



Utah Medicaid Justice Involved Re-entry Program Operational Guide

2026

Introduction

Dear correctional partner,

Thank you for your commitment and collaboration in our shared mission to support individuals transitioning from incarceration back to the community. Together we are building a bridge that encourages and promotes continuity of care. Your participation in the Medicaid Justice Involved Re-entry Program is invaluable, and we deeply appreciate your efforts.

The goals of this initiative are twofold. First, we aim to stabilize the health and well-being of individuals during the critical period before their release. Second, we strive to create a seamless bridge to community-based care. Through a comprehensive package of targeted services - intensive case management, Medication-Assisted Treatment for substance use disorders, a 30-day supply of prescription medications upon release as necessary and clinically appropriate, and other clinical services - we are working to:

- Reduce recidivism
- Improve community safety
- Decrease emergency room visits and hospitalizations
- Increase funds available for carceral reinvestment
- Lower the risk of death and overdose following release

This operational guide will detail the different elements, procedures, and initiatives that are essential for building a successful re-entry program for all parties involved, to include carceral facilities, community-based organizations, accountable care organizations, and the Department of Health and Human Services (DHHS).

Sincerely,

Utah Medicaid

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Glossary

- **Accountable Care Organization (ACO):** A Managed Care Organization that contracts with the Department of Health and Human Services (DHHS) to manage and provide medical services to its enrollees.
- **Alcohol Use Disorders Identification Test (AUDIT):** A 10 item screening tool developed by the World Health Organization to assess alcohol consumption, drinking behaviors, and alcohol related problems.
- **Authorized representative:** Individual who has legal authority to act on behalf and make decisions for an individual.
- **Community-based organization (CBO):** An organization located in the community environment that provides services related to the Justice Involved Re-entry Program.
- **Children's Health Insurance Program (CHIP):** The Children's Health Insurance Program, or CHIP, is a state health insurance plan for uninsured Utah kids and teens.
- **Change report:** A document utilized by an individual to report changes to situation to the Department of Workforce Services (DWS) to maintain current enrollment in public assistance benefit programs.
- **Community Health Worker (CHW):** An individual who works to improve social determinants of health and acts as an intermediary between a community and health services or social services to facilitate access to services. A CHW may also work to improve the quality and cultural competency of service delivery and increase health knowledge and self-sufficiency of an individual or a community through outreach, capacity building, community education, informal counseling, social support, and other similar activities.
- **Daily Living Assessment-20 (DLA-20):** Comprehensive tool that measures quality of life indicators, tracks progress, and enhances care of behavioral health providers.
- **Data Sharing Agreement (DSA):** A contract that outlines how data will be shared and used by two or more parties.
- **Department of Health and Human Services (DHHS):** The state agency commonly referred to as "the Department" and responsible for addressing health challenges, health outcomes, and social determinants of health for the state of Utah and its population.

- **Department of Workforce Services (DWS):** A state agency that assists Utahns in applying for Medicaid. DWS conducts eligibility determinations for all Medicaid applications and tracks eligibility status in a shared electronic interface with Utah Medicaid.
- **DHHS required measures:** Data elements that DHHS needs in order to properly monitor and evaluate, as well as report back to the Centers for Medicare and Medicaid Services (CMS) and independent evaluators regarding the Justice Involved Re-entry Program.
- **Durable medical equipment (DME):** Equipment that is used for medical purposes that can withstand repeated use. Some examples include wheelchairs, nebulizers, and blood sugar meters.
- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT):** EPSDT services are available at no cost to Medicaid members from birth through the end of the month of their 21st birthday. Benefits include well-child check-ups performed throughout a child's development that include services such as preventative physical exams, hearing and vision screenings, mental healthcare, as well as access to all necessary immunizations. If there are additional medical concerns, EPSDT works with the doctor to ensure the child is given appropriate and necessary care. EPSDT dental provides preventive, as well as restorative dental care.
- **Eligibility Lookup Tool (ELT):** Online tool that allows a provider to electronically view a member's Medicaid eligibility and plan enrollment information. The ELT also indicates if the patient is restricted to a specific provider and if the patient is responsible for copays.
- **Federally Facilitated Marketplace (FFM):** Organized marketplace for health insurance plans operated by the U.S. Department of Health and Human Services at healthcare.gov.
- **Health-Related Social Needs (HRSN):** Social and economic needs that individuals experience that affect their ability to maintain their health and well-being.
- **Health Insurance Portability and Accountability Act (HIPAA):** The 1996 U.S. federal law that protects sensitive health information by establishing national standards for safeguarding it, making it easier for people to keep their health insurance, and helping the healthcare industry control administrative costs. Its core components are the HIPAA Privacy Rule, which sets standards for the use and disclosure of an individual's health information, and the HIPAA Security Rule, which requires reasonable and appropriate safeguards for electronic health information.

- **Managed care plans (MCPs):** Managed care entities that provide medical, dental, and behavioral health services to eligible Medicaid and CHIP members.
- **Medicaid state plan:** An agreement between a state and the federal government that describes how that state administers its Medicaid program.
- **Medical release form:** A legal document that gives healthcare providers permission to share a patient's medical information with other parties. It can also be known as a consent form or authorization.
- **Medication-Assisted Treatment (MAT):** A complete approach to treating substance use disorders (SUDs), such as opioid addiction and alcohol use disorder. It combines medications with counseling, behavioral therapies, and other support services to help individuals achieve and maintain long-term recovery. The Medicaid covered drugs are available [online](#).
- **National Provider Identifier (NPI):** A 10 digit number that is a unique identifier for healthcare providers assigned by the Center for Medicare and Medicaid Services (CMS) used for billing and administrative transactions.
- **Office of the Medical Examiner (OME):** Investigates all sudden, unexpected, violent, suspicious, or unattended deaths in Utah. This includes deaths related to accidents, homicides, suicides, and those without clear medical explanations. The OME determines the cause of death (the injury, illness, or disease that made the person die) and the manner of death (the general category of death, including natural, accident, homicide, suicide, or undetermined) for each case that we work on.
- **Person-centered care plan:** A personalized plan for an individual's healthcare and support needs.
- **Patient Health Questionnaire 2/9 (PHQ-2/9):** Self-administered diagnostic instrument for the identification of Major Depressive Disorder symptoms.
- **Prepaid Mental Health Plans (PMHPs):** Provide inpatient mental healthcare and outpatient mental health and substance use disorder services. Medicaid members enrolled in a PMHP must get inpatient and outpatient behavioral health services through their PMHP.
- **Pre-release case management:** Case management is a central piece of the Justice Involved Re-entry Program. Pre-release case management is expected to actively build a bridge to post-release Medicaid services. It includes the following activities: 1) comprehensive assessment and reassessment of individual needs; 2) development (and regular revision) of a person-centered care plan based on the

information collected through the assessment; 3) referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed, supportive, and stabilizing services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and 4) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary.

- **Provider Reimbursement Information System for Medicaid (PRISM):** Utah Medicaid's billing system that allows Medicaid enrolled providers to submit claims and prior authorizations.
- **PRISM provider number:** Unique identifier for providers enrolled as Medicaid providers.
- **Readiness Assessment:** A survey for carceral facilities that outlines requirements for operationalizing the program and assess current facility readiness to provide required services.
- **Redetermination application:** Form sent to Medicaid members to collect information used in completing a member's Medicaid renewal. Also known as an eligibility review.
- **Social Determinants of Health (SDOH):** Non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (e.g. education, working life conditions, housing, food insecurity, early childhood development).
- **Substance use disorder (SUD):** A problematic pattern of intoxicating substance use leading to clinically significant impairment or distress.
- **Utah Medicaid:** A state/federal program operating under the Department of Health and Human Services that pays for medical services for certain groups of people who have limited income and resources.
- **Utah Medicaid fair hearing:** A legal process that allows individuals to challenge certain Medicaid decisions. When a Medicaid member, provider, or another interested party is dissatisfied with an action taken by Utah Medicaid, a hearing may

be requested by filling a hearing request with the DHHS Office of Administrative Hearings.

- **Utah Medicaid Integrated Care (UMIC):** A Utah managed care organization that contracts with DHHS to provide medical and behavioral services to its Enrollees.
- **Utah scope of practice statutes:** Laws that define activities a person licensed to practice as a health professional is allowed to perform in the state of Utah.
- **Warm handoff:** The process of handing over an individual's case/person-centered care plan from one case manager to another. The transferring case manager provides a comprehensive overview of the individual's case, including their background, current needs, treatment plan, progress made, and any potential concerns.
- **Women, Infants, and Children program (WIC):** WIC provides nutrition and breastfeeding services, and supplemental foods to pregnant women, mothers, infants, and children up to their 5th birthday. WIC offers nutritional education, personalized breastfeeding support, and referrals to other public health programs.
- **Verification checklist:** A checklist of documents and information requested, and required, by DWS in order to make accurate eligibility determinations for public assistance benefits.
- **Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT):** Tool used to assess the needs of people experiencing homelessness to help determine the most appropriate services and housing options.
- **42 CFR Part 2 (Part 2):** Protects "[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States." Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.

1115 Demonstration approval

On July 2, 2024, the Centers for Medicare and Medicaid Services (CMS) granted approval of Utah's request to amend the Section 1115(a) demonstration "Medicaid Reform 1115 Demonstration" to provide limited coverage for services furnished to certain incarcerated individuals up to 90 days immediately prior to the individual's expected date of release.

All services provided will follow the regulations governing privacy including, but not limited to, [HIPAA](#) and [42 CFR](#).

Utah Medicaid submitted a Re-entry Demonstration Initiative Implementation Plan to CMS. The plan demonstrates Utah's approach to meeting the five milestones required by CMS in the State Medicaid Director Letter #23-003, including:

1. Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
2. Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.
3. Promoting continuity of care.
4. Connecting to services available post-release to meet the needs of the re-entering population.
5. Ensuring cross-system collaboration.

This implementation plan can be reviewed on the Utah Medicaid Justice Involved Re-entry Program webpage: [Justice Involved Program - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare](#)

Utah Medicaid also submitted a reinvestment plan, demonstrating how all new federal dollars for services previously covered by carceral facilities will be reinvested. Allowable reinvestments focus on improving community-based physical and behavioral health services, health information technology and data sharing, and community-based provider capacity. The amount that a state pays to cover new, enhanced or expanded pre-release services authorized under the demonstration may also count toward the state's reinvestment obligation. Funds invested, and reimbursed, within a carceral facility will allow services to be improved and expanded within the carceral facility.

Right to apply for Medicaid

One of the crucial goals of the Justice Involved Re-entry Program is to increase coverage for individuals currently incarcerated, and for those leaving incarceration. This allows all individuals entering a carceral facility the opportunity to apply for Medicaid services (if not currently enrolled), or update (via a change report) their current situation (if already enrolled) in order to remain eligible and enrolled in Medicaid. As with all Medicaid programs, incarcerated individuals are not required to apply for Medicaid or participate in services available under respective benefit programs.

As stated in the Utah Medicaid Eligibility Policy Manual, [Section 105 Rights of Applicants and Recipients](#):

“To ensure applicants and recipients receive benefits to which they are entitled, Federal and State law specify:

1. Individuals have the right to receive information about Medicaid, Medicare Cost-Sharing Programs and Utah's Premium Partnership (UPP). See [600](#) for information about program benefits and services.
2. Individuals also have the right to receive information about related programs such as: other insurance affordability programs through the FFM, Advance Premium Tax Credits, EPSDT, CHIP, WIC, food stamps, energy assistance, financial assistance, employment planning, child care, skills training, etc. Individuals who are age 19-64 have the right to receive information explaining the benefits and eligibility requirements of the Disability Medicaid program.
 - a. Case managers and eligibility representatives should explain programs for which they determine eligibility, and offer referrals to appropriate agencies for more information about other related programs.
 - b. Refer individuals to <https://medicaid.utah.gov/additional-information/> for additional information regarding their rights and responsibilities.
3. Allow individuals to apply or reapply for medical assistance at any time with one exception: applications for the Utah's Premium Partnership will be accepted only during open enrollment periods. If enrollment has been stopped for Adult Expansion or the Utah Premium Partnership program (or both), and the individual does not appear to be eligible for another medical program, the worker will send a

denial notice saying it is not an open enrollment period and that they can reapply during an open enrollment period.

- a. When needed, help individuals complete an application form. Applicants can apply online at <https://jobs.utah.gov/mycase/>."

Facility journey

1. Review operational guide.
2. Complete the Readiness Assessment.
3. Engage in a Readiness Assessment review and implementation planning development with Medicaid.
 - a. Identify gaps and devise plans to align with Medicaid standards and requirements.
 - b. Establish pharmacy contracts and procedures for dispensing prescriptions upon release.
4. Enroll as a Medicaid provider.
 - a. Carceral facility will enroll as a [“Facility, Agency, Organization”](#) provider type.
5. Data Sharing Agreements and Memorandums of Understanding (MOU) with:
 - a. Utah Commission on Criminal & Juvenile Justice (CCJJ)
 - b. DHHS
 - c. DWS
 - d. MCPs
6. Identify an application pathway with DWS.
7. Identify Medicaid billing methodology.
8. Ensure case managers receive Office of Substance Use and Mental Health case management [training and certification](#).
 - a. Develop an asset map of CBOs within the community network.
9. Take necessary steps to become a [HIPAA covered entity](#).

Readiness Assessment

To support implementation of the Justice Involved Re-entry Program, Medicaid has created a Readiness Assessment. The Readiness Assessment is a survey for carceral facilities that outlines requirements for operationalizing the program and assess current facility readiness in order to provide the required services.

If a carceral facility is interested in pursuing a partnership with Medicaid and implementing the Justice Involved Re-entry Program, the Readiness Assessment must be completed and reviewed by Medicaid. Medicaid will verify that all of the required elements are present before going live. Each submission will be reviewed by Medicaid team members and assessed for mandatory minimum requirements readiness.

Any operational elements that have been identified as not meeting the mandatory minimum requirements, will be the focus of targeted assistance, provided by Medicaid, to help build policy and procedure within the carceral facility. Upon development of further policy and procedures to meet requirements for implementation, a second Readiness Assessment submission will be completed to document and verify that all required services are being provided.

The Readiness Assessment can be found at the following link:

<https://redcap.link/readinessassessment>

The following chapters of this guide has an overview of the [minimum elements required](#). Appendix A also has a complete list of operational elements and the corresponding questions that are present to assess each element.

DHHS recommends that you have the [operational elements](#) section reviewed and open, prior to beginning the Readiness Assessment.

Mandatory minimum services

Carceral facilities may opt for a phased approach in implementing the Justice Involved Re-entry Program. They must, however, provide the minimum services as detailed below.

On April 17, 2023, CMS released the State Medicaid Director Letter ([SMD# 23-003](#)) with guidance for demonstration projects under Section 1115. This letter detailed the mandatory minimum services required for the Re-entry Section 1115 Demonstration Opportunity. These services are defined as:

- 1) Case management to assess and address physical and behavioral health needs and HRSN;
- 2) MAT services for all types of SUD as clinically appropriate, with accompanying counseling;
- 3) A 30-day supply of all prescription medications that have been prescribed for the beneficiary at the time of release*, provided to the beneficiary immediately upon release from the correctional facility.

*The 30-day supply of prescription medications should be dispensed as clinically appropriate based on the medication and the indication.

Further chapters detail services that can be provided under a model of full implementation.

Medicaid provider enrollment

All carceral facilities, as well as contracted or employed physical and mental health providers, will be required to enroll as Medicaid providers in order to provide services under the Justice Involved Re-entry Program.

Prior to enrolling as a Medicaid provider with the state of Utah, an organization or individual must first receive an National Provider Identification (NPI) number from the National Plan and Provider Enumeration System (NPPES). CMS has provided resources on [how to apply](#).

After reviewing the CMS resources, organizations will need to utilize the [NPPES system](#) to apply for an NPI. Both individual providers and the carceral facility will require an NPI.

After receiving an NPI, carceral facilities will enroll as a Facility, Agency, Organization (FAO) provider type with Utah Medicaid. A step-by-step walkthrough on how to enroll as a FAO provider can be found [here](#). After the Medicaid provider application is completed, staff will review and reach out with any questions. Applications typically take two weeks to 30 days to review and approve.

Different provider types are available and should be appropriately selected when enrolling contracted and employed health providers, as they will not be covered by the FAO provider enrollment.

Additional video guides are available on the [Utah Medicaid PRISM Provider Training Website](#) under the heading “Enrolling as a New Provider”.

For more information about Utah Medicaid providers, please review the [General Information Provider Manual](#).

All provider manuals can be found on the [Utah Medicaid Official Publications](#) webpage.

Application at incarceration intake

While it is acknowledged that each carceral facility will need to work collaboratively with DHHS and DWS to develop procedures for Medicaid screening, application assistance, and application maintenance that meet the needs of all parties, there are key components necessary.

Initial application

- 1) At the time of booking into the carceral facility, all individuals should be screened for existing Medicaid enrollment using the [Eligibility Lookup Tool \(ELT\)](#) or [PRISM](#).
 - a) Facilities must have an active [NPI](#) or [PRISM Provider Number](#) to use the ELT.
 - i) To receive information on how to use the ELT, visit [ELT Training](#).
 - b) If an individual is currently enrolled in Medicaid, skip to step 3.
- 2) Individuals that are **not** currently enrolled in Medicaid **must** be given the opportunity to complete an application for Medicaid with help from the carceral facility or a contracted third party vendor.
 - a) The carceral facility should be added as an “Authorized Representative” when completing the application. This allows the carceral facility to receive information about the applicant, in order to complete the application process.
 - b) The mailing address provided on application should be a current mailing address, within the carceral facility so the incarcerated individual will be able to receive important case information.
 - c) For information about completing a Medicaid application, visit [Application Walk Through](#).
- 3) Individuals that are currently enrolled in Medicaid must complete and submit a change report, or have one completed or submitted on their behalf. This will indicate incarceration and provide an updated mailing address so they can receive any and all mail related to their Medicaid case.
- 4) It is likely that the DWS will require additional information in order to process the application to completion and make an accurate eligibility determination. It is the responsibility of the carceral facility to provide applicants with the assistance required to provide any necessary verifications while still incarcerated.

- a) Individuals, and the carceral facility, will be notified of additional information needed by a mailed "Verification Checklist".

Redetermination

- 1) There will be times when individuals are incarcerated and their Medicaid eligibility needs to be reviewed. This is called an eligibility renewal, redetermination or review.
 - a) DWS will first attempt to automatically renew benefits based on existing information. If they are unable to automatically complete the review, redetermination forms will be sent.
 - b) This will require the incarcerated individual to complete a review. The forms will be mailed to them at their current mailing address or emailed to them to complete an online redetermination application via [myCase](#).
- 2) Carceral facilities have the responsibility to have designated staff available to assist individuals with the eligibility renewals.
 - a) To receive information on how to complete Medicaid redetermination, visit [Paper Review Walk Through](#).

Change report

Change reports are used whenever an individual currently enrolled in Medicaid needs to report a change of information, like their address, income, pregnancy or marital status, or living situation. Changes must be reported within 10 days of learning about the change.

In the context of the Justice Involved Re-entry Program, a change report must be submitted for individuals who are already enrolled in Medicaid, upon intake into the carceral facility. The change report will be used by the Medicaid enrollee and the carceral facility to report a change in address, incarceration status, and any other changes that the Medicaid member needs to report.

In addition, change reports will likely be used by pre-release case management to help enrollees report changes to information, including post-release contact and address, during re-entry planning to verify that all information is current and accurate.

An example of the change report is available [online](#). Change reports can also be submitted online via [myCase](#). Change reports will be processed by DWS and will update Medicaid cases appropriately.

Memorandums of Understanding and Data Sharing Agreements

Successful implementation of the Justice Involved Re-entry Program within carceral facilities requires formal agreements that establish responsibilities, protect data, and ensure coordination across entities. The agreements include Memorandums of Understanding (MOUs) to define roles and processes and Data Sharing Agreements (DSAs) to safeguard and manage the flow of protected health information.

At a minimum, these MOUs and DSAs will include (1) MOU and DSA between the Department of Health and Human Services (DHHS) and the carceral facility, (2) MOU and DSA between the carceral facility and Utah Commission on Criminal and Juvenile Justice (CCJJ) and a (3) Written agreement between the carceral facility and the managed care plan (MCP).

The following outlines the required agreements by entities involved in the program.

1. Carceral facilities and DHHS

- MOU
 - Defines services provided by the facility.
 - Establishes reporting requirements for the Justice Involved Re-entry Program.
 - Details supports provided by DHHS.
- DSA
 - Enables secure sharing of incarceration dates, member names, Medicaid application data, and case management documentation.

2. Carceral facilities and CCJJ

- MOU
 - Ensures that data is provided to CCJJ in a timely manner to allow the “eligibility portal” to operate effectively.
- DSA

- Allows an active “eligibility portal” that transmits real-time data to DHHS and DWS regarding incarceration intake, release dates, and personally identifiable information (PII).
- Allows DWS to process applications correctly and ensure that individuals are receiving the justice involved benefit package as soon as they are eligible.

3. Carceral facilities and MCPs

- Written agreement
 - A written agreement is necessary to ensure that each party understands their respective responsibilities related to post-release case management and allows the warm-handoff to operate successfully.

Pre-release services and warm handoff

The following benefits (outlined in the Justice Involved Re-entry Program Benefits table) will be available to eligible individuals 90 days before release or for CHIP members, 30 days before release. All services provided in the carceral setting, within the 90-day, or 30-day, pre-release period will be claimed, billed, and paid for by the Utah Medicaid fee for service delivery system. Further benefits will be available to individuals in the post-release period. The information in this document provides a high-level overview of covered services available to eligible Medicaid members in a carceral facility. For specific information on covered services, Utah Medicaid encourages all providers to obtain information from the corresponding Utah Medicaid Provider Manual. A list of all provider manuals for covered services and general provider information may be found on the Utah Medicaid website in the [Directory Contents](#).

Pre-release covered services

Justice Involved Re-entry Program Benefits
<ul style="list-style-type: none">• Pre-release re-entry Targeted Case Management services• Physical and behavioral health clinical services• Laboratory and radiology services• Durable medical equipment, upon release• Medications and medication administration on all Medicaid preferred drugs• Medication-Assisted Treatment, including all United States Food and Drug Administration-approved medications and coverage for counseling• A 30-day supply of medication in-hand, upon release, as clinically appropriate

Pre-release targeted case management

The purpose of pre-release targeted case management services (case management) is to coordinate care and services for members before being released from a carceral facility. This makes sure that each member has been linked to appropriate social services and helped to arrange necessary appointments to access care. The pre-release case manager will provide a warm handoff by helping the member connect with post-release case management services, when available.

All case managers must be certified as a Targeted Case Manager by the Utah Office of Substance Use and Mental Health (OSUMH). Case managers possessing this certification provide services to assist members in accessing physical health services, behavioral health services, basic care needs, housing, educational, and social support services. This goal is accomplished through the development of a personalized care plan, the assessment of present needs, and the coordination of care and services. Case management services may be provided in person or via telehealth.

For information on the Targeted Case Management certification, please visit the [Office of Substance Use and Mental Health Case Management website](#).

To view the Targeted Case Management Provider Manual, please visit the [Utah Medicaid Official Publications page](#).

All pre-release case management services will be administered to members within the 90-day timeframe of eligibility before being released. Pre-release case management services will include:

- Administering a health risk assessment to assess the needs of the member and develop a person-centered care plan with the member present to address physical and behavioral health needs prior to release and to develop a discharge/re-entry plan. The person-centered care plan should include input from the clinical staff, the prison/jail re-entry planning team, and the member.
- Obtaining informed consent, when necessary, to provide services and share information with other entities in order to coordinate care for pre- and post-release services.
- Providing warm handoffs with managed care plan (MCP) case managers when a member has been assigned to a plan and respective case manager for coordination of care. This process will include the dissemination of information to the MCP case managers, including the member's transition care plan and any other pertinent information to ensure a successful discharge for the member.
- Scheduling post release appointments with in-network physical and behavioral health providers, as relevant to the member's needs. This includes referrals to appropriate mental health and substance use disorder providers, as determined necessary based on the assessed needs of the member.

- Pre-release case managers will use PRISM to determine which MCP the member is enrolled with and schedule appointments with providers that are in-network.
- Assisting the member in identifying available community social supports, including educational, social, vocational, housing, language services, transportation, and any other entity to assist the member in addressing Social Determinants of Health (SDOH). This will also include providing the member with in-network provider information.

Scheduling case management assessment

- The pre-release case manager will conduct an in-person or face-to-face assessment when available. If this is not an option, telehealth services may be used.
- When conducting the needs assessment, the case manager should take into consideration all of the member's current needs, as well as any potential needs following release from the facility. The needs assessment should take place at the beginning of case management and include the following:
 - **Physical health needs assessment:** Review any prior medical issues impacting the member today, identify potential for undiagnosed medical conditions, medication needs, DME needs, primary care needs or any specialty physician care needs.
 - **Mental health needs assessment:** Review any prior mental health treatment or diagnoses, use evidence-based screening tool to identify potential or current mental health needs, identify potential need or benefit from long-acting injectable, identify potential linkages to mental health providers, identify potential discharge needs for mental health including outpatient services, intensive outpatient services, residential care, or medication management needs.
 - **Substance use disorder needs assessment:** Review any prior substance use disorder treatment or diagnoses, use evidence-based screening tool to identify potential or current substance use disorder needs, identify potential need for MAT or long-acting injectable, identify potential links to substance use disorder providers, identify potential links to substance use disorder services, and provide referral to any appropriate level of care.

- **Housing needs assessment:** Identify planned housing once released and identify housing needs.
- **Social Determinants of Health (SDOH) assessment:** Assess member's needs once released, including access to medical services, transportation, communication (phone/email access), social supports, nutritional needs, and occupational needs.
- **Functional needs assessment:** Assess the member's ability to function in the community independently or identify needed supports in order to function on a daily basis. This may include the assessment of the member's ability to engage in and complete activities of daily living.
- The care plan will include goals developed by the member and case manager. The goals will be individualized and will use the SMART framework (specific, measurable, attainable, realistic, and time specific).
 - The care plan can be reviewed [below](#).

Physical and behavioral health clinical services

Physical or behavioral health clinical services will be provided in person or via telehealth, as needed to diagnose health conditions, provide treatment as indicated, and support the pre-release discharge team in the discharge planning and care planning processes.

- Physical health services should address the following:
 - Diagnosis, stabilization, and treatment of the member in preparation for release. This may include orders for radiology, laboratory services, medications, or durable medical equipment (DME).
 - Physical health clinical consultations will include applicable evaluation and management (E/M) CPT codes to diagnose, treat, and stabilize physical healthcare conditions.
- Behavioral health services should include:
 - Clinical assessment, patient education, therapy and counseling services (group and individual), peer support, and case management.

Caseload

As a best-practice, Utah Medicaid recommends pre-release case managers to have limitations on caseload sizes when providing services to inmates. It is recommended maximum caseload sizes for pre-release case managers be set to 30 inmates at a time. This

caseload size allows case managers to provide individualized services to each inmate and develop a personalized care plan and post-release care plan to ensure optimal opportunity for success following release.

Delivery of services

- In-person
 - Services will be provided in-person, whenever possible.
- Telehealth services
 - Telehealth will be an integral form of treatment delivery for the Justice Involved Re-entry Program. Services for case management and clinical services may be provided via video or audio-only telehealth.

Laboratory and radiology services

Laboratory and radiology services will be provided consistent with the State Plan.

- Please refer to the [Utah Medicaid State Plan](#) for information on covered laboratory and radiology services.

Medications and medication administration

Medications and medication administration will be provided and covered consistent with the Utah Medicaid State Plan on all Medicaid preferred drugs and current pharmacy formulary.

Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment for managing withdrawal symptoms or treating substance use disorders includes coverage for all United States Food and Drug Administration approved medication and counseling services. These medications include, but are not limited to, buprenorphine, methadone, or naltrexone. They may be provided to all Medicaid eligible members when clinically appropriate, including the following:

- Alcohol use disorder
- Opioid use disorder
- Psychosocial services including the assessment, individual/group counseling, patient education, prescribing, administering, dispensing, ordering, monitoring, and management of medications.

Medications upon release

When the member is released from the facility, they will have in hand a 30-day supply of all available prescribed medications, when clinically appropriate. The pre-release case managers will help the member find a primary pharmacy for prescription refills after they are released. The post-release case managers will help the member access pharmacy services, as necessary.

Durable medical equipment (DME) upon release

Members in need of DME services will be evaluated within the 90-day pre-release period. Facility practitioners will make arrangements for the member to have the necessary DME, as prescribed, once they are discharged from the facility.

Warm handoff

When a member is nearing their release date, a warm handoff will be completed between the pre-release case manager and the post-release case manager. They will use a virtual video conferencing platform. The pre-release case manager must ensure, when necessary, a release of information has been completed to exchange protected information on the member's behalf. The release of information will be governed by the written agreement entered into by the MCP and the carceral facility.

Pre-release case managers will be responsible for determining if a program participant will receive post-release case management through a MCP or through a PMHP, and coordinate with the appropriate parties.

During the warm handoff process, the pre- and post-release case managers will discuss all pertinent information related to the member, review the current care plan, review post release needs, and share the care plan created with the member.

A weekly exchange of members' information who are nearing release, will be delivered to the applicable managed care entity by the pre-release case managers. This will help make sure there is adequate staffing and enable successful post-release continuity of care. In addition to a weekly exchange of information, a care coordination meeting will be held to ensure that the post-release care management is aware of and prepared for the individuals who will be exiting incarceration. This meeting will be organized and facilitated by the

pre-release case managers.

If a member is working with both a MCP, as well as a PMHP, both plans will be involved in crafting a joint warm handoff.

Community Health Workers

Services provided by Community Health Workers (CHWs) under this demonstration waiver are allowed when they are provided in a participating carceral facility, to eligible Medicaid members, and within the 90-day pre-release period. According to [SB 104](#), a Community Health Worker is an individual who:

- Works to improve social determinants of health.
- Acts as an intermediary between a community and health services or social services to:
 - Facilitate access to services; or
 - Improve the quality and cultural competence of service delivery; and
 - Increase health knowledge and self-sufficiency of an individual or a community through outreach, capacity building, community education, informal counseling, social support, and other similar activities.

CHWs who provide pre-release services under the Justice Involved Re-entry Program will assist members in accessing resources and services within the carceral facility, assist in the discharge process, improve health outcomes through education and encouragement of maintaining health-related goals, and assist in navigating the healthcare and jail/prison release system.

CHWs must be certified through the [Department of Health and Human Services Office of Health Equity](#) in order to provide services to members under the waiver program guidelines. CHWs must maintain their certification and provide services within the scope of their license as described in [R380-350-1](#). In order to enroll as a Medicaid provider, CHWs must have their certification at the time of enrollment with Utah Medicaid.

Post-release services

Post-release case management will be provided by a MCP or by FFS community-based providers. The goal of this case management is to increase the continuity of care, address changing needs of the member as they transition out of incarceration, and to address basic needs, in order to support re-integration into the community. The services detailed below will be provided in the post-release environment.

Post-release case management services

All case managers must be certified as a Targeted Case Manager by the Utah Office of Substance Use and Mental Health (SUMH) unless they are externally licensed Social Service Workers (SSW). Case managers who have this certification, provide services to assist members in accessing physical health services, behavioral health services, basic care needs, housing, educational, and social support services. This goal is accomplished through the development of a personalized care plan, the assessment of present needs, and the coordination of care and services. Case management services may be provided in person or via telehealth.

For information on the Targeted Case Management certification, please visit the [Office of Substance Use and Mental Health Case Management](#) website.

To view the Targeted Case Management Provider Manual please visit the [Utah Medicaid Official Publications](#) webpage.

For members who will be enrolled in fee for service Medicaid upon release, post-release targeted case management services will be provided by community-based providers who are enrolled with Utah Medicaid and may be part of a group practice, facility, or local mental health authority. It is essential for the pre-release case managers to perform a warm handoff with the post-release case manager in order to connect the member to services and coordinate care prior to release.

Post-release case management services will be provided by the MCP case managers for members who are enrolled in managed care, after a completed warm handoff facilitated by the pre-release case manager. Weekly exchanges of members' information that are nearing release will be delivered to the applicable managed care entity by the pre-release

case managers in order to ensure adequate staffing and to enable successful post-release continuity of care. Case management services provided by the MCP should be detailed in the care plan. The following is a guide for post-release case management services to be delivered, at a minimum:

- **Post-release case managers**

- Prior to a member's release from the facility, the post-release case manager will meet with the current care team, including the incarcerated member, either virtually or at the carceral facility to identify post release needs for the members, as necessary.
 - During this meeting, the post-release case manager will be informed of any scheduled post-release appointments and other needs, in order to best assist the member when they are released. This may include preparing for transportation assistance, communication assistance (telephone or email), housing, etc.
- Once the member has been released from the facility, the post-release case manager will attempt to contact the member in-person, if possible, or by telephone/video conference, if not possible, on the day of release or as soon as practical. Once contact has been made, the post-release case manager will reassess the member for any changes in needs and to identify possible barriers to care.
 - The case manager will perform a needs assessment with the member and create a person-centered care plan based on the reassessment and the member's reported needs.
 - The needs assessment will address the following areas in order to update the care plan that meets the ongoing needs of the member:
 - **Physical health needs assessment:** Review any prior medical issues impacting the member currently, identify potential for undiagnosed medical conditions, medication needs, DME needs, primary care needs or any specialty physician care needs.
 - **Mental health needs assessment:** Review any prior mental health treatment or diagnoses, use evidence-based screening tool to identify potential or current mental health needs, identify potential need or benefit from long-acting

injectable, identify potential linkages to mental health providers, identify potential discharge needs for mental health, including outpatient services, intensive outpatient services, or residential care.

- **Substance use disorder needs assessment:** Review any prior substance use disorder treatment or diagnoses, use evidence-based screening tool to identify potential or current substance use disorder needs, identify potential need for MAT or long-acting injectable, identify potential links to substance use disorder providers, identify potential links to substance use disorder services, and provide referral to any appropriate level of care.
- **Housing needs assessment:** Identify current housing and any housing needs, now or in the future.
- **Social Determinants of Health (SDoH) assessment:** Assess member's needs once released, including access to medical services, transportation, communication (phone/email access), social supports, nutritional needs, housing needs and occupational needs.
 - Addressing the SDoH will require connecting individuals to long-term services and support (LTSS) services, and community-based organizations that provide essential services and resources.
- **Functional needs assessment:** Assess the member's ability to function in the community independently or identify needed supports in order to function on a daily basis. This may include the assessment of the member's ability to engage in and complete activities of daily living.

Member assignment post-release

When released from a carceral facility, eligible members will have access to medically necessary Medicaid-covered services.

Members who are eligible for enrollment in a MCP will be assigned to a plan based on the post release address reported on the Medicaid application or during re-entry case management. Current plan enrollment processes will be followed (e.g. family reconnect, prior enrollment with an ACO/UMIC plan, round robin, etc.). MCPs provide medical and/or behavioral health services to eligible Medicaid and CHIP members.

Members who live in Utah, Salt Lake, Davis, Weber, Box Elder, Cache, Iron, Morgan, Rich, Summit, Tooele, Wasatch, or Washington County must choose an accountable care organization (ACO) for physical healthcare. Adult expansion members who live in Davis, Salt Lake, Utah, Washington, and Weber counties will be enrolled in a Utah Medicaid Integrated Care (UMIC) plan. Eligible members will have up to 90 days, from the date of that they were assigned to a plan, to select an ACO or UMIC plan of their choice, otherwise one will be assigned following existing enrollment processes.

Utah Medicaid Accountable Care Organizations (ACOs)	
Health Choice Utah 1-877-358-8797 healthchoiceutah.com	Healthy U 1-833-981-0212 uhealthplan.utah.edu/medicaid
Molina Healthcare 1-888-483-0760 molinahealthcare.com	Select Health Community Care 1-800-538-5038 selecthealth.org/plans/medicaid

The following members have dental benefits and must choose a dental plan:

- Pregnant women
- Medicaid members who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits.

Plan notification

MCP's will receive notification of individuals being released throughout the warm handoff planning process. MCPs will receive notification of individuals enrolled as part of the received 834 eligibility file. In the 834 file, there is an incarceration indicator that is set to 'Y' (yes) if the incarceration benefit plan is immediately preceding enrollment or immediately after disenrollment. Plans will receive the indicator on all incarcerated members but can infer that a member is enrolled in the Justice Involved Re-entry Program if the enrollment begin date is also not on the typical 1st of the month.

Managed care dental plans

Medicaid Dental Plans	
<p>MCNA</p> <p>www.MCNAUT.net</p> <p>1-877-904-6262</p>	<p>Premier Access</p> <p>www.premierlife.com/utmedicaid</p> <p>1-877-541-5415</p>

Members who are on the following Medicaid programs will receive dental benefits through fee for service Medicaid and are not required to enroll in a dental plan:

- Foster Care Medicaid
- Nursing Home Medicaid
- Refugee Medicaid
- Targeted Adult Medicaid (TAM) members who are age 19 and 20
- Adult Expansion Medicaid members who are age 19 and 20

The following Medicaid members will receive dental benefits through the University of Utah School of Dentistry and their network of providers:

- Targeted Adult Medicaid (TAM) members who are receiving treatment in a substance use disorder treatment program (age 21 and older)
- Adults, age 21 and older, who are on Medicaid because of disability or blindness
- Adults, age 65 and older, eligible for Traditional Medicaid

Contact the University of Utah School of Dentistry Medicaid call center at 801-587-7174 for more information or to schedule an appointment.

Prepaid Mental Health Plans

Prepaid Mental Health Plans (PMHPs) provide inpatient mental healthcare and outpatient mental health and substance use disorder services. Medicaid members enrolled in a PMHP must get inpatient and outpatient behavioral health services through their PMHP. This includes treatment for mental health and substance use disorder services. PMHP enrollment is based on what county the member lives in . The member is auto-assigned to that county's PMHP. PMHP enrollment is based on the address the member put on their Medicaid application. If a change of address is reported before being released from incarceration, the member's PMHP will also change. For information on PMHP coverage by county, view the [PMHP County Chart](#).

Utah Medicaid Integrated Care (UMIC) Plans

UMIC plans manage both physical and behavioral health services for eligible members. This coverage plan is provided under Utah's Adult Expansion Medicaid program and allows adults earning up to 138% of federal poverty level to be eligible for Medicaid benefits. Adult Medicaid members, age 19 through 64 who reside in Davis, Salt Lake, Utah, Washington, and Weber counties, must enroll in a UMIC plan. Eligible members will have up to 90 days to choose a UMIC plan of their choice, otherwise a UMIC plan will be assigned at random.

Medicaid Integrated Care (UMIC) plans			
Integrated Health Choice healthchoiceutah.com 1-877-358-8797	Integrated Healthy U uhealthplan.utah.edu 1-833-981-0212	Integrated Molina molinahealthcare.com 1-888-483-0760	Integrated SelectHealth selecthealth.org 1-800-538-5038

Required monthly metrics for phase one of implementation

For phase one of implementation, the following metrics will be required to be reported by the MCP, no later than 15 calendar days after the end of the month.

- The number of Justice Involved Re-entry Program enrollees who receive post-release case management.
- The number of Justice Involved Re-entry Program enrollees receiving post-release case management and access to primary care within two business days of release when medically necessary*.
- The number of Justice Involved Re-entry Program enrollees receiving post-release case management and accessing mental health or substance use disorder services within 30 days of release.

*This measure only applies to ACO's and UMIC.

Members not enrolled in a managed care plan

For members who are not enrolled in a managed care plan, covered Medicaid services will be available on a fee for service basis. This means members must receive services from a provider on Medicaid's fee for service network. For help finding an in-network fee for service providers, please visit the [Find a Provider Tool](#) on the Utah Medicaid website.

Medicaid billing

Medicaid has resources to help providers understand procedures for billing, coverage and reimbursement policies, and documentation requirements. The most current information can be found in the [Medicaid Provider Manual](#), which is updated regularly and located on the Medicaid website.

In addition, the [Medicaid website](#) has more information about coverage and reimbursement, including the [Coverage and Reimbursement Lookup Tool](#), [policy resources](#), and [current criteria](#).

In addition, there is a compiled list of billing codes, likely to be used during participation in the Justice Involved Re-entry Program located in [Appendix B](#).

Case management person journey

Recognizing the varied population in carceral facilities, as well the varied needs of the population, Utah Medicaid has designed acuity case management templates. An acuity level (low, medium, and high) will be assigned based on information extracted from the physical and behavioral health screenings and assessments.

Low/Medium acuity person journey

1. Incarceration intake
 - Booking
 - Current Medicaid enrollment screening
 - Opportunity to apply
 1. Application assistance, if necessary
 - Physical health screening
 - Behavioral health screening (VI-SPDAT, DLA-20, PHQ-9 etc.)
2. 90-Day pre-release period
 - Case management intake
 1. Integrate results of physical and behavioral health screenings
 - Identify barriers and create care plan
 - Schedule post-release medical appointments with in-network providers, as medically necessary
3. Warm handoff to post-release case manager
 - Data exchange of information and care plan
 - Provide assistance to individual completing medical releases, as necessary
4. Release from incarceration
 - DME in hand
 - 30-day prescription in hand
 - Completed and updated care plan in hand
 - Resources in hand
5. Meet with post-release case manager bi-weekly (or as often as medically necessary)
 - Give additional community resources
6. Release from care back into community

High acuity person journey

1. Incarceration intake
 - Booking
 - Current Medicaid enrollment screening
 - Opportunity to apply
 1. Application assistance, if necessary
 2. Change report submitted, if necessary
 - Physical health screening
 - Behavioral health screening (VI-SPDAT, DLA-20, PHQ-9 etc.)
2. 90-Day pre-release period
 - a. Case management intake
 1. Integrate results of physical and behavioral health screenings
 - ii. Identify barriers and create care plan
 - iii. Schedule post-release medical appointments with in-network providers, as medically necessary
 1. Connect with community case managers from prior to incarceration
 - iv. Verify secure housing and transportation at release
3. Warm handoff to post-release case manager
 - a. Data exchange of information and care plan
 - i. Provide assistance to individual completing medical releases, as necessary
4. Release from incarceration
 - a. DME in hand
 - b. 30-day prescription in hand
 - c. Completed and updated care plan in hand
 - d. Resources in hand
5. Meet with post-release case manager twice weekly (or as often as medically necessary)
 - a. Give additional community resources
 - i. Apply for lifeline phone, if necessary
 - ii. Employment aid
 - iii. Food insecurity
 - iv. Housing

- v. Judicial compliance
- 6. Release from care back into community

Care plan

Utah developed a person-centered Targeted Case Management Care Plan and assessment to be used by pre-release case managers. These tools aim to support the continuity of physical and behavioral care, social determinants of health, and ensure that a warm handoff to a post-release case manager occurs. The following pages display the Utah Medicaid Case Management Care Plan that is designed to be uniform in approach and should be used by carceral facilities performing pre-release case management.



