

DHS understands to receive Medicaid funding to cover health care services in carceral settings currently funded by other sources, the state must provide an accompanying agreement showing investment of an equal amount (of those funds). The total amount of federal funds received will be reinvested into activities or initiatives that increase access to or improve the quality of health care services for incarcerated individuals. The state will develop and submit a reentry

Demonstration Initiative Reinvestment Plan as part of the implementation plan within 120-days of demonstration approval CMS outlining how funds will be reinvested during the demonstration.

Section VIII – Quality Assurance and Monitoring

Advancing Quality Measures

Table 1, also shown in Section II (Comprehensive Description, Hypotheses), provides the anticipated quality measures for each hypothesis. More detail will be included in the implementation plan based on feedback from the external partner working group, described in Section I (Overview and Background, State Authority).

Table 1: Hypotheses, Goals, Potential Measures

Hypotheses	Primary Goal	Potential Measures
By enrolling people in Medicaid during incarceration, the waiver will increase participation in and use of Medicaid services after release.	Access to medical coverage.	• Medicaid enrollment and renewals
By standardizing care transitions to the community, the waiver will lead to more consistent follow-up care in the community.	Enhanced reentry care coordination, and community-based services.	• Care coordination and case management claims, especially those with complex conditions and those with high risk of recidivism • Consistency of treatment claims within diagnosis post-release • Disaggregate data for equity impacts
Coordinating access to community-based chemical health treatment and supports will reduce overdoses.	Reduction in overdose and deaths following release.	• Non-fatal overdoses • Fatal overdoses • Emergency room or inpatient Medicaid claims

Section IX – Public Notice and Comment Process Section

In this section DHS provides how the requirements for public comment and tribal consultation were met. This is in addition to the community engagement activities and contacts identified in Section II (Comprehensive Description, Partnerships and Outreach).

Tribal Consultation

There are eleven Tribal Nations in Minnesota, seven Anishinaabe reservations and four Dakota communities. The seven Anishinaabe reservations are:

- Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Zagaakwaandagowininiwag/Bois Forte Band of Chippewa
- Miskwaagamiiwi-Zaagaiganing/Red Lake Nation
- Gaa-waabaabiganikaag/White Earth Nation
- Gaa-zagaskwaajimekaag/Leech Lake Band of Ojibwe
- Nah-gah-chi-wa-nong/Fond du Lac Band of Lake Superior Chippewa
- Misi-zaaga'iganiing/Mille Lacs Band of Ojibwe.

The four Dakota communities are:

- Mdewakanton/Shakopee Mdewakanton Sioux Community
- Tinta Wita/Prairie Island Indian Community
- Cansa'yapi/Lower Sioux Indian Community
- Pezihutazizi Oyate/Upper Sioux Community

While these 11 Tribal Nations frequently collaborate on issues of mutual benefit, each operates independently as a separate and sovereign government entity – a state within a state or nation within a nation. Recognizing American Indian tribes as sovereign nations with distinct and independent governing structures is critical to the work of DHS. DHS recognizes each American Indian tribe as a sovereign nation with distinct and independent governing structures. It is vital for DHS to have strong collaborative relationships with tribal governments. To support this for health and human services programs, DHS has a designated staff liaison in the Medicaid

Director's office who is responsible to inform and, as applicable, coordinate Medicaid issues with the 11 Tribal Nations. Furthermore, Minnesota Executive Order 19-24 affirms the Government-to-Government Relationship between the State of Minnesota and Minnesota Tribal Nations.

On [PLACEHOLDER FOR DATE], a letter was sent to all Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors, the Indian Health Service Area Office Director and the Director of the Minneapolis Indian Health Board clinic informing them of DHS' intent to submit the reentry waiver application and inviting feedback. The letter also informed tribal contacts of the public input process and provided a link to the DHS webpage that includes the reentry waiver information. Please refer to Attachment A [PLACEHOLDER] for a copy of the letter.

