

## MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Matthew Hambleton

**Phone Number:**

Initial ☐

Public Comment ☒

Final ☒

### Brief description of policy:

The Consolidated Appropriations Act (CAA) reentry services will require the coverage of pre-release targeted case management (TCM) and screening and diagnostic services 30 days prior to release, and post-release TCM services within 30 days following release from a public institution. The Michigan Department of Health and Human Services is working towards compliance with the CAA requirements.

### Reason for policy (problem being addressed):

The Centers for Medicare & Medicaid Services has issued guidance to states to address the requirements of section 5121 of the CAA of 2023. States are required to submit state plan amendments to be effective no later than January 1, 2025, to implement the required CAA covered reentry services.

### Budget implication:

☐ budget neutral

☒ will cost MDHHS \$ TBD, and is budgeted in current appropriation

☐ will save MDHHS \$

### Is this policy change mandated per federal requirements?

Yes. Section 5121 of Consolidated Appropriations Act of 2023.

### Does policy have operational implications on other parts of MDHHS?

Yes. Juvenile Justice.

### Does policy have operational implications on other departments?

Yes. Michigan Department of Corrections.

### Summary of input:

☐ controversial (Explain)

☒ acceptable to most/all groups

☐ limited public interest/comment

### Supporting Documentation:

State Plan Amendment Required: ☒ Yes ☐ No

If Yes, please provide status:

☐ Approved ☐ Pending

☐ Denied

Date:

Approval

Date:

Public Notice Required: ☒ Yes ☐ No

If yes,

Submission Date:

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2452-CAA	<b>Date:</b> November 27, 2024

**Comments Due:** January 2, 2025  
**Proposed Effective Date:** January 1, 2025  
**Direct Comments To:** Matthew Hambleton  
**E-Mail Address:** [hambletonm@michigan.gov](mailto:hambletonm@michigan.gov)

<b>Policy Subject:</b> Consolidated Appropriations Act Compliance	
<b>Affected Programs:</b> Medicaid, Healthy Michigan Plan, MICHild	
<b>Distribution:</b> Medicaid Health Plans (MHP), Practitioners, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), Community Mental Health Service Programs (CMHSPs), Dentists and Dental Clinics, Dental Health Plans (DHP)	
<b>Summary:</b> The Consolidated Appropriations Act (CAA) reentry services will require the coverage of pre-release targeted case management (TCM) and screening and diagnostic services 30 days prior to release, and post-release TCM services within 30 days following release from a public institution. The Michigan Department of Health and Human Services is working towards compliance with the CAA requirements.	
<b>Purpose:</b> The Centers for Medicare & Medicaid Services has issued guidance to states to address the requirements of section 5121 of the CAA of 2023. States are required to submit state plan amendments to be effective no later than January 1, 2025, to implement the required CAA covered reentry services.	
<b>Cost Implications:</b> TBD	
<b>Potential Hearings &amp; Appeal Issues:</b> Minimal	
<b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Submitted date:</b>
<b>Tribal Notification:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - <b>Date:</b> September 25, 2024	
<b>THIS SECTION COMPLETED BY RECEIVER</b>	
<input type="checkbox"/> <b>Approved</b>  <input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>No Comments</b> <input type="checkbox"/> <b>See Comments Below</b> <input type="checkbox"/> <b>See Comments in Text</b>
<b>Signature:</b>	<b>Phone Number</b>
<b>Signature Printed:</b>	
<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>

**Bulletin Number:** MMP 24-60

**Distribution:** Medicaid Health Plans (MHP), Practitioners, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), Community Mental Health Services Programs (CMHSP), Dentists and Dental Clinics, Dental Health Plans (DHP)

**Issued:** November 27, 2024

**Subject:** Consolidated Appropriations Act Compliance

**Effective:** January 1, 2025

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild

**NOTE:** Implementation of this policy is contingent upon approval of Medicaid and Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs) by the Centers for Medicare & Medicaid Services (CMS).

## **I. General Information**

CMS has issued guidance to states to address the requirements of section 5121 of the Consolidated Appropriations Act (CAA) of 2023. States are required to submit Medicaid and CHIP SPAs to be effective no later than January 1, 2025, to implement the required coverage described in section 5121 of the CAA.

All states are required to submit a Medicaid SPA or SPAs attesting that the state will provide coverage during the statutory pre- and post-release period of screening, diagnostic, and targeted case management (TCM) services for eligible juveniles who are post-adjudication and are within 30 days of their scheduled date of release from a public institution (e.g., carceral facility). States must submit a SPA no later than March 31, 2025, to have an effective date of no later than January 1, 2025.

## **II. Covered Reentry Services**

The CAA requires the coverage of screening and diagnostic services for eligible juveniles which meet medically necessary standards of medical and dental practice, and are in accordance with the early and periodic screening, diagnosis, and treatment (EPSDT) requirements, including a behavioral health screening or diagnostic services beginning 30 days prior to release from a public institution (or not later than one week, or as soon as practicable, after release from a public institution). In addition, the CAA requires the coverage of TCM services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, in the 30 days prior to release and for at least 30 days following release from a public institution.

### **III. Covered Entities**

Per CMS guidance, the CAA does not specify the types of carceral facilities where an eligible juvenile in either Medicaid or CHIP who is an inmate of a public institution would receive the specified services. Therefore, CMS interprets the statute to apply to all types of carceral facilities where an eligible juvenile post-adjudication may be confined as an inmate of a public institution. This would include state prisons, local jails, tribal jails and prisons, and all juvenile detention and youth correctional facilities. The guidance does not include federal prisons.

### **IV. Beneficiary Eligibility**

Corrections or juvenile justice staff may assist eligible juveniles with submitting an electronic application via the MI Bridges online application process or by completing a paper application. A parent/guardian or caregiver of a detained eligible juvenile may consent for juvenile detention facility staff to apply for Medicaid coverage on their behalf.

#### **A. Pre-Release TCM and Screening and Diagnostic Services**

Pre-release TCM and screening and diagnostic services will be made available to any eligible juvenile post-adjudication who meets Medicaid or CHIP eligibility requirements; is under 21 years of age or is 18 to 26 years of age and meets the requirements for former foster care; and is within 30 days of release from a public institution. An eligible juvenile is an individual who is under 21 years of age who was determined eligible for any Medicaid eligibility group, or an individual 18 to 26 years of age determined eligible for the mandatory eligibility group for former foster care children, immediately before becoming an inmate of a public institution or while an inmate of a public institution. The period of eligibility for eligible juveniles receiving TCM and screening and diagnostic services will begin 30 days prior to release. The pre-release services are not to delay an eligible juvenile's release or lead to increased involvement in the justice systems.

#### **B. Post-Release TCM Services**

Post-release TCM services will be made available to any beneficiary of any age who meets Medicaid or CHIP eligibility requirements and was a recent inmate or was involuntarily residing as an inmate of a public institution. The period of eligibility will end 12 months following release.

### **V. Provider Qualifications**

Screening and diagnostic services will be available to be furnished by licensed medical, dental, and/or behavioral health professionals operating within their state law defined scope of practice who are employed by Medicaid-enrolled carceral and/or community-based health care providers.

The TCM provider must be enrolled as a Michigan Medicaid provider and have the capacity to provide all core elements of case management services, including:

- comprehensive beneficiary assessment;
- comprehensive care plan development;
- linking/coordination of services;
- monitoring and follow-up of services; and
- reassessment of the beneficiary's status and needs.

Providers that will be able to enroll as a TCM provider for reentry services may be a:

- Community Mental Health Services Program (CMHSP);
- Federally Qualified Health Center (FQHC);
- Rural Health Clinic (RHC);
- Tribal Health Center (THC);
- Tribal Federally Qualified Health Center (Tribal FQHC); or
- Carceral Facility (e.g., state prison, local county jail, juvenile detention facility, etc.)

All providers must be enrolled through the Community Health Automated Medicaid Processing System (CHAMPS).

## **VI. Provider Enrollment**

Public institutions (i.e., juvenile facilities, county jails, state prisons) seeking reimbursement for covered services to Medicaid beneficiaries are required to be Medicaid-enrolled providers. To enroll as a Medicaid provider, a public institution provider must obtain a Type 2 (Organization) National Provider Identifier (NPI) and complete an online application in the CHAMPS. Individual providers (e.g., physicians, non-physician practitioners, dentists, etc.) within the carceral setting must be enrolled in CHAMPS as Type 1 (Individual) providers using their NPI and associated to the Type 2 (Organization) public institution NPI.

CHAMPS enrollment instructions can be found on the [Michigan Department of Health and Human Services \(MDHHS\) Provider Enrollment page](#). Public institutional providers and associated individual providers are subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers chapter of the [MDHHS Medicaid Provider Manual](#).

## **VII. Complying with the Requirements of the Consolidated Appropriations Act**

MDHHS is working towards compliance with the CAA requirements by January 1, 2025. MDHHS is actively engaging with CMS as well as internal and external stakeholder groups to determine provider readiness, current reentry services and supports being delivered, and enrollment processes that are being performed to facilitate and operationalize the implementation of Medicaid policy to address the CAA requirements. Michigan Medicaid is preparing and working towards compliance detailed in the CAA by January 1, 2025, however, facility and or provider readiness may vary. MDHHS submitted a formal Medicaid

Reentry Section 1115 Demonstration application to CMS in September 2024. Michigan intends to fully subsume the CAA requirements into the Demonstration. The coverage of services by Medicaid are contingent on CMS approval. Further information, including a more comprehensive policy or policies, will be made available and published in upcoming communications.

## **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Matthew Hambleton at [HambletonM@michigan.gov](mailto:HambletonM@michigan.gov).

Please include "Consolidated Appropriations Act Compliance" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## **Approved**



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration