ATTACHMENT W Service Definitions for the Reentry Demonstration Initiative

Covered Service	Definition
Case Management	Case management will be provided in the period up to 90 days immediately prior to the expected date of release and post-release, as needed, to be further defined in the Implementation Plan. Case management is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the prerelease period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) ensure arrangement of appointments and timely access to appropriate care and prerelease services delivered in the community.
	Services shall include:
	Conducting a health risk assessment, as appropriate;
	Assessing the needs of the individual in order to inform development, with the client, of a
	discharge/reentry person-centered care plan, with input from the clinician providing consultation services and correctional facility's reentry planning team;
	 While the person-centered care plan is created in the pre-release period and is part of the case management pre-release service to assess and address physical and behavioral health needs and HRSN identified, the scope of the plan extends beyond release;
	 Obtaining informed consent, when needed, to furnish services and/or to share information with other entities to improve coordination of care;
	 Providing warm linkages to a post-release care manager, which includes sharing discharge/reentry care plans with the post-release care manager upon reentry;
	 Ensuring that necessary appointments with physical and behavioral health care providers, including, as relevant to care needs, with behavioral health coordinators and post-release care managers are arranged;
	 Making warm linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups;
	 Providing a warm hand-off, as appropriate, to post-release case managers who will provide services under the Medicaid or CHIP state plan or other waiver or demonstration authority;

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	 Ensuring that, as allowed under federal and state laws and through consent with the beneficiary, data are shared with post-release care managers, and, as relevant, to physical and behavioral health/SMI/SUD providers to enable timely and seamless hand-offs; Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based providers as soon as possible and no later than 30 days from release; and Conducting follow up with the individual to ensure engagement with community-based providers, behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.
Medication-Assisted Treatment	 MAT for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29). MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs. Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan, and MAT for AUD and Non-Opioid Substance Use Disorders as covered in the State Plan, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT.
Medications and Medication Administration	Medications and medication administration will be provided consistent with the State Plan.
Laboratory and Radiology Services	Laboratory and radiology services will be provided consistent with the State Plan.
Physical and Behavioral Health Clinical Consultation	Physical and behavioral health clinical consultation services include targeted preventive, physical and behavioral health clinical consultation services.
	Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: • Conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications);

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	 Providing recommendations or orders for needed medications and medical supplies, equipment, and appliances (i.e. durable medical equipment (DME)) that will be needed upon release; and
	consulting with the pre-release care manager to help inform the pre-release care plan.
	Clinical consultation services are also intended to provide opportunities for clients to meet and form relationships with the community-based providers who will be caring for them upon release, including behavioral health providers, and enable information sharing and collaborative clinical care between prerelease providers and the providers who will be caring for the client after release.
	Services may include, but are not limited to:
	 Addressing service gaps that may exist in correctional care facilities; Diagnosing and stabilizing individuals while incarcerated, preparing them for release;
	 Providing treatment, as appropriate, in order to ensure control of conditions prior to release (e.g. to suggest medication changes or to prescribe appropriate medical supplies, equipment, or appliances for post-release);
	Supporting reentry into the community; and
	 Providing behavioral health clinical consultation services authorized by the State Plan or the existing 1115 Demonstration including but not limited to clinical assessment, patient education, therapy, counseling, peer support services, and recovery coach services.
Services Provided Upon Release	Covered outpatient prescribed medications and prescribed over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with the State Plan).
	Medical supplies, equipment, and appliances (i.e. DME) consistent with Medicaid State Plan requirements.