APPENDIX G – CARCERAL FACILITY READINESS ASSESSMENT

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CARCERAL FACILITY READINESS ASSESSMENT

Hawai'i's Medicaid Reentry Program is implemented on **a facility-by-facility basis** in accordance with federal requirements under the Section 1115 Demonstration and Section 5121 of the Consolidated Appropriations Act (CAA) of 2023, which require state Medicaid agencies to ensure that carceral facilities demonstrate operational readiness prior to program go-live. As described in the Medicaid Reentry Program Policy and Operational Guidance, this Carceral Facility Readiness Assessment serves as the formal mechanism through which readiness is assessed and validated.

Implementation is contingent on each carceral facility's demonstrated readiness to meet program requirements, as evidenced through this Facility Readiness Assessment, which includes attestations, narrative responses, and other information.

Readiness Components

The Facility Readiness Assessment spans both operational and service delivery requirements. To support ease of use, each readiness component in this Assessment is aligned to relevant sections of the Medicaid Reentry Program Policy and Operational Guidance and associated supplemental materials. References to applicable guidance sections are included throughout this Assessment. Readiness components include:

- Eligibility and Enrollment
- Service Delivery
- Provider Requirements
- Billing and Reimbursement
- Member Consent and Privacy
- Oversight, Compliance, and Reporting

For service delivery, carceral facilities must demonstrate the readiness to provide all Mandatory services in accordance with program requirements. Carceral facilities may also seek approval for Optional services as a part of their initial Facility Readiness Assessment or may seek approval for these services at a later time. Regardless of when approval is sought, no Optional services will be approved until the carceral facility has demonstrated readiness for all Mandatory services.

Table 1: Medicaid Reentry Program Service Requirements by Service Level

Summary of Services	
Service Level	**Services Included**
Mandatory	• Reentry Targeted Case Management (rTCM) • Medication for Addiction Treatment (MAT) [1] • Medication at Release • Practitioner Office Visits – Reentry Wellness Exam • Diagnostic Services
Optional	• Practitioner Office Visits – Other Office Visits • Medical Equipment and Supplies • Peer Support Services

[1] Also referred to as Medication Assisted Treatment.

Evaluating and Submitting Readiness Assessments

Evaluation Criteria

The rubric in **Table 2** outlines how readiness is assessed across all required components based on carceral facility responses to this Carceral Facility Readiness Assessment. To be approved for go-live, a carceral facility **must be assessed as Ready across all required assessment elements** (i.e., requirements are currently met or will be met by the go-live date).[2]

At a minimum, and to ensure compliance with federal requirements, the carceral facility must establish and maintain the **capacity to provide all Mandatory services to CAA-eligible individuals**. As defined in the statute, eligible individuals (CAA-eligible individuals) include adjudicated youth under the age of 21 who are otherwise eligible for Medicaid, youth under 19 who are eligible for CHIP, and youth and young adults formerly in foster care under 26 who qualify as Former Foster Care Children (FFCC) under Medicaid.

Beyond this minimum and consistent with the Medicaid Reentry Program Policy and Operational Guidance, carceral facilities should build toward broader service capacity for all eligible populations over time, as further described in the guidance and corresponding Assessment questions.

Table 2: Facility Readiness Scoring Rubric and Determination Criteria

Scoring Rubric	
Readiness Level	**Definition**
Ready	• Responses indicate that all requirements are currently met. • Responses demonstrate that the necessary capabilities, processes, and plans are in place to support implementation. • Carceral Facility is prepared to provide pre-release services as of the targeted go-live date.
Conditionally Ready	• Responses indicate that all requirements will either be met by the go-live date or achieved within six months of the go-live date. • Carceral Facility will work with MQD to confirm timing and ensure outstanding requirements are met within the defined timeframe.
Not Ready	• Responses do not demonstrate sufficient readiness or a clear path to meeting requirements by targeted go-live. • Carceral Facility requires additional development to meet readiness requirements. • Carceral Facility may need additional support and coordination with MQD to address gaps and move toward readiness.

[2] For individuals incarcerated in out-of-state facilities under the jurisdiction of the State of Hawaiʻi (referred to as "off-site facilities"), MQD may permit delivery of Medicaid Reentry Program services by Hawaiʻi Medicaid-enrolled providers, in accordance with all applicable state licensure and scope of practice requirements, including via telehealth or in-person in-reach, without requiring the out-of-state facility itself to be enrolled or assessed as a participating facility. In these cases, facility readiness requirements apply to the overseeing agency, rather than the physical facility.

Submission Process and Timelines

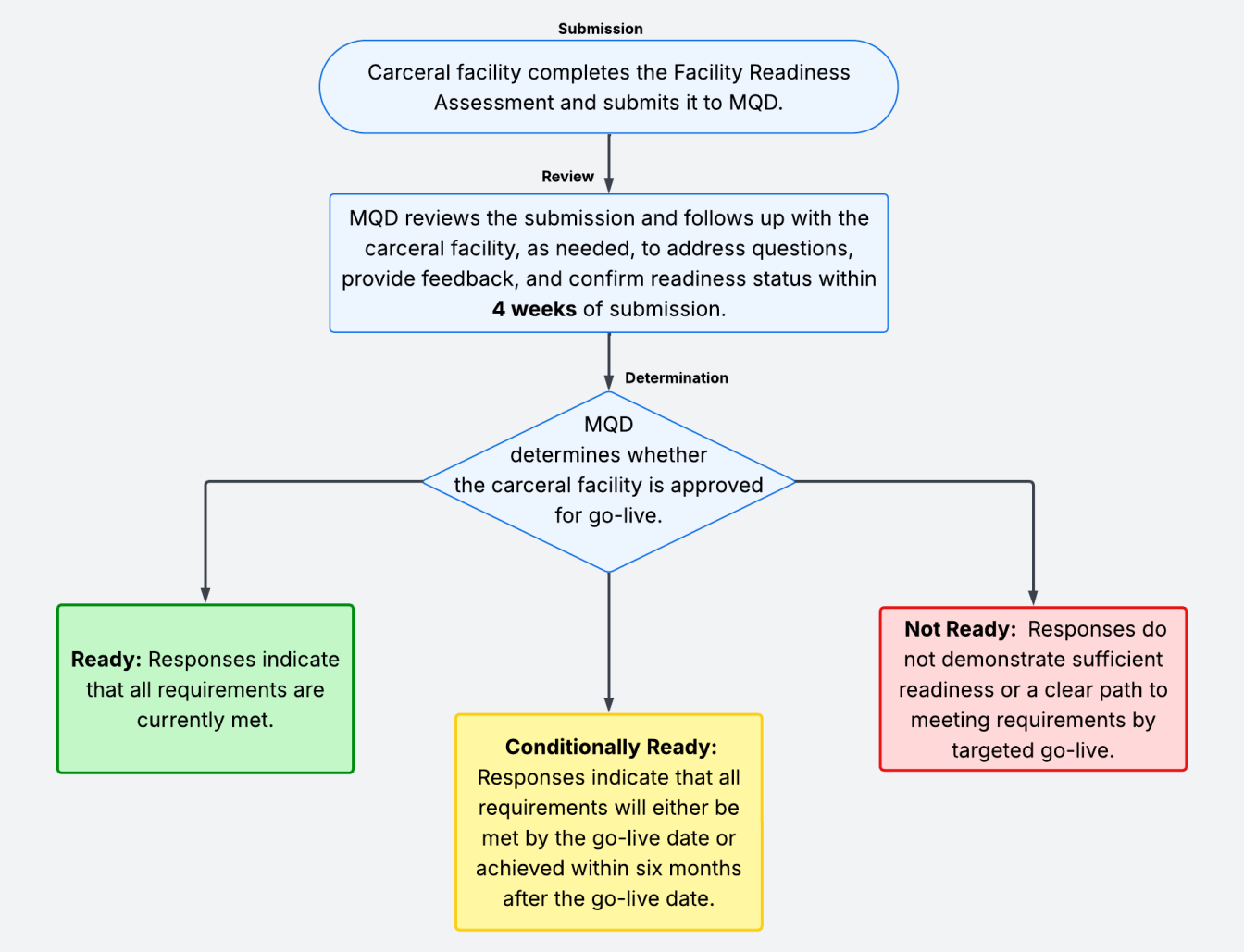
Figure 1 illustrates the end-to-end Facility Readiness Assessment process, including Hawaiʻi Med-QUEST Division (MQD) review timelines and readiness determination pathways.

Carceral facilities will first conduct a self-assessment and submit the Facility Readiness Assessment to MQD, followed by MQD review. When additional discussion or document revision is required within a submission cycle, MQD and the carceral facility will jointly establish turnaround expectations for meetings, document updates, and related follow-up activities. After these activities are complete, MQD will render its determination of facility readiness status.

The Facility Readiness Assessment is not required to be submitted on a recurring basis. When a facility needs to resubmit the Facility Readiness Assessment, such as document revisions within a review cycle (e.g., post-submission document updates) or subsequent submissions (e.g., to seek approval for an optional service), the carceral facility may simply update the existing Facility Readiness Assessment document and clearly highlight where changes have been made.

Once a facility has been deemed ready, the facility is not required to update or resubmit the Facility Readiness Assessment if the facility changes its approach to service delivery, providers, or other operational requirements. Rather, the facility must maintain internal documentation of its policies and procedures for meeting Reentry Program requirements, available to MQD upon request.

Figure 1: Carceral Facility Readiness Assessment Review and Determination Process



Instructions

To complete the Facility Readiness Assessment, each carceral facility must:

1. Complete the Carceral Facility Profile Information section.
2. Complete all required attestations and narrative responses and provide supporting documentation, as applicable.
    - For each attestation, select the option that best reflects the carceral facility's current state.
    - If a row is not applicable, mark it as "Carceral Facility is Ready" and indicate "N/A" in the corresponding narrative response.
    - For narrative responses, carceral facilities may draft a response in the text box or attach a document for responses. Carceral facilities may reference supplemental documentation that *clearly* address prompts in lieu of a narrative response.
3. Complete and sign the Attestation Form.

Each carceral facility must submit the completed Facility Readiness Assessment to MQD via email to the MQD Medicaid Reentry Program Inbox at MQDreentry@dhs.hawaii.gov.

Carceral Facility Profile Information

Please complete the section below by providing all requested information about the carceral facility completing the facility readiness assessment.

Carceral Facility Information	
Request	**Response**
Name of Carceral Facility.	*enter text*
Address of Carceral Facility.	*enter text*
Island Carceral Facility is on or specify "off-line facility."	*enter text*
Carceral Facility classification (jail, prison, both).	*enter text*
Planned go-live date.	*enter text*
Preferred point of contact (name, title, email, phone).	*enter text*

Readiness Element: Eligibility & Enrollment

Section III. Eligibility & Enrollment – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Expected Member Release Dates					
1. Processes and systems to communicate incarceration status and expected release dates to Med-QUEST.	☐	☐	☐	☐	Choose an item.
2. Processes and systems to communicate changes in expected release dates to Med-QUEST.	☐	☐	☐	☐	Choose an item.
Carceral Facility Member-Facing Responsibilities					
3. Staff or in-reach resources to support the required scope of Eligibility & Enrollment activities.	☐	☐	☐	☐	Choose an item.
4. Systems access to support the required activities (i.e., MQD Navigator Portal, DHS Medicaid Online System [DMO]).	☐	☐	☐	☐	Choose an item.
5. Infrastructure necessary to support activities, which may include facility internet, access to tablets or computers, and necessary space.	☐	☐	☐	☐	Choose an item.
Medicaid Application Support					
Medicaid Coverage Assessment					
6. Complete initial screening and verification of Medicaid coverage	☐	☐	☐	☐	Choose an item.

upon or shortly following intake.					
Medicaid Application Support					
7. Support Med-QUEST applications and QI Health Plan selection at or near intake or, at minimum, before the 90-day pre-release period.	☐	☐	☐	☐	Choose an item.
8. Provide Medicaid application support in multiple languages or translation services for individuals with limited English proficiency.	☐	☐	☐	☐	Choose an item.
9. Support out-of-state Medicaid applications, as applicable.	☐	☐	☐	☐	Choose an item.
Medicaid Eligibility Maintenance					
Medicaid Eligibility Maintenance Activities Throughout Incarceration					
10. Support reporting any needed Changes of Circumstances.	☐	☐	☐	☐	Choose an item.
11. Support updates to member mailing address during incarceration, as applicable.	☐	☐	☐	☐	Choose an item.
12. Support addition of Authorized Representatