

Louisiana  
Reentry Demonstration  
Section 1115 Waiver Application

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## **Section 1: Executive Summary**

Louisiana has long been plagued with one of the highest incarceration rates in the nation, a trend that has significant social and economic implications. The Bureau of Justice Statistics reported a rate of 596 residents sentenced and imprisoned in state or federal custody per 100,000 in 2022, 1.7 times higher than the national average.<sup>1</sup> At the same time, Louisiana has been hit hard by the opioid epidemic, with the 5<sup>th</sup> highest drug overdose mortality rate in the country. The state has observed a vicious cycle of individuals lapsing in and out of correctional facilities as a result of their substance use disorder (SUD).<sup>2</sup> The Louisiana Department of Public Safety and Corrections (DPS&C) reports that 73% of incarcerated individuals have SUD that contribute to their incarceration.<sup>3</sup> By nature of entering and exiting institutional facilities, individuals often experience disruptions in healthcare coverage and access to substance use treatment, making it challenging to foster recovery pre- and post-release.

It has also long been understood that incarcerated individuals are at a high risk for poor health outcomes relative to their counterparts in the community. Individuals who are most likely to experience incarceration often have pre-existing disproportionately high rates of chronic and infectious diseases due to the many other social determinants of health that affect at-risk populations. Specifically, individuals in prisons, jails, and other carceral facilities are more likely to experience violence, SUD, mental health challenges, and infectious and chronic diseases than the general population.<sup>4</sup> Additionally, incarceration itself can have a negative impact on one's health status and outcomes upon release. One study found that each additional year in prison produced a 15.6% increase in the odds of death for parolees.<sup>5</sup> Upon release, difficulties such as finding housing and employment, reconnecting with social networks, and reestablishing medical and behavioral healthcare services put individuals at a greater risk of hospitalization, emergency department visit, and even death, compared to those with no justice involvement.<sup>6</sup>

The health risks for incarcerated individuals are interlaced in many ways with their time spent in prison or jail, underscoring the importance of access to healthcare coverage and services for this population. Because many justice-involved individuals come from low-income backgrounds, a high proportion of this group qualifies for Medicaid,<sup>7</sup> pointing to the importance of this program as a source of coverage and access to healthcare for this group. However, historically, providing Medicaid services to incarcerated individuals has proven difficult for states. Prisons and jails are not designed or intended to primarily function as medical facilities. To combat this, Louisiana facilities utilize telemedicine or transport patients to community providers whenever possible. However, obtaining the necessary technology and other infrastructure to facilitate telehealth and care in the community places a significant financial and administrative burden on facilities. Additionally, until recently, the federal Medicaid inmate exclusion prohibited utilizing federal funds to pay the cost of any treatment for an individual who is an inmate of a public institution. Because of this prohibition, many individuals lose Medicaid coverage upon incarceration.

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<sup>1</sup> US Department of Justice, Bureau of Justice Statistics. *Prisoners in 2022 – Statistical Tables* (November, 2023)

<https://bjs.ojp.gov/document/p22st.pdf>

<sup>2</sup> Centers for Disease Control and Prevention. *Drug Overdose Mortality by State*. (n.d.)

[https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

<sup>3</sup> Louisiana Department of Public Safety and Corrections. *Reentry Initiatives & Transitional Work Programs*. (n.d.)

<https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>

<sup>4</sup> Brinkley-Rubenstein, L. *Incarceration as a Catalyst for Worsening Health*. *Health and Justice Journal*. (October 24, 2013).

<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/2194-7899-1-3>

<sup>5</sup> Patterson, E. *The Dose-Response of Time Served in Prison on Mortality: New York State, 1989-2003*. *AJPH*. (February 6, 2013).

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.301148>

<sup>6</sup> Albertson, E., Scannell, C., et al. *Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration*. *AJPH*. (March 2020).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7002937/>

<sup>7</sup> *Ibid.*

Like several other states, the Louisiana Department of Health (LDH) Bureau of Health Services Financing (Louisiana's state Medicaid agency) partnered with DPS&C to work within these regulatory constraints to support the healthcare of incarcerated individuals upon reentry to the community by implementing programs aimed at enrolling individuals in Medicaid or reactivating coverage upon release. LDH and DPS&C implemented the Pre-Release Enrollment Program in 2016 to streamline application, enrollment, and activation processes pre-release to allow eligible individuals to be enrolled in Medicaid and assigned to a managed care organization (MCO), ensuring benefits and high-risk case management were active immediately upon release. DPS&C has also introduced programs to facilitate smoother transitions from incarceration to the community, such as Regional Reentry Programs.<sup>8</sup>

Despite these efforts, the inability of Louisiana's Medicaid program to seamlessly begin care management for all individuals who will be eligible for Medicaid upon release leaves a very real possibility that there will be a gap in care when a justice-involved individual reenters the community. When it comes to chronic healthcare conditions, mental illnesses, and SUD treatment needs, even a short gap can be disastrous to the individual's ability to succeed as a law-abiding private citizen. Evidence has demonstrated that engaging incarcerated individuals with intensive in-reach services and establishing a plan for post-release services is one of the most impactful ways to ensure that individuals remain linked with services post-release.<sup>9</sup>

The Centers for Medicare & Medicaid Services (CMS) recently announced a new reentry 1115 waiver opportunity through which states may receive federal matching funds for critical in-reach case management services, as well as an array of other Medicaid-covered services, prior to an individual's release from incarceration. Importantly, these recent federal flexibilities now offer a chance for Louisiana's Medicaid program to bridge the risk of coverage gap for individuals leaving a carceral setting and facilitate continuity of care during this critical transition period.

Louisiana is pleased to submit this Section 1115 Waiver Application ("Reentry Demonstration") in response to this new CMS opportunity. Through this waiver, LDH seeks to implement a reentry demonstration program that covers Medicaid services, including case management, medication-assisted treatment (MAT), and a 30-day supply of prescription drugs, among other services, for 90 days prior to a Medicaid-eligible individual's release from prison or jail.

Louisiana recognizes that the corrections system must strike a balance between deterring crime and providing rehabilitation. As such, Louisiana has made a variety of strategic investments in reentry programming to promote community reintegration that supports a seamless transition for incarcerated individuals while reducing the likelihood of recidivism. With a focus on continuity of care and connecting individuals to their community-based providers, Louisiana seeks to use this Reentry Demonstration to build upon the success of these prior initiatives and provide the healthcare that all incarcerated individuals require prior to release increasing the likelihood of better health outcomes and supporting individuals to become productive members of the community.

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<sup>8</sup> Louisiana Department of Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>

<sup>9</sup> Buck, D., Brown, C., Hickey, J. *Best Practices: The Jail Inreach Project: Linking Homeless Inmates Who Have Mental Illness With Community Health Services*. Psychiatric Services. (2011). [https://ps.psychiatryonline.org/doi/10.1176/ps.62.2.pss6202\\_0120](https://ps.psychiatryonline.org/doi/10.1176/ps.62.2.pss6202_0120)

## Section 2: Background and Waiver Goals

### 2.1 Background

Louisiana has one of the highest imprisonment rates in the United States, with a current rate of 596 prisoners per 100,000 residents.<sup>10</sup> As of March 2024, DPS&C reported a total population of 28,387 individuals, with more than half being incarcerated in local jails.<sup>11</sup> Across the nation, significant disparities are evident in the incarcerated population as well, specifically in regard to race and gender. Louisiana's incarcerated population exceeds the national averages, as 65% are African American and 95% are male.<sup>12</sup>

The incidence of mental illness and SUD is also heavily overrepresented in the justice-involved population. When paired with challenges in getting treatment and the impact of incarceration on serious mental illness (SMI) and SUD symptoms, the result is often a longer duration of incarceration and increased barriers to recovery.<sup>13</sup> In Louisiana, the state prison population is estimated at 28% having mental illness and 10% having been diagnosed with SMI (and of those with SMI diagnoses, 41% suffer from schizophrenia).<sup>14</sup> DPS&C estimates that around 73% of those under state custody struggle with SUD, which is higher than nationally reported statistics that found SUD rates of 63% of those in jails and 58% of those in prisons.<sup>15- 16</sup>

Louisiana's corrections system is a multifaceted network of facilities and policies overseen by a number of different entities, including DPS&C, which manages eight state prison facilities. Additionally, DPS&C houses individuals in 92 local facilities within the parishes across the state. In addition, the state of Louisiana also has two federal prisons.<sup>17</sup>

Similar to the county structure found in other states, Louisiana has 64 different local government parishes. There are a variety of local government structures within the parishes, including 38 parishes that are governed by a police jury.<sup>18</sup> A police jury is a legislative and executive body with full autonomy to manage the parish. Parish sheriffs oversee local jails, including supplementing state prisons to manage populations as needed.<sup>19</sup>

In 2022, approximately 13,000 people in Louisiana were released from state prisons and parish jails.<sup>20</sup> During the reentry period, many individuals face significant challenges, including difficulty with finding housing, employment, and healthcare. In the realm of healthcare, individuals particularly struggle to continue receiving the services they obtained while incarcerated, such as

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<sup>10</sup> US Department of Justice, Bureau of Justice Statistics. *Prisoners in 2022 – Statistical Tables* (November, 2023) <https://bjs.ojp.gov/document/p22st.pdf>

<sup>11</sup> Louisiana Department of Public Safety and Corrections. *Demographic Dashboard*. (Last Accessed July 12, 2024) <https://doc.louisiana.gov/demographic-dashboard/>

<sup>12</sup> <https://bjs.ojp.gov/document/p22st.pdf>

<sup>13</sup> SAMHSA. *About Criminal and Juvenile Justice*. (n.d.) <https://www.samhsa.gov/criminal-juvenile-justice/about>

<sup>14</sup> Prepared by Loyola University College of Law, LSU Health, VOTE. *Adequacy of Healthcare Provided in Louisiana State Prisons*. (May 2021) [https://www.loyno.edu/sites/default/files/2021-05/DPSC\\_Healthcare\\_Brief.pdf](https://www.loyno.edu/sites/default/files/2021-05/DPSC_Healthcare_Brief.pdf)

<sup>15</sup> Louisiana Department Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>

<sup>16</sup> SAMHSA. *About Criminal and Juvenile Justice*. (n.d.) <https://www.samhsa.gov/criminal-juvenile-justice/about>

<sup>17</sup> Louisiana Court Records Electronic Access. *Inmate Records, Prison System*. (n.d.) <https://louisianacourtrecords.us/criminal-court-records/inmate/prison-system/>

<sup>18</sup> National Association of Counties. *Louisiana Parish Government Overview*. (n.d.)

[https://www.naco.org/sites/default/files/event\\_attachments/DRAFT\\_Louisiana\\_012022.pdf](https://www.naco.org/sites/default/files/event_attachments/DRAFT_Louisiana_012022.pdf)

<sup>19</sup> Misick, Verite, B. *Louisiana Still Leads Nation for State Prisoners Held in Local Jails*. Louisiana Illuminator. (January 24, 2024). <https://ailluminator.com/2024/01/24/louisiana-local-jails/>

<sup>20</sup> Louisiana Department Public Safety and Corrections. *Release Dashboard*. (n.d.) <https://doc.louisiana.gov/release-dashboard/>

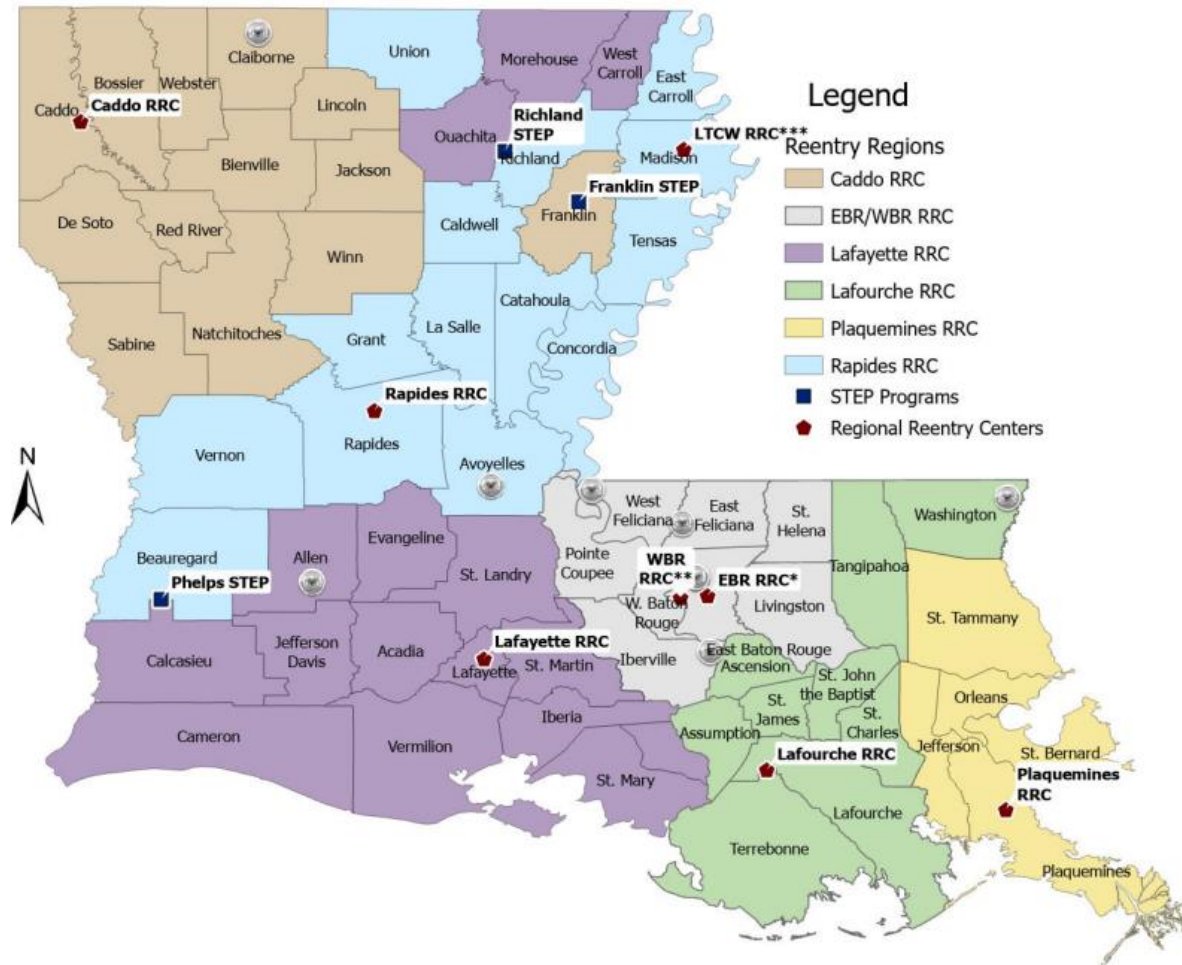
accessing the prescription medications they took while in prison or jail. These challenges often impede their efforts to successfully maintain treatment for chronic conditions and reintegrate into their local communities. Due to these challenges and other contextual factors, in 2008, Louisiana's DPS&C began to pursue standardized and expanded reentry programming for incarcerated individuals across the state. In collaboration with local sheriffs, DPS&C opened regional reentry programs across the state.<sup>21</sup> Each region of the state includes at least one reentry center, with reentry centers currently operating in the following eight cities: Port Allen, Baton Rouge, Alexandria, Tallulah, Shreveport, Thibodaux, Davant, and Lafayette. See *Figure 1* below.

The reentry center infrastructure has allowed DPS&C to expand programming typically limited to state prisons, to be available at the local level as well. Since individuals in local jails account for roughly 87% of all annual releases in the state, this shift was critically important to ensure broad access to the full array of reentry supports. The regionalized approach further enhances Louisiana's ability to engage local community resources, including treatment providers in the community, in support of people reentering the community across the state.

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<sup>21</sup> Background information on Regional Reentry Programs obtained from: Louisiana Department Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (Last accessed July 12, 2024) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>

**Figure 1: Louisiana Regional Map with State Correctional Facilities, Reentry Centers, and STEP Programs**

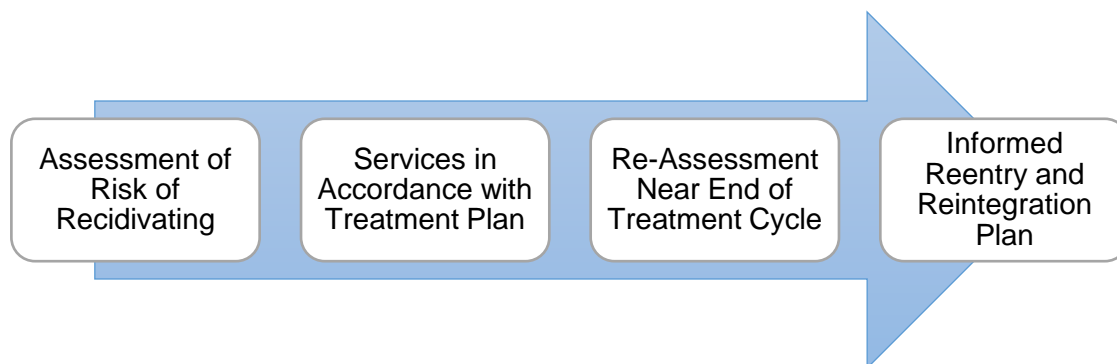


\*East Baton Rouge Reentry Center will serve those within 18-24 months of release.  
 \*\*West Baton Rouge Reentry Center will serve those within 3-5 years of release.  
 \*\*\*LTCW RRC is a female only reentry center. They serve local females from all parishes.

Through the framework of the reentry centers, DPS&C has utilized the Transition from Prison to Community Model to outline a comprehensive reentry philosophy. The phases of the reentry process under this philosophy are shown below in *Figure 2*.



**Figure 2: Louisiana DPS&C Reentry Philosophy**



One component of the Regional Reentry Programs is offering Certified Treatment and Rehabilitative Programs. These programs build skills to support successful reentry, such as work readiness preparation, money management, parenting, and anger management. In addition, these programs provide SUD education and treatment. These Certified Treatment and Rehabilitative Programs must adhere to DPS&C standards in order to assure fidelity to an evidence-based model. Incarcerated individuals may earn up to a maximum of 360 days of credit toward early release for participating. Other opportunities facilitated through Regional Reentry Programs include Transitional Work Programs. Through Transitional Work Programs, incarcerated individuals are permitted to work at an approved job during incarceration. These programs allow incarcerated individuals to participate from six months to four years prior to release.

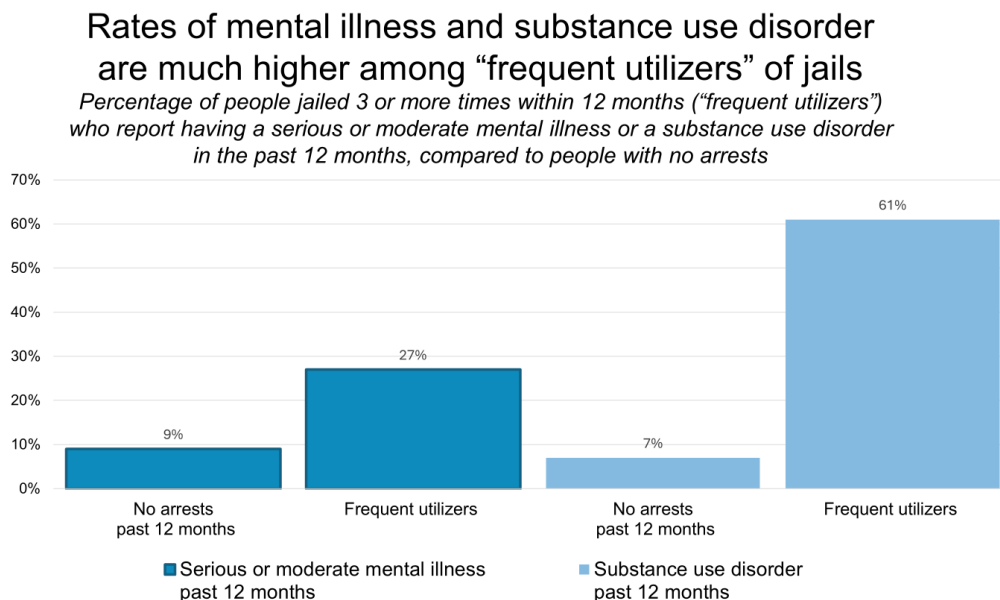
Despite the benefits and opportunities provided by these reentry centers, recidivism rates in Louisiana remain high. Per the latest data, 40% of released individuals will return to incarceration within five years.<sup>22</sup> The highest cohort for recidivism are individuals with co-occurring mental illness and SUD. National studies have captured a similar trend across the country, finding that the rates of mental illness and SUD are substantially higher among those who are jailed frequently.<sup>23</sup> See *Figure 3*.

<sup>22</sup> Louisiana Department of Public Safety and Corrections. *Fiscal Year 2019/2020 Annual Report*. (2019/2020). <https://doc.louisiana.gov/wp-content/uploads/2021/03/DPSC-FY-2020-Annual-Report-Final-3.4.21.pdf>

<sup>23</sup> Compiled by the Prison Policy Initiative from the Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. (2017) (Graph: Wendy Sawyer, 2019). [https://www.prisonpolicy.org/graphs/frequent\\_utilizers\\_mh\\_sud.html](https://www.prisonpolicy.org/graphs/frequent_utilizers_mh_sud.html)



**Figure 3: Rates of Mental Illness and SUD for “frequent utilizers” of jails**



It is widely understood that SUD and incarceration are closely linked, as SUD often contributes to criminal behavior, creating a complex cycle that poses significant challenges for both individuals and the criminal justice system. The prevalence of substance use among the incarcerated population is significantly higher than in the general public, highlighting the need for targeted interventions. The Louisiana DPS&C reports that 73% of individuals in state custody have SUD.<sup>24</sup> Without proper treatment, individuals with SUD are at a high risk of recidivism, as the underlying issues driving their criminal behavior remain unaddressed. Effective treatment programs for individuals with SUD within correctional facilities and immediately upon release may help break this cycle by providing the necessary support and resources for long term recovery. Medicaid offers a crucial tool in this effort by linking individuals to the necessary care and support services following incarceration.

The Louisiana Medicaid program currently provides a solid foundation of behavioral healthcare services accessible to justice-involved and non-justice-involved populations alike. In 2016, LDH extended coverage to adults aged 19-64 under Medicaid expansion, a policy direction conducive to supporting community reentry as those exiting carceral facilities often fall into this eligibility category. This Reentry Demonstration also builds upon and leverages the state’s existing behavioral health continuum, which includes access to SUD treatment and withdrawal management services to individuals residing in Institutions for Mental Disease (IMD) for stays longer than 15 days under the Healthy Louisiana OUD/SUD 1115 waiver, as well as a robust array of community-based mental health and SUD services administered through an integrated managed care program.<sup>25-26</sup> LDH continues to modernize and maintain clinical best practices with regard to behavioral health benefits and is currently undertaking a systematic review and

<sup>24</sup> <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry>  
<sup>25</sup> Louisiana Department of Health. *Healthy Louisiana OUD/SUD 1115 Demonstration Waiver*. (Approved February 1, 2018) <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81866>  
<sup>26</sup> Louisiana Department of Health. *Medicaid Behavioral Health Services*. (n.d.) <https://ldh.la.gov/page/behavioral-health-services-adult>

provider engagement process to explore aligning services, levels of care, and reimbursement with America Society of Addiction Medicine (ASAM) Criteria 4<sup>th</sup> edition. While this foundation of Medicaid administered behavioral health programming offers promising resources for individuals as they reenter the community from incarceration, LDH recognizes significant opportunities to improve the community transition process and assure that members are able to access these benefits before, during, and after this critical period in their recovery.

A recent study examined the healthcare utilization patterns of individuals transitioning from incarceration to community life in Louisiana, finding that early enrollment in Medicaid prior to release supported an individual's transition to the community.<sup>27</sup> The study utilized data linking Louisiana Medicaid and corrections release information, focusing on individuals released from state custody and enrolled in Medicaid within 180 days of release. The study included 13,283 individuals who met the eligibility criteria, with 78.8% of the population enrolled in Medicaid prior to release. Findings revealed that individuals enrolled in Medicaid post-release were more likely to have emergency department visits and hospitalizations and were less likely to receive outpatient mental health services and prescription drugs compared to those enrolled pre-release. Moreover, post-release enrolled individuals experienced significantly longer wait times to access various services, including primary care visits, outpatient mental health services, SUD treatment, medications for opioid use disorder (MOUD), as well as medications such as inhaled bronchodilators, antipsychotics, and antidepressants.

Recognizing the value of connecting incarcerated individuals to healthcare coverage, LDH invested in a pre-release enrollment initiative in 2016. LDH worked with DPS&C and the state's Medicaid MCOs to develop a program in which participants are enrolled into Medicaid and connected to an MCO prior to release. Through this program, called the Pre-Release Enrollment Program, critical documents such as an individual's Medicaid card are sent directly to the facility in which the individual is incarcerated to ensure that they are aware of and prepared to use their Medicaid benefits, which are activated upon release.

In addition to these enrollment services, a select group of high-risk individuals are also connected to nurse case management services provided by their MCO upon their release. This service is targeted to individuals in state prisons who have certain high risk medical or behavioral health diagnoses.<sup>28</sup> If eligible for the high needs case management services, individuals will be enrolled for up to 12 months post-release. Between January 2017 and September 2023, the Medicaid program received 20,211 total applications from the Pre-Release Enrollment Program applications, and 25% of these applications were marked for enrollment in the high-needs case management program.

The cornerstone of the Pre-Release Enrollment Program is to enroll individuals in Medicaid to connect them to care prior to their release such that they may obtain healthcare services immediately upon release. Due to the federal inmate exclusion prohibiting Medicaid funding from being utilized to pay for services for incarcerated individuals, such enrollment assistance is currently not a Medicaid billable service. Similarly, case management provided by the individual's Medicaid MCOs may not be provided until release. This waiver offers the opportunity

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<sup>27</sup> Wennerstrom A, Sugarman OK, Reilly B, Armstrong A, Whittington A, Bachhuber MA. *Health Services Use Among Formerly Incarcerated Louisiana Medicaid Members Within One Year of Release*. (2023).

<https://pubmed.ncbi.nlm.nih.gov/37200349/>

<sup>28</sup> For complete details on qualifying conditions, see Appendix J at <https://ldh.la.gov/page/justiceinvolved-prereleaseenrollment-program>

to expand the effectiveness of the existing programming by providing services to individuals sooner to support a successful reentry.

In addition to the Pre-Release Enrollment Program, DPS&C, LDH, and local parishes have supported several other pilot programs and initiatives to facilitate the reentry transition and connection with community-based behavioral health and supportive services. While there are several local and statewide initiatives underway, the following are select examples of current and planned initiatives:

- **• OUD Prevention, Treatment, and Recovery:** In partnership with the DPS&C, the Louisiana Office of Behavioral Health (OBH) is enhancing existing statewide prevention, treatment, and recovery support services offered to incarcerated individuals experiencing or at risk for OUD, who are preparing for re-entry into the community. Releasing offenders who have a diagnosis of OUD are selected 9 to 12 months prior to their earliest release date. Treatment is individualized and may include MOUD via oral and/or injectable naltrexone, if indicated, in addition to evidence-based therapeutic practices and naloxone distribution at the time of release.
- **• Intensive Discharge Planning and Case Coordination:** DPS&C deploys Transition Specialists to provide individualized discharge planning, follow-up services, and coordination with parole officers for any individual released within the region. Prior to release, individuals are assessed for psychiatric, medical, social service, employment, and residential needs upon discharge and discharge plans are developed. Specialists assist with coordination between the incarcerated individual and resources within the community. Following discharge, the Specialists also provide coordination with after-care services, parole officers, and other community resources as needed for up to one year post-release.
- **• Orleans Parish Day Reporting Centers (OPDRC):** OPDRCs provide a treatment program of evidence-based practices to clients with Opioid Use Disorder (OUD) or stimulant use/misuse (SUM) released from incarceration and returning to the community.<sup>29</sup> Treatment includes a comprehensive assessment, intensive case management, individual treatment planning, and intensive and structured discharge planning. Clients participate in weekly intensive outpatient groups and individual therapy sessions. Each client is also assigned peer support staff who provide peer assistance and offer referrals for community resources, including to community-based facilities that provide MOUD. Finally, participants have the option to participate in contingency management to increase negative drug screens and reduce relapse.
- **• Safe Recovery Housing:** In partnership with OBH, Oxford House Inc. provides stable housing opportunities for persons incarcerated and seeking a safe recovery housing environment upon release. Oxford House addresses the needs of men, women, pregnant women, and women with dependent children through a community-based approach to recovery housing, which provides an independent, supportive, and sober living environment. As part of this model, peer support specialists provide referrals for treatment services, partnerships, and community linkages necessary for men and women with mental health and SUD to support recovery and reduce recidivism.

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<sup>29</sup> OPDRC is one of ten Day Reporting Centers. The other centers do not directly offer SUD services. Instead, these Centers partner with Local Governing Entities (LGEs) or other providers in the area.

- **Mental Health Transition Pilot Program:** Act 665 of the 2024 Regular Legislative Session directs DPS&C to administer a mental health transition pilot program in the parishes of Livingston, St. Helena, and Tangipahoa to provide eligible individuals with transition services in the community while on probation or parole. DPS&C will screen individuals for mental health disorders and support enrollment in Medicaid and connection with mental health and SUD services. The legislation also requires the three parishes to participate in this Reentry Demonstration following CMS approval.
- **Short Term Expanded Program (STEP):** The STEP provides comprehensive reentry, educational, social, religious and rehabilitative programs tailored to individuals. Eligible participants (third or greater offense, 18 months to 5 years remaining on sentence, no sex offense, no detainers, and no aggravated escape) will be transferred to a facility that offers the STEP program and the participant will be placed into the program based on risk and need. Three local jails currently offer STEP Programs: Richland Parish, Franklin Parish, and Phelps Correctional.
- **Rehabilitation and Reentry Court Program:** DPS&C, Louisiana State Penitentiary and Louisiana Correctional Institute for Women partner with several district courts across the state to provide the Corrections Reentry Court Workforce (Development) Program aimed at aggressively tackling issues that promote and lead to recidivism. The innovative Reentry program addresses various fundamentals that many offenders lack and must receive before their release (i.e. Educational and Vocational programming, moral rehabilitation, basic social and life skills, community and faith-based support systems, etc.). This unique approach differs from all others in that short-term offenders are mentored by long-term offenders housed at both Louisiana State Penitentiary (male offenders) and Louisiana Correctional Institute for Women (female offenders), with those mentors having graduated Seminary programs and/or possessing advanced job and life skills.

## 2.2 Waiver Goals

Through this Reentry Demonstration, LDH seeks to build upon current and planned initiatives and partnership with DPS&C to promote seamless access to necessary Medicaid services both prior to and following release from jail or prison to facilitate a smooth transition into the community and reducing the likelihood of relapse and recidivism.

During the demonstration period, LDH seeks to achieve the following outcomes for the targeted population through this waiver and associated investments:

- Increasing coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
- Improving access to services prior to release and improving transitions and continuity of care into the community upon release and during reentry;
- Improving coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- Increasing additional investments in healthcare 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;

- Improving connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
- Reducing all cause deaths in the near-term post-release;
- Reducing overdose deaths occurring within 12 months of release; and
- Reducing the number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral healthcare.

In addition to the above health-related goals, LDH, in partnership with DPS&C, aims to track the demonstration's impact on recidivism. As described above, SUD and other behavioral health conditions, especially if untreated, increase the likelihood of an individual reoffending and returning to incarceration. Through the implementation of pre-release services and case management, LDH hopes to connect individuals with appropriate treatment to manage their conditions and remain in the community. Continued engagement after release will also be important to achieve this goal. LDH will leverage its managed care delivery system to assure continuity of treatment and care management before, during, and after release.

### **Section 3: Program Design**

In accordance with the new federal opportunity to support community reentry, Louisiana requests federal approval to waive the inmate exclusion to permit Medicaid to reimburse for a targeted set of services provided to inmates in the 90-day period prior to their release into the community. Authority to cover the pre-release benefit package is requested for individuals in state prison facilities and a limited number of local parish jails participating on a pilot basis, as described in more detail below.

#### **Eligibility for Pre-Release Services**

LDH seeks authority through this waiver to provide pre-release services to the following individuals:

1. Individuals who meet the definition of an inmate in a public institution as defined in 42 C.F.R. § 435.1010 and are enrolled in Medicaid; and
2. Individuals who are inmates in a public institution as defined in 42 C.F.R. § 435.1010 and are enrolled in or otherwise eligible for CHIP.

LDH intends for these broad categories to capture all incarcerated individuals who are eligible for Medicaid or CHIP, such that both adults and youth will be eligible for the pre-release services outlined in this application, provided they are incarcerated in a participating facility.

Louisiana Medicaid will allow appropriate access to enrollment and eligibility information to designated employees of the prisons, jails, and correctional institutions for the purposes of facilitating applications and renewals.

#### **Carceral Settings**

LDH intends to provide pre-release services to individuals incarcerated in all state prison facilities. In addition, LDH will pursue a limited pilot for local parish-operated jails with the intent to expand participation to all parish jails over time.

As is the case in many states, Louisiana state prisons are designed for lengthy detention periods while local jails primarily handle short-term stays. As such, prisons are typically equipped to provide a robust array of healthcare services, while jails tend to focus on primarily providing emergency healthcare rather than long-term treatment. Therefore, from a strictly operational standpoint, prisons will be well positioned to implement the pre-release services authorized under this Reentry Demonstration.

However, in Louisiana, the majority of incarcerated individuals are held in local jails rather than state facilities.<sup>30</sup> Therefore, given the importance of parish jails to the overall carceral system, LDH desires to expand to eventually include all parish jails in the Reentry Demonstration in the future. However, given the large and complex system of jails that are at different stages of readiness for the reentry initiative and the likely need for substantial infrastructure investments, LDH will pilot the Medicaid pre-release services in a more limited way to begin.

Specifically, in order to ensure that all participating jails are fully operational at the time of implementation and to build on progress made under concurrent initiatives, LDH proposes to begin the program in up to 13 parish jails. Selected facilities may include those that are participating in the mental health transition pilot program established by Act 665 of the 2024 Regular Legislative Session, those that are located in parishes that operate a regional reentry center, or those with the highest concentration of incarcerated individuals.<sup>31-32</sup>

In order to participate, jails will be expected to engage in a readiness review process that will assess their ability to assist individuals in enrolling in Medicaid, provide approved services, and connect individuals to care upon release, among other responsibilities. If a jail cannot demonstrate readiness, it will not participate in the first phase of the demonstration. LDH intends to set forth this expectation, as well as additional details on the phases of the demonstration in its required implementation plan.

### *Scope of Pre-Release Services, Delivery System, & Cost Sharing*

During the pre-release period, eligible Medicaid enrolled individuals at state prisons or participating local parish jails will be eligible for the following mandatory services during the pre-release period:

1. Case management;
2. Medication-assisted treatment (MAT) and SUD counseling;
3. A 30-day supply of prescription medications upon release;
4. Mental health services, including behavioral health clinical consultation;
5. Peer support services;
6. Laboratory services; and
7. Durable medical equipment (DME).

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<sup>30</sup> Carson, EA, Kluckow, R. *Prisoners in 2022 – Statistical Tables*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (November 2023) <https://bjs.ojp.gov/document/p22st.pdf>

<sup>31</sup> Louisiana State Legislature. *HB961 Corrections/Prisoners: Provides relative to the creation of a mental health transition pilot program*. (2024) <https://www.legis.la.gov/legis/BillInfo.aspx?i=247213>

<sup>32</sup> Louisiana Department of Public Safety and Corrections. *Reentry Initiatives and Transitional Work Programs*. (n.d.) <https://doc.louisiana.gov/imprisoned-person-programs-resources/transition-reentry/>



The demonstration will be operated within Louisiana’s existing Medicaid managed care delivery system and administered by all seven MCOs. This demonstration does not impact the structure of the state’s delivery system.

Further, these services will be provided by any qualified Medicaid enrolled provider with no cost-sharing to the enrollee. In the “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated” State Medicaid Director Letter (SMD #23-003) published in April 2023, CMS highlights its desire for states to utilize community-based providers. Utilizing community-based providers can improve continuity of care for individuals upon release, especially for services in which the provider-patient relationship is critical, such as counseling services.<sup>33</sup>

In order to balance the importance of continuity with available capacity, LDH envisions that incarcerated individuals who qualify for services under this waiver will be served by providers from inside and outside the carceral facility. At present, DPS&C serves incarcerated individuals through a complex network of facility-based and contracted staff. These relationships, as well as those with community-based providers, will be leveraged to deliver covered pre-release services within carceral settings, either in-person or via telehealth to build off of current efforts and reduce difficulties in implementation. LDH plans to utilize infrastructure investments to support the provision of pre-release services by community-based providers. This approach will prioritize access to services by allowing any qualified provider to deliver the services approved under this demonstration.

#### *Timing of Availability of Pre-Release Services*

LDH seeks authority to provide the set of pre-release services outlined in this waiver application 90 days prior to release. LDH believes that connecting individuals with services 90 days prior to release will facilitate the appropriate amount of engagement with medical and behavioral health providers, case management professionals, and other supports, if applicable, to ensure that the individual both receives the care they need while incarcerated and is more likely to stay connected to their care upon release.

LDH is also aware that it can often be difficult to determine an individual’s exact release date. By requesting authority to offer pre-release services within the maximum allowable 90-day period, this Reentry Demonstration will provide the necessary administrative flexibility to ensure the pre-release services may be coordinated and provided prior to release.

#### *Infrastructure Investments*

In order to support the implementation of this waiver request, LDH is also requesting infrastructure funding in accordance with SMD #23-003.<sup>34</sup> Per the SMD letter, this could include investments in developing software to facilitate communication among Medicaid providers and correctional staff, adding data fields and matching logic for Medicaid program components such as eligibility, adding new system processes or enhancements for file exchanges, establishing data integration, and more. Additionally, funding could be directed toward increasing staff capacity, comprehensive training programs, and acquiring the necessary resources and

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<sup>33</sup> Centers for Medicare and Medicaid Services. (2023, April) *Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals who are Incarcerated*. State Medicaid Director Letter #23-003. Department of Health and Human Services. <https://www.medicare.gov/federal-policy-guidance/downloads/smd23003.pdf>

<sup>34</sup>[Ibid.](#)



technology to support these initiatives. These investments will help ensure that the infrastructure is robust and capable of sustaining the reentry services effectively, ultimately enhancing the continuity of care for individuals transitioning from correctional facilities to the community.

DPS&C seeks infrastructure funding for a number of the permitted functions above, including enhancing data systems, obtaining equipment for telehealth, and staffing. Specifically, DPS&C envisions that infrastructure funding will help support:

- Improvements to data hosting, analytics, and reporting capabilities;
- Improvements to abilities to interface between DPS&C offender management systems and Medicaid systems;
- Equipment and physical space to support the provision of telehealth; and
- Staffing costs for implementing and maintaining new data and telehealth capabilities.

### Section 4: Program Evaluation Design

LDH proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for 1115 demonstrations. All components of the preliminary evaluation plan are subject to change as LDH will contract with an independent evaluator who will work with the state to develop a comprehensive evaluation design and to conduct this review.

The evaluation will employ mixed methods including quantitative analysis, beneficiary surveys, and key informant interviews. To the extent feasible, the state will collect data to support analyses stratified by key subpopulations of interest including but not limited to age, gender, race/ethnicity, primary language, disability status, and geography. Additionally, to the extent feasible, the state will use the phased implementation of certain parish jail facilities to create comparison groups. Where comparison groups are not feasible, the state will consider a time series approach evaluating changes during the pre-waiver and post-waiver implementation periods.

*Table 1* details the goals of the program, as well as preliminary hypotheses, potential data sources, and example measures. A final detailed evaluation methodology will be submitted following approval of the demonstration.

**Table 1: Evaluation Design**

**Evaluation Question 1. Did the demonstration increase coverage, continuity of coverage, and appropriate service uptake?**

Hypothesis	Data Sources	Example Measures
1.1 The program will improve uptake and continuity of MAT services and behavioral health treatment	Corrections records Medicaid claims data Pharmacy claims data	The percentage of individuals with SUD receiving MAT prior to release  The percentage of individuals with SUD receiving MAT during the post-release period
1.2 The demonstration will result in increased uptake of	Surveys of justice-involved individuals at	Members rating of their physical and behavioral health

healthcare services post-release resulting in improved perception of health	release, within 30 days post-release, and one-year post-release period	
1.3 The program will result in increased utilization of pre-release case management	Corrections records Medicaid claims data	The percentage of individuals receiving one or more case-management services prior to release

**Evaluation Question 2. Did the demonstration improve access to services?**

Hypothesis	Data Sources	Example Measures
2.1 The program will result in increased utilization of outpatient physical and behavioral health services during the first 12 months post-release	Corrections records Medicaid claims data	<p>The percentage of individuals utilizing behavioral health services during the first 30 days post-release</p> <p>The percentage of individuals with a primary care visit during the first 30 days post-release</p> <p>The rate of outpatient behavioral health utilization by month for each of the first 12 months post-release</p> <p>The monthly rate of outpatient utilization by month for 12 months post-release</p>
2.2 The program will result in improved access to preventive care and chronic disease management during the post-release period	Medicaid claims data Medical record data	<p>Quality measure performance for individuals post-release &lt;1 year and ≥ 1 year as of December 31<sup>st</sup> of a given year including:</p> <p>HEDIS Measures:</p> <ul style="list-style-type: none"> <li>• Breast cancer screening</li> <li>• Cervical cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Hepatitis C virus screening</li> <li>•</li> </ul>

**Evaluation Question 3. Did the demonstration improve coordination and communication?**

Hypothesis	Data Sources	Potential Measures
3.1 The demonstration will improve coordination and communication with beneficiaries	<p>Surveys of MCO case managers</p> <p>Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period</p> <p>Key informant interviews</p>	<p>Member satisfaction with care coordination</p> <p>Description of MCO case manager perceptions of program success</p>

**Evaluation Question 4. Did the demonstration increase investment in healthcare and related services?**

Hypothesis	Data Sources	Potential Measures
4.1 The demonstration will result in increased investment in Medicaid services delivered prior to release	<p>Corrections records</p> <p>Medicaid claims</p>	<p>Per capita spending on care coordination services delivered prior to release</p> <p>Per capita medical spending prior to release</p>
4.2 The demonstration will result in an increase in the number of community-based providers delivering services to beneficiaries prior to release	<p>Corrections records</p> <p>Medicaid claims</p> <p>Provider enrollment files</p>	<p>The number of providers delivering pre-release Medicaid services, measured in 6-month intervals throughout the waiver</p>

**Evaluation Question 5. Did the demonstration improve connections between carceral settings and community services?**

Hypothesis	Data Sources	Potential Measures
5.1 The demonstration will improve data sharing infrastructure between carceral settings and community services	<p>Surveys of MCO case managers</p> <p>Key information interviews</p>	<p>Description of MCO case manager perceptions of communication with carceral settings</p> <p>Description of changes in the frequency, volume, and types of information exchanged between carceral facilities and community services during the post-release period</p>

**Evaluation Question 6. Did the demonstration reduce all-cause deaths?**

Hypothesis	Data Sources	Potential Measures
6.1 The demonstration will result in a reduction in deaths by all-causes during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to any cause during the first 12 months post-release

**Evaluation Question 7: Did the demonstration reduce overdose deaths occurring within 12 months of release?**

Hypothesis	Data Sources	Potential Measures
7.1 The demonstration will result in a reduction in deaths attributed to drug overdose during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to drug overdose (identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14) during the first 12 months post-release

**Evaluation Question 8. Did the demonstration reduce the number of ED visits and inpatient hospitalizations?**

Hypothesis	Data Sources	Potential Measures
8.1 The demonstration will result in a reduction in ED utilization during the 12 months post-release	Corrections records Medicaid claims data Medical records	Rate of ED visits for any cause during the first 12 months post-release  Rate of ED visits for SUD-related conditions  Rate of ED visits for ambulatory care sensitive conditions during the first 12 months post-release
8.2 The demonstration will result in a reduction in inpatient hospitalizations during the 12 months post-release	Corrections records Medicaid claims data Medical records	Measures of hospital admissions during the first 12 months post-release including <ul style="list-style-type: none"> <li>• All-causes</li> <li>• PQI 15: Asthma in younger adults admission rate</li> <li>• PQI 05: COPD and asthma in older adults admission rate</li> </ul>

		<ul style="list-style-type: none"> <li>• PQI 01: Diabetes short-term complications admission rate</li> <li>• PQI 08: Heart failure admission rate</li> </ul>
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## Section 5: Demonstration Financing and Budget Neutrality

The budget neutrality requirements for Section 1115 waivers ensure that Medicaid demonstration projects do not increase federal Medicaid spending beyond what it would have been without the waiver. As a result, states must design their 1115 waiver proposals so that the projected costs under the waiver are equal to or less than the expected costs to the federal government without the waiver. The budget neutrality formula compares Without Waiver (WOW) expenditures to With Waiver (WW) expenditures, ensuring that WOW costs are greater than or equal to WW costs on a per member per month (PMPM) basis. WOW expenditures, or baseline expenditures, represent the amount the federal government would have spent in the absence of the demonstration and form the basis for the budget neutrality expenditure limit. WW expenditures, or actual expenditures, are the projected costs under the demonstration. In accordance with CMS guidance, for the budget neutrality calculation associated with pre-release services, hypothetical costs have been used to estimate WOW expenditures for the re-entry waiver, meaning these expenditures are based on anticipated costs rather than historical data. For purposes of the budget neutrality, Medicaid rates were applied to anticipated utilization for the PMPM projections. Additional details on the budget neutrality calculation, including the detailed workbook pages, can be found in *Appendix A*.

## Section 6: Waivers and Expenditure Authorities

LDH requests all federal authority necessary to implement the reentry services described in Section 3, including those outlined in *Table 2* below.

**Table 2: Requested Waiver Authorities**

Authority	Purpose	Citation
<b>Waiver Authorities</b>		
Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying beneficiaries on a geographically limited basis.	Social Security Act (SSA) 1902(a)(1)

Authority	Purpose	Citation
Amount, Duration, and Scope	To enable the state to provide only a limited set of pre-release services to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the demonstration.	SSA 1902(a)(10)(B)
Freedom of Choice	To enable the state to require qualifying beneficiaries to receive pre-release services, as authorized under this demonstration, through only certain providers.	SSA 1902(a)(23)(A)
<b>Expenditure Authorities</b>		
Expenditures for pre-release services provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from participating state prisons and parish jails.	To allow for expenditures for pre-release services.	Expenditure Authority under 1115(a)(2) of the Act (CNOM)
Capped expenditures for payments for allowable administrative costs, services, supports, transitional non-service expenditures, infrastructure and interventions, which may not be recognized as medical assistance under Section 1905(a) or may not otherwise be reimbursable under Section 1903, to the extent such activities are authorized as part of the Pre-Release initiative.	To allow for expenditures for pre-release non-services (infrastructure costs).	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

## Section 7: Public Comment

### 7.1 Public Notice Process

In accordance with 42 CFR section 431.408, the state will conduct a thirty (30) day public notice and comment process from August 1 to August 30. This will allow the public and other interested parties the opportunity to review and provide feedback on the Reentry Demonstration. During this time, LDH will hold two dedicated public hearings. The first of these will take place in Baton Rouge on August 13 during the existing Medical Care Advisory Committee meeting, which is open to the public. The second hearing will take place in Shreveport on August 16.

#### Public Notice

LDH published public notice of the waiver application in the state’s major newspapers and on a dedicated webpage on the LDH website on August 1 to formally begin the public comment period. LDH also used an electronic mailing list to notify the public of the extension, hearings, and opportunity to comment on the waiver draft. To encourage feedback and compliance with accessibility, a copy of the draft waiver will be made accessible at a public web link and available in hard copy. Instructions for requesting a hard-copy document are included in the formal public notice. The public notice document also provides detailed instructions to the public for submitting written comments.

A copy of the formal public notice is attached as *Appendix B* and a copy of the abbreviated public notice document is attached as *Appendix C*. Both documents are also available for viewing on LDH’s website: [ldh.la.gov/1115Reentry](http://ldh.la.gov/1115Reentry).

#### Public Hearings

LDH will hold two (2) public hearings during the notice and comment period in geographically diverse areas of Louisiana. The hearings are available for interested parties to attend either in person or virtually via Zoom platform. LDH confirms the two public hearings will be held on the following dates and locations, as scheduled and as publicized in the formal notice:

<b>Public Hearing #1 (MCAC Meeting)</b>	<b>Public Hearing #2</b>
August 13, 2024 1:00pm Bienville Building 628 North 4 <sup>th</sup> Street Baton Rouge, LA 70802  Also available for virtual participation: Zoom Link: <a href="https://us06web.zoom.us/j/84284472322">https://us06web.zoom.us/j/84284472322</a> Dial-In: (602) 333-0032 Conference Code: 520621	August 16, 2024 12:00pm Shreveport Behavioral Health Clinic 1210 North Hearne Avenue Shreveport, LA 71107  Also available for virtual participation: Zoom Link: <a href="https://us06web.zoom.us/j/81194952051">https://us06web.zoom.us/j/81194952051</a> Dial-In: (602) 333-0032 Conference Code: 273643

All hearings are to be held in person. Teleconferencing capability will be available via Zoom for both public hearings. Materials presented at the hearings will be posted on the public notice web page.



### Tribal Consultation

Only July 12, 2024, LDH sent public notice of the waiver application to the representatives of all federally recognized tribes located within Louisiana in accordance with 42 CFR § 431.408, with the option to schedule a separate tribal consultation to discuss the waiver. A copy of the formal correspondence sent to the tribal representatives soliciting input on the waiver application can be found in *Appendix D*.

## **7.2 Summary of Public Comments & State Response**

A summary of public comments received, including those from federally recognized tribes, will be developed at the conclusion of the public notice and comment period. This section will be updated to include a summary of comments as well as the state responses, including any changes to the waiver resulting from public comment.

**Appendix A: Budget Neutrality**

**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	BASE YEAR DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WOW
			DY 01	DY 02	DY 03	DY 04	DY 05	

<b>Hypo 1 - Services</b>								
<b>Pop Type:</b>								
Eligible Member Months	13,194	0.0%	13,194	13,194	13,194	13,194	13,194	\$ 65,970
PMPM Cost	\$ 1,056.20	6.5%	\$ 1,124.86	\$ 1,197.97	\$ 1,275.84	\$ 1,358.77	\$ 1,447.09	\$ 6,405
Total Expenditure			\$ 14,841,466	\$ 15,806,161	\$ 16,833,561	\$ 17,927,743	\$ 19,093,046	\$ 84,501,977

<b>Hypo 2 - Planning and Implementation (Non-Services)</b>								
<b>Pop Type:</b>								
Total Expenditure			\$ 6,337,648	\$ 3,168,824	\$ 1,267,530	\$ 1,267,530	\$ 633,765	\$ 12,675,297

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
<b>Hypo 1 - Services</b>								
Pop Type:	Hypothetical							
Eligible Member Months			13,194	13,194	13,194	13,194	13,194	
PMPM Cost			\$ 1,124.86	\$ 1,197.97	\$ 1,275.84	\$ 1,358.77	\$ 1,447.09	
Total Expenditure			\$ 14,841,466	\$ 15,806,161	\$ 16,833,561	\$ 17,927,743	\$ 19,093,046	\$ 84,501,977
<b>Hypo 2 - Planning and Implementation (Non-Services)</b>								
Pop Type:	Hypothetical							
Total Expenditure			\$ 6,337,648	\$ 3,168,824	\$ 1,267,530	\$ 1,267,530	\$ 633,765	\$ 12,675,297

**Budget Neutrality Summary**

**HYPOTHETICALS ANALYSIS**

**Without-Waiver Total Expenditures**

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ 14,841,466	\$ 15,806,161	\$ 16,833,561	\$ 17,927,743	\$ 19,093,046	\$ 84,501,977
Hypo 2 - Planning and Implementation (Non-Services)	\$ 6,337,648	\$ 3,168,824	\$ 1,267,530	\$ 1,267,530	\$ 633,765	\$ 12,675,297
<b>TOTAL</b>	<b>\$ 21,179,114</b>	<b>\$ 18,974,985</b>	<b>\$ 18,101,091</b>	<b>\$ 19,195,273</b>	<b>\$ 19,726,811</b>	<b>\$ 97,177,274</b>

**With-Waiver Total Expenditures**

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ 14,841,466	\$ 15,806,161	\$ 16,833,561	\$ 17,927,743	\$ 19,093,046	\$ 84,501,977
Hypo 2 - Planning and Implementation (Non-Services)	\$ 6,337,648	\$ 3,168,824	\$ 1,267,530	\$ 1,267,530	\$ 633,765	\$ 12,675,297
<b>TOTAL</b>	<b>\$ 21,179,114</b>	<b>\$ 18,974,985</b>	<b>\$ 18,101,091</b>	<b>\$ 19,195,273</b>	<b>\$ 19,726,811</b>	<b>\$ 97,177,274</b>

<b>HYPOTHETICALS VARIANCE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**Appendix B: Formal Public Notice**



**PUBLIC NOTICE OF PROPOSED LOUISIANA 1115 DEMONSTRATION WAIVER APPLICATION**

In accordance with 42 CFR 431.408, notice is hereby given that the Louisiana Department of Health (LDH) proposes to submit to the Centers for Medicare and Medicaid Services (CMS) an 1115 demonstration waiver application. This notice provides details about the waiver application and serves to formally open the thirty (30) day public comment period, which begins on August 1, 2024, and concludes on August 30, 2024.