Utah Medicaid Justice Case Management Care Plan

Full Name:	
Date of Birth:	
Medicaid ID:	
Medicaid Category of Aid:	
Gender:	
Member Contact Information:	
Legal Guardian or Authorized Representative:	
Foster care:	
Division of Child and Family Services Contact:	

Incarceration Intake Date:	
Projected Release Date:	
Case Manager Hours:	
ACO Assignment:	
Targeted Case Management Intake Date:	
Pre-Release Case Manager:	
Mental Health Plan:	
Post Release Case Manager:	
Phone Number:	
Email:	
Case Manager Hours:	
Probation/Parole Contact:	
Sex Offender Status:	



Emergency Contact			
Name:	Relationship:	Address:	Contact:
Caregiver Information			
Name:	Relationship:	Address:	Contact:

Primary Care Provider:	
Substance Use Disorder Provider:	
Support Group(s):	

Scheduled Appointments		
Provider:	Date:	Time:



Medical History
Chronic Conditions:
Past Surgeries:

Mental Health History
Chronic Psychiatric Diagnosis:
Active Psychiatric Issue:
Treatment History:

Substance Use History
Current and Past Usage:
Treatment Received:

6 Month Hospitalization History	
Date:	Treatment Received:



Allergies
Medication:

Medication				
Preferred or Past Pharmacy Name:				
Non-Compliance History Present:				
Number	Drug Name	Dosage and Frequency	Route of Administration	Prescriber
1				
2				
3				
Inactive medications taken in the past:				

Social Determinants of Health (SDOH)/Medicaid/HRSN Resources	
Housing Status and Environmental Risks:	
Income and Employment:	
Social Supports:	
Education:	
Transportation:	
Food Insecurity:	

Patient Goals and Desired Outcomes	
Short Term Goals/Pre-Release Goals (0-3 months):	
Long-Term Goals/Post-Release Goals (3+ Months):	

Client Signature:	Case Manager Signature:
Date:	Date:

DHHS required reporting measures

To stay in compliance with the requirements outlined by the Centers for Medicare and Medicaid Services (CMS), as well as the independent evaluator, Public Consulting Group (PCG), and to assess the outcomes of the program, DHHS will use different monitoring reports. These monitoring reports will allow DHHS to determine if the program is meeting its intended purpose and serving the targeted population. The table below displays different metrics and reports that will help determine success or areas for improvement.

Reporting metrics required for PCG			
Name	Description	Category	Data source
Date of incarceration (Date of intake)	Raw date list for all persons newly incarcerated during the reporting period, not limited to those who are eventually determined to be Medicaid eligible	Eligibility, enrollment, and incarceration	Carceral facility
Date of screening for current Medicaid eligibility (current enrollment)	Raw date list of all individuals screened for current Medicaid enrollment	Eligibility, enrollment, and incarceration	Carceral facility
Number of individuals already enrolled in Medicaid at carceral booking		Eligibility, enrollment, and incarceration	Carceral facility
Date care plan in place	Raw date that care plan is established for program participants	Pre-release data not found in claims or in PRISM	Carceral facility Case management

Reporting metrics required for PCG

30-day supply of prescription Medication upon release	Number of individuals leaving incarceration with filled prescription in hand	Pre-release data not found in claims or in PRISM	Carceral facility
Provision of health or social service referral pre-release	Information received from care plans created by facility	Pre-release data not found in claims or in PRISM	Carceral facility Case management
Date scheduled for release from incarceration		Eligibility, enrollment, and incarceration	PRISM
Actual date released from incarceration		Eligibility, enrollment, and incarceration	PRISM
Date Medicaid reinstated (unsuspended) post-release		Eligibility, enrollment, and incarceration	PRISM
Medicaid status at time of release from incarceration		Eligibility, enrollment, and incarceration	PRISM
Date of Medicaid renewal application during pre-release	Date renewal application is processed, raw date or N/A	Eligibility, enrollment, and incarceration	eREP
Date of Medicaid application during pre-release period	Raw date or N/A	Eligibility, enrollment, and incarceration	eREP
All-cause deaths	In carceral setting,	Death records	Office of Medical

Reporting metrics required for PCG

	identifying Justice Involved Re-entry Program participants in records		Examiner (OME) and Office of Vital Records and Statistics (OVRs)
Suicide deaths	In carceral setting, identifying Justice Involved Re-entry Program participants in records	Death records	OME and OVRs
Overdose deaths	In carceral setting, identifying Justice Involved Re-entry Program participants in records	Death records	OME and OVRs
Date of first pre-release case management visit/assessment	Raw date list	Claims-based measures	PRISM
Pre-release service distribution		Claims-based measures	PRISM
Diagnosed Mental Health Disorders (DMH)		Claims-based measures	PRISM
Diagnosed substance use disorders (DSU)		Claims-based measures	PRISM
Controlling High Blood Pressure		Claims-based measures	PRISM

Reporting metrics required for PCG

(CBP)			
Monitoring for Persistent Medications (MPM)		Claims-based measures	PRISM
Adults' Access to Preventative/Ambulatory Health Services (AAP)		Claims-based measures	PRISM
Pharmacotherapy for Opioid Use Disorder (POD)		Claims-based measures	PRISM
Inpatient utilization (IPU)		Claims-based measures	PRISM
ED visits (EDU)		Claims-based measures	PRISM
ED-BH visits (EDU BHH)		Claims-based measures	PRISM
Potentially preventable ED visits		Claims-based measures	PRISM
Per member per month of Justice Involved Re-entry Program participants and similar members		Claims-based measures	PRISM
Date of first pre-release Medicaid		Claims-based measures	PRISM

Reporting metrics required for PCG

reimbursed service			
Pre-demonstration carceral setting service offerings	Readiness Assessment Survey	Miscellaneous	Readiness Assessment Survey
Justice Involved Re-entry Program benefit administrative costs		Miscellaneous	CMS-64 DHHS
Medicaid enrolled providers	Ratio of Medicaid enrolled providers to individuals pre-release, for each facility	Miscellaneous	PRISM and project manager

Reporting due dates

Claims, eligibility, and enrollment data

Reporting period	Due to PCG
07/01/2024 - 06/30/2025	11/01/2025
07/01/2025 - 06/30/2026	11/01/2026
07/01/2026 - 06/30/2027	11/01/2027

Facility data sets

Reporting period	Due to PCG	Due to DHHS
07/01/2025 (Or Program Implementation Date) - 06/30/2026	11/01/2026	10/01/2026
07/01/2026 - 06/30/2027	11/01/2027	10/01/2027

Death records

Reporting period	Due to PCG
07/01/2025 (or program implementation date) - 06/30/2026	11/01/2026
07/01/2026 - 06/30/2027	11/01/2027
07/01/2027 - 06/30/2028	11/01/2028

Reporting metrics required for CMS

Name	Description	Category	Data source
Enrollment	Number of individuals enrolled in the Justice Involved Re-entry Program benefit plan	Miscellaneous	PRISM
Impact on outcomes of care		Miscellaneous	PRISM
Impact on quality of care		Miscellaneous	PRISM
Impact on cost of care		Miscellaneous	PRISM
Impact on access to care		Miscellaneous	PRISM
Utilization of applicable pre- and post-release services		Miscellaneous	PRISM
Types of services rendered		Miscellaneous	PRISM
Number of participating facilities, by facility type		Miscellaneous	PRISM and project manager
Number of deduplicated beneficiaries receiving MAT		Miscellaneous	PRISM

Reporting metrics required for CMS

Number of deduplicated beneficiaries with 30-day supply of medication upon release		Miscellaneous	PRISM
Number of deduplicated beneficiaries receiving a care plan at the time of release		Miscellaneous	Facility

Appendix A: Operational elements

The below elements detail out various operational elements. Please note that "Mandatory Minimum Service" refers to DHHS's requirements to participate in the Justice Involved Re-entry Program, not the CMS Mandatory Minimum Elements which can be found [above](#).