Public Notice

A notice requesting public comment on the proposed Reentry waiver application was published in the Minnesota State Register on [PLACEHOLDER FOR DATE]. The notice provided information about the 30-day comment period from [PLACEHOLDER FOR START DATE] to [PLACEHOLDER FOR END DATE] on the draft waiver application and a link to the DHS website with more information. An electronic version of the draft waiver application and a summary was posted on the DHS website on [PLACEHOLDER FOR DATE]. The webpage is updated on a regular basis and includes information about the public notice process, opportunities for public input, and provides a link to the waiver application. A copy of the Minnesota State Register Notice is provided as Attachment B [PLACEHOLDER].

Public Hearings

A notice providing information about two public hearings concerning the proposed Reform waiver extension request was published in the Minnesota State Register on [PLACEHOLDER FOR DATE]. The notice provided information about the meetings seeking state-wide participation. One hearing was held [PLACEHOLDER FOR DATE] via teleconference. The other hearing was held [PLACEHOLDER FOR DATE] in-person at the Minnesota Department of Human Services building located at 540 Cedar Street, St. Paul, Minnesota. Both provided external parties the

opportunity to comment on the waiver request. A copy of the Minnesota State Register Notice is provided as Attachment B [PLACEHOLDER].

Electronic Mailing Lists

DHS used GovDelivery (an official state government notification system) to inform the public of the draft waiver application. The GovDelivery email listed included county agencies and legislative committee chairs for health and human service committees. It also included various partners who have subscribed. On [PLACEHOLDER FOR DATE], the GovDelivery email was sent providing information about the reentry waiver application and opportunities to provide comments. The email also informed readers that more information was (and is) available on the DHS Federal Health Care Waivers webpage, including a summary of the application. A copy of the GovDelivery is provided as Attachment C [PLACEHOLDER].

Meetings

Medicaid Advisory Committee

DHS' Medicaid Services Advisory Committee generally meets quarterly to advise the state on issues concerning Medicaid programs and services and meets the requirements of 42 CFR § 431.12. Development of the Reentry waiver and plans to submit a waiver request were raised with the Medicaid Services Advisory Committee on [DATE – placeholder].

Tribal Health Directors' Work Group

The Tribal Health Directors' Work Group was formed to address the need for a regular forum for formal consultation between Tribal leaders and state staff. Work group attendees include Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors', and the DHS liaison. Other DHS leaders often participate in the meetings. The Native American Consultant from CMS and state agency staff attend as necessary depending on the topics covered. The DHS liaison attends the Tribal Health Directors Work Group meetings and provides updates on state and federal activities. The liaison arranges for appropriate DHS policy staff to attend the meetings to receive input from Tribal representatives and to answer questions.

Tribal and Urban Indian Health Directors Meeting

Notice of the waiver application and an overview of the planned waiver was provided during the Tribal and Urban Indian Health Directors meeting on August 8, 2024 [PLACEHOLDER FOR ADDITIONAL DATES] with opportunities for discussion. During the August 8, 2024 meeting DHS policy staff presented an overview of the planned program services and waiver application. Please refer to Attachment D [PLACEHOLDER] for a copy of the Tribal and Urban Indian Health Directors Meeting Agenda.

Comments Received

DHS received [PLACEHOLDER FOR NUMBER] comments regarding the Reentry waiver application during the 30-day comment period from [PLACEHOLDER FOR START DATE] to [PLACEHOLDER FOR END DATE] and during the public hearings on [PLACEHOLDER FOR DATES]. A copy of the comments and the state's responses are provided in Attachment E [PLACEHOLDER].

Community and Partner Support

DHS received [PLACEHOLDER FOR NUMBER] letters or emails of support for the Reentry waiver. Copies of the communications are provided in Attachment F [PLACEHOLDER].

Section X – Demonstration Administration

The demonstration is managed by the Department of Human Services which is also the State Medicaid Agency.

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