During the public comment period, the public is invited to provide written comments to LDH via U.S. Postal Service or electronic mail, as well as make comments verbally during public hearings that will be hosted at geographically diverse locations around the state. LDH will hold two (2) public hearings, as detailed below, at which time and place all interested persons therein will be heard on the above-mentioned matter. Public hearings will be held on the following dates and times and at the following locations:

Public Hearing #1 (MCAC Meeting)	Public Hearing #2
August 13, 2024 1:00pm Bienville Building 628 North 4 <sup>th</sup> Street Baton Rouge, LA 70802  Also available for virtual participation: Zoom Link: <a href="https://us06web.zoom.us/j/84284472322">https://us06web.zoom.us/j/84284472322</a> Dial-In: (602) 333-0032 Conference Code: 520621	August 16, 2024 12:00pm Shreveport Behavioral Health Clinic 1210 North Hearne Avenue Shreveport, LA 71107  Also available for virtual participation: Zoom Link: <a href="https://us06web.zoom.us/j/81194952051">https://us06web.zoom.us/j/81194952051</a> Dial-In: (602) 333-0032 Conference Code: 273643

The proposed waiver application along with other related documentation is accessible for public review on the LDH website at [ldh.la.gov/1115Reentry](http://ldh.la.gov/1115Reentry). In addition, the draft documents are also available in hard copy. Persons who wish to receive a hard copy by mail may submit a request at the email or mailing address below.

Interested persons should submit comments to LDH on the waiver application on or before August 30, 2024. Comments can be submitted via email to [1115Reentry@la.gov](mailto:1115Reentry@la.gov) or by mail to Missy Graves, P.O. Box 4049, Baton Rouge, LA 70821.

**Program Description**

LDH seeks authority via this demonstration waiver to provide an array of services to Medicaid-eligible individuals 90 days prior to their release from prison or jail. With one of the highest incarceration rates in the nation, the state is focused on providing incarcerated individuals with opportunities to obtain services and supports that facilitate recovery and reduce recidivism. These services are particularly critical for individuals with substance use disorder (SUD), who make up 73% of Louisiana’s incarcerated population.



Incarceration can have cascading adverse effects on an individual's health. Many individuals enter prison or jail with a pre-existing condition, such as SUD, mental health challenges, and infectious and chronic diseases. Without access to critical services during the incarceration period, an individual's condition may worsen and, particularly in the case of SUD or mental health conditions, put them at risk of reoffending if untreated. Incarceration itself can also have a negative impact upon a person's well-being. Additionally, upon release, many formerly incarcerated individuals struggle to obtain stable housing, secure reliable employment, and access healthcare services.

By implementing an array of pre-release services in the Medicaid program, LDH hopes to both enhance the current array of services available to individuals during incarceration while also connecting them to community-based providers to facilitate a smoother reentry process.

### **Goals and Objectives**

The intent of this demonstration is to increase health coverage and improve access to critical services for justice-involved individuals post-release, with a focus on engagement in and continuity of care for SUD and other behavioral health needs. By connecting individuals to coverage and engaging in care before they reenter the community, the state hopes to increase the likelihood that formerly incarcerated individuals will be able to access critical health services in the community to manage conditions such as SUD, thus fostering recovery and reducing the likelihood of recidivism.

During the demonstration period, LDH seeks to achieve the following outcomes for the targeted population through this waiver and associated investments:

- Increasing coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
- Improving access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;
- Improving coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers;
- Increasing 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;
- Improving connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
- Reducing all cause deaths in the near-term post-release;
- Reducing overdose deaths occurring within 12 months of release; and
- Reducing the number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

In addition to the above health-related goals, LDH, in partnership with the Louisiana Department of Public Safety and Corrections (DPS&C), will also track the demonstration's impact on recidivism.

### **Eligibility, Cost Sharing, Delivery Systems, and Benefits**

### *Eligibility*

Pre-release services will be available to any Medicaid eligible individual in prison or jail, provided they are incarcerated in a participating facility. All state prisons will be included in the demonstration from the outset. Select parish jails will be phased-in via a pilot approach. LDH proposes to begin the program in up to 13 parish jails.

This demonstration does not impact existing Medicaid eligibility categories.

### *Cost-Sharing*

Individuals receiving services under this waiver will not be subject to cost-sharing. This demonstration does not impact existing cost-sharing obligations.

### *Delivery System*

This demonstration will be operated within Louisiana's existing Medicaid managed care delivery system and administered by all seven managed care entities. This demonstration does not impact the structure of the state's delivery system.

### *Benefits*

Eligible individuals will receive access to the following services:

1. Case management;
2. Medication-assisted treatment (MAT) and SUD counseling;
3. A 30-day supply of prescription medications upon release;
4. Mental health services, including behavioral health clinical consultation;
5. Peer support services;
6. Laboratory services; and
7. Durable medical equipment (DME).

### **Enrollment and Expenditures**

*Table 1*, below, reflects expected enrollment and expenditures, including both services and non-services costs, for each waiver year in the demonstration period. For non-services costs, LDH expects to make infrastructure investments to support the provision of the waiver services in prisons and jails. Investments could include enhancements to technology systems, physical space improvements, and/or additional staffing.

Table 1: Enrollment and Expenditure Projections

**REENTRY WAIVER ENROLLMENT AND EXPENDITURES PROJECTION BY WAIVER YEAR**

Component	BASE YEAR			WAIVER PERIOD		
	DY 0 (SFY 2025)	DY 1 (SFY 2026)	DY 2 (SFY 2027)	DY 3 (SFY 2028)	DY 4 (SFY 2029)	DY 5 (SFY 2030)
Service Cost PMPM	\$ 1,057.83	\$ 1,126.59	\$ 1,199.81	\$ 1,277.80	\$ 1,360.86	\$ 1,449.31
Enrollment - Member Months	12,348	12,348	12,348	12,348	12,348	12,348
Service Expenditure Projection	\$ 13,062,048	\$ 13,911,081	\$ 14,815,301	\$ 15,778,296	\$ 16,803,885	\$ 17,896,137
Infrastructure Expenditure Projection		\$ 5,940,352	\$ 2,970,176	\$ 1,188,070	\$ 1,188,070	\$ 594,035
<b>Total Expenditure Projection</b>	<b>\$ 13,062,048</b>	<b>\$ 19,851,433</b>	<b>\$ 17,785,477</b>	<b>\$ 16,966,366</b>	<b>\$ 17,991,955</b>	<b>\$ 18,490,173</b>

**Hypotheses and Evaluation Parameters**

LDH proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for 1115 demonstrations. All components of the preliminary evaluation plan are subject to change as LDH will contract with an independent evaluator who will work with the state to develop a comprehensive evaluation design and to conduct this review.

*Evaluation Question 1. Did the demonstration increase coverage, continuity of coverage, and appropriate service uptake?*

Hypothesis	Data Sources	Example Measures
1.1 The program will improve uptake and continuity of MAT services and behavioral health treatment	Corrections records Medicaid claims data Pharmacy claims data	The percentage of individuals with SUD receiving MAT prior to release  The percentage of individuals with SUD receiving MAT during the post-release period
1.2 The demonstration will result in increased uptake of healthcare services post-release resulting in improved perception of health	Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period	Members rating of their physical and behavioral health
1.3 The program will result in increased utilization of pre-release case management	Corrections records Medicaid claims data	The percentage of individuals receiving one or more case-

		management services prior to release
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*Evaluation Question 2. Did the demonstration improve access to services?*

Hypothesis	Data Sources	Example Measures
2.1 The program will result in increased utilization of outpatient physical and behavioral health services during the first 12 months post-release	Corrections records Medicaid claims data	The percentage of individuals utilizing behavioral health services during the first 30 days post-release  The percentage of individuals with a primary care visit during the first 30 days post-release  The rate of outpatient behavioral health utilization by month for each of the first 12 months post-release  The monthly rate of outpatient utilization by month for 12 months post-release
2.2 The program will result in improved access to preventive care and chronic disease management during the post-release period	Medicaid claims data Medical record data	Quality measure performance for individuals post-release <1 year and ≥ 1 year as of December 31 <sup>st</sup> of a given year including:  HEDIS Measures: <ul style="list-style-type: none"> <li>• Breast cancer screening</li> <li>• Cervical cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Hepatitis C virus screening</li> </ul>

*Evaluation Question 3. Did the demonstration improve coordination and communication?*

Hypothesis	Data Sources	Potential Measures
3.1 The demonstration will improve coordination and communication with beneficiaries	Surveys of MCO case managers  Surveys of justice-involved individuals at release, within 30 days post-release, and one-year post-release period  Key informant interviews	Member satisfaction with care coordination  Description of MCO case manager perceptions of program success

*Evaluation Question 4. Did the demonstration increase investment in healthcare and related services?*

Hypothesis	Data Sources	Potential Measures
4.1 The demonstration will result in increased investment in Medicaid services delivered prior to release	Corrections records Medicaid claims	Per capita spending on care coordination services delivered prior to release  Per capita medical spending prior to release
4.2 The demonstration will result in an increase in the number of community-based providers delivering services to beneficiaries prior to release	Corrections records Medicaid claims Provider enrollment files	The number of providers delivering pre-release Medicaid services, measured in 6-month intervals throughout the waiver

*Evaluation Question 5. Did the demonstration improve connections between carceral settings and community services?*

Hypothesis	Data Sources	Potential Measures
5.1 The demonstration will improve data sharing infrastructure between carceral settings and community services	Surveys of MCO case managers  Key information interviews	Description of MCO case manager perceptions of communication with carceral settings  Description of changes in the frequency, volume, and types of information exchanged between carceral facilities and community services during the post-release period

*Evaluation Question 6. Did the demonstration reduce all-cause deaths?*

Hypothesis	Data Sources	Potential Measures
6.1 The demonstration will result in a reduction in deaths by all-causes during the 12 months post-release	Corrections records Medicaid claims data Medical records Vital statistics	The number of deaths attributed to any cause during the first 12 months post-release

*Evaluation Question 7: Did the demonstration reduce overdose deaths occurring within 12 months of release?*

Hypothesis	Data Sources	Potential Measures
7.1 The demonstration will result in a reduction in deaths attributed to drug overdose during the 12 months post-release	Corrections records Medicaid claims data Medical records	The number of deaths attributed to drug overdose (identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85,

	Vital statistics	and Y10–Y14) during the first 12 months post-release
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*Evaluation Question 8. Did the demonstration reduce the number of ED visits and inpatient hospitalizations?*

Hypothesis	Data Sources	Potential Measures
8.1 The demonstration will result in a reduction in ED utilization during the 12 months post-release	<p>Corrections records</p> <p>Medicaid claims data</p> <p>Medical records</p>	<p>Rate of ED visits for any cause during the first 12 months post-release</p> <p>Rate of ED visits for SUD-related conditions</p> <p>Rate of ED visits for ambulatory care sensitive conditions during the first 12 months post-release</p>
8.2 The demonstration will result in a reduction in inpatient hospitalizations during the 12 months post-release	<p>Corrections records</p> <p>Medicaid claims data</p> <p>Medical records</p>	<p>Measures of hospital admissions during the first 12 months post-release including</p> <ul style="list-style-type: none"> <li>• All-causes</li> <li>• PQI 15: Asthma in younger adults admission rate</li> <li>• PQI 05: COPD and asthma in older adults admission rate</li> <li>• PQI 01: Diabetes short-term complications admission rate</li> <li>• PQI 08: Heart failure admission rate</li> </ul>

## Waiver and Expenditure Authorities

LDH is requesting the following waiver and expenditure authorities.

Authority	Purpose	Citation
<b>Waiver Authorities</b>		
Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying beneficiaries on a geographically limited basis.	Social Security Act (SSA) 1902(a)(1)
Amount, Duration, and Scope	To enable the state to provide only a limited set of pre-release services to qualifying beneficiaries that is different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the state plan or the demonstration.	SSA 1902(a)(10)(B)
Freedom of Choice	To enable the state to require qualifying beneficiaries to receive pre-release services, as authorized under this demonstration, through only certain providers.	SSA 1902(a)(23)(A)
<b>Expenditure Authorities</b>		
Expenditures for pre-release services provided to qualifying Medicaid beneficiaries for up to 90 days immediately prior to the expected date of release from participating state prisons and parish jails.	To allow for expenditures for pre-release services.	Expenditure Authority under 1115(a)(2) of the Act (CNOM)

<p>Capped expenditures for payments for allowable administrative costs, services, supports, transitional non-service expenditures, infrastructure and interventions, which may not be recognized as medical assistance under Section 1905(a) or may not otherwise be reimbursable under Section 1903, to the extent such activities are authorized as part of the Pre-Release initiative.</p>	<p>To allow for expenditures for pre-release non-services (infrastructure costs).</p>	<p>Expenditure Authority under 1115(a)(2) of the Act (CNOM)</p>
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**Appendix C: Abbreviated Public Notice**

**PUBLIC NOTICE**

**Louisiana Department of Health  
Bureau of Health Services Financing**

**1115 Demonstration Waiver Application**

The Louisiana Department of Health (LDH), Bureau of Health Services Financing (BHSF) hereby gives public notice of the Department's intent to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) a Section 1115 demonstration waiver application. This proposed waiver will provide an array of services to Medicaid eligible individuals 90 days prior to their release from prison or jail. By implementing pre-release services in the Medicaid program, LDH hopes to both enhance the current array of services available to individuals during incarceration while also connecting them to community-based providers to facilitate a smoother reentry process. Pre-release services will be available to any Medicaid eligible individual in prison or jail. All state prisons will be included in this demonstration from the outset. Select parish jails will be phased-in via a pilot approach. Eligible individuals will receive case management, medication-assisted treatment (MAT) and counseling, a 30-day supply of prescription medications upon release, mental health services including behavioral health clinical consultation, peer support

services, laboratory services, and durable medical equipment (DME).

In compliance with CMS requirements, BHSF is posting the waiver application for public comment from August 1, 2024 through August 30, 2024. CMS regulations require the Louisiana Department of Health to actively engage the public and give program participants, advocates, providers and other community stakeholders the chance to provide input regarding applications for a demonstration waiver prior to submission to CMS.

Two public hearings are scheduled for this waiver application. The first will be held on August 13, 2024, at 1:00pm at the Bienville Building, 628 North 4th Street, Baton Rouge, LA 70802, and will be available for virtual participation at: <https://us06web.zoom.us/j/84284472322>, with dial-in available at (602) 333-0032 using conference code 520621. The second will be held on August 16, 2024, at 12:00pm in the large conference room in the Shreveport Behavioral Health Clinic, 1210 North Hearne Avenue, Shreveport, LA 71107, and will be available for virtual participation at <https://us06web.zoom.us/j/81194952051>, meeting ID 273643, with dial-in available at (602) 333-0032.

The waiver application is posted to the LDH website and may be accessed at the following address:

<https://ldh.la.gov/1115reentry>. A printed copy of the waiver

application shall be made available upon request to the Department by calling (225) 342-2540 or by email to 1115reentry@la.gov. Implementation of the provisions of this waiver application is contingent upon CMS approval.

Interested persons may submit written comments to Missy Graves, P.O. Box 4049, Baton Rouge, LA 70821. The deadline for receipt of all written comments is August 30, 2024 by 4:30 p.m.

Michael Harrington, MBA, MA

Secretary

**Appendix D: Tribal Notice**



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

July 12, 2024

Tricia Mestayer  
Health and Human Services Director  
Chitimacha Health Clinic  
P.O. Box 640  
Charenton, LA 70523

Angela Martin  
Chitimacha Tribe of Louisiana  
P. O. Box 640  
Charenton, LA 70523

Mildred Darden, Clinic Office Supervisor  
Chitimacha Tribe of Louisiana  
P. O. Box 640  
Charenton, LA 70523

Marshall Pierite, Chairman  
Tunica-Biloxi Tribe of Louisiana  
P. O. Box 1589  
Marksville, LA 71351-1589

Chief Libby Rogers  
Kelly Thompson, Health Director  
The Jena Band of Choctaw Indians  
P. O. Box 14  
Jena, LA 71342

David Sickey, Chairman  
Paula Manuel, Health Director  
Coushatta Tribe of Louisiana  
P. O. Box 818  
Elton, LA 70532

Cameron Chase, Health Director  
Tunica-Biloxi Tribe of Louisiana  
P. O. Box 1589  
Marksville, LA 71351-1589

Dear Louisiana Tribal Contact:

**RE: Notification of Application for Section 1115 Medicaid Reentry Demonstration Waiver**

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009 and in accordance with federal regulations 42 CFR 431.408(b), the Louisiana Department of Health (LDH), Bureau of Health Services Financing (BHSF) is taking the opportunity to notify you of our intent to submit a Section 1115 Demonstration

Medicaid Reentry Section 1115 Demonstration Waiver

July 12, 2024

Page 2

Waiver application to the U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS) for approval.

The Section 1115 Medicaid Reentry Demonstration Waiver seeks a waiver of the federal inmate exclusion policy which will allow coverage of certain Medicaid services up to 90 days prior to an eligible person's expected release from incarceration. This demonstration waiver aims to improve care transitions and increase continuity of health coverage, reduce disruptions in care, and improve health outcomes for Medicaid-eligible individuals transitioning from correctional settings to the community. A full copy of the draft waiver application will be shared with you once it is available for review during the 30-day public notice comment period, which will begin on or around August 1, 2024.

Please forward any comments you may have by **August 11, 2024**, to Marjorie V. Jenkins, via email, at [Marjorie.Jenkins@la.gov](mailto:Marjorie.Jenkins@la.gov) or by postal mail to:

Louisiana Department of Health  
Bureau of Health Services Financing  
Medicaid Policy and Compliance  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

If you would like to request a tribal consultation to discuss the contents of this waiver request or should you have additional questions about Medicaid policy, Ms. Jenkins will be glad to assist you. You may reach her by email or telephone at (225) 342-5924. Thank you for your continued support of the tribal consultation process.

Sincerely,

*Karen H. Barnes* for  
Kimberly Sullivan, J.D.  
Medicaid Executive Director

KS/KHB/MJ

c: Brian Bennett  
Kim Sullivan  
Nancy Grano