Enrollment screening and application procedure:

- Element description: Documented policy and process to screen individuals for current Medicaid enrollment, provide opportunity and assistance to complete Medicaid application and share information with DWS regarding incarceration dates (typically facilitated through CCJJ partnership).
- Mandatory Minimum Service?: Yes
- Category: Administrative
- Corresponding Readiness Assessment Question(s): 7, 8, 9

Targeted Case Management and Physical and Behavioral Needs Assessments:

- Element description: Documenting policy and process to assess individuals needs for behavioral and physical health services and provide appropriate level of Targeted Case Management that addresses the physical and behavioral health needs of the individual. Policy should include:
 - Process for assigning a case manager to an individual.
 - Process for creating a case management care plan that assesses and addresses an individual's physical and behavioral health needs and Social Determinants of Health (SDOH).
 - Policy and process for eligible members to be assessed within an adequate timeframe. Assessment will identify needs and a person-centered care plan will be developed to address pre- and post-release needs.
 - Process for physical and behavioral health clinical consultation services as clinically appropriate to diagnose health conditions, provide treatment, and support pre-release case manager's development of treatment plan and discharge planning.
 - Process for supporting rapid scheduling and providing space for in-reach provider services while ensuring security protections are in place.
 - Policy to deliver laboratory and radiology services, as clinically appropriate.

- Process in place to support the delivery of all medications covered under Utah Medicaid medication benefit.
 - Process for establishing post-release services and behavioral health services appointments with in-network providers to create a continuity of care.
- Mandatory Minimum Service?: Yes
- Category: Pre-release period
- Corresponding Readiness Assessment Question(s): 11, 15, 16, 17, 18, 19, 21, 22, 23, 27

Medicaid billing and provider enrollment:

- Element description: Documented policy and process for the facility and/or its contracted providers to enroll in the Medicaid billing system, PRISM, in order to submit claims and report services. Requires NPI for facility and for individual providers.
- Mandatory Minimum Service?: Yes
- Category: Administrative
- Corresponding Readiness Assessment Question(s): 12, 13

Medication-Assisted Treatment (MAT):

- Element description: Documented policy and procedure for delivering MAT for all types of substance use disorders (SUD), as clinically appropriate. This covers all forms of FDA-approved medications and counseling.
- Mandatory Minimum Service?: Yes
- Category: Pre-release
- Corresponding Readiness Assessment Question(s): 14

Prescriptions upon release:

- Element description: Documented policy for dispensing a 30-day supply of all prescription medications and over-the-counter drugs (as clinically appropriate) to the individual immediately upon release from the correctional facility. This must be consistent with approved Medicaid state plan coverage authority and policy.
- Mandatory Minimum Service?: Yes
- Category: Pre-release, Upon release
- Corresponding Readiness Assessment Question(s): 18, 19

Support for durable medical equipment (DME) upon release:

- Element description: Infrastructure and processes in place to provide DME upon day of release, including receiving necessary pre-authorization.
- Mandatory Minimum Service?: No
- Category: Pre-release, Upon release
- Corresponding Readiness Assessment Question(s): 20

Release date notification:

- Element description: Documented process to provide electronic notification of an individual's release date to DWS (usually facilitated by partnership with CCJJ) and post-release case manager.
- Mandatory Minimum Service?: Yes
- Category: Administrative, Pre-release, Upon release
- Corresponding Readiness Assessment Question(s): 9, 10, 11, 22, 24

Re-entry case management and warm handoff:

- Element description: Documented process and procedures to ensure and support assigned case manager in creating final re-entry care plan that is shared with the member, correctional facility care team, post-release providers and case managers. This process will include:
 - Opportunities for members to complete necessary release for information forms for all necessary aftercare.
 - Scheduling of necessary weekly warm handoff meetings and data exchanges with MCP's.
 - Process to provide linkages for behavioral and physical health providers, community-based programming, and case management services to address aftercare needs and post-release SDOH.
 - Establishing post-release services and behavioral health services appointments with in-network providers to create a continuity of care.
- Mandatory Minimum Service?: Yes
- Category: Pre-release, Upon release, Post release
- Corresponding Readiness Assessment Question(s): 10, 11, 22, 24, 25

Oversight and project management:

- Element description: Process that defines clear staffing and/or contractor structure to support each readiness element. In addition, this process must contain:
 - Governance structure for partnering with key partners (DWS, DHHS, case management organizations, providers, MCP's, county behavioral health agencies, etc.).
 - Process to collect, monitor, and report on required measures.
 - Process to ensure only licensed, registered, certified, or appropriately credentialed practitioners under Utah's scope of practice statutes will provide services with their individual scope of practice and, as applicable, receive supervision required under their scope of practice laws.
 - Processes that define what services are delivered via community-based providers versus correctional facility-based providers.
- Mandatory Minimum Service?:
- Category: Administrative
- Corresponding Readiness Assessment Question(s): 28, 29, 30, 32, 33, 34

Appendix B: Billing codes for pre-release services

Utah Medicaid will cover a robust continuum of services for eligible incarcerated members 90 days before they are released from a carceral facility. The following information is a list of some pre-release covered services and codes under the demonstration waiver. This is not an all inclusive list of covered services.

For some codes, Utah Medicaid uses unique Utah coding guidelines. Please refer to the “Limitations” column for specific Utah code guidance. A Coverage and Reimbursement Lookup Tool is available for providers to use in determining if codes are covered, who is allowed to provide the services, if prior authorization is required, and the reimbursement amount for covered services. For information on all covered services and fee schedule information, please refer to the [Utah Medicaid Coverage and Reimbursement Lookup Tool](#).

Targeted Case Management (TCM) service codes

Code	Description	Limitations
T1017	Targeted Case Management-per 15 minutes	Available for up to 30 consecutive days of a covered stay in a medical institution
H0006	Targeted Case Management-alcohol and/or drug services; case management-per 15 minutes	

Manual information: [Targeted Case Management for Individual with Serious Mental Illness](#)

Medication-Assisted Treatment (MAT) service codes

Code	Description	Limitations
H0020	Methadone Administration and/or service	Per diem

Manual information: [Behavioral Health Services Manual](#)

Behavioral health clinical consultation service codes

Code	Description	Limitations
90791	Psychiatric Diagnostic Evaluation	Per 15 minutes
90792	Psychiatric Diagnostic Evaluation with Medical Services	Per 15 minutes
H0031	Mental Health Assessment by a Non-Mental Health Therapist	Per 15 minutes
96105 96125 96110 96112 96116 96130 96132 96136 96146	Psychological Testing - CPT Codes	Follow CPT time rules as indicated
90846-90849	Family Psychotherapy	Per 15 minutes
90853	Group Psychotherapy	Per 15 minutes
90832 90834 90837	Individual Psychotherapy	NA
E/M Codes	Pharmacological Management Services	NA
99211	Nurse Medication Management	NA
H2019	Therapeutic Behavioral Services	Per 15 minutes Use HQ modifier when provided to a group
H2014	Psychosocial Rehabilitative Services-Individual	Per 15 minutes
H2017	Psychosocial Rehabilitative Services-Group	Per 15 minutes
H0038	Peer Support Services	Per 15 minutes Use HQ modifier when provided to a group

Manual information: [Behavioral Health Services Manual](#)

Physical Evaluation and Management (E/M) service codes

Code	Description	Limitations
99202-99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.	When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded
99212-99215	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional.	N/A
99366-99368	Medical team conference with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family.	30 minutes or more, participation by nonphysician qualified health care professional

Manual information: [Physician Services Manual](#)

Community Health Worker service codes

Community Health Worker service codes are restricted under the 1115 Demonstration Waiver Justice Re-entry Initiative. These services are allowed when provided in a participating carceral facility and when provided to eligible Medicaid members within the 90-day pre-release period.

Code	Description	Limitations
98960	Under Education and Training for Patient Self-Management, 30 minutes individual patient	N/A

98961	Under Education and Training for Patient Self-Management, 30 minutes, 2-4 patients	N/A
98962	Under Education and Training for Patient Self-Management, 30 minutes, 5-8 patients	N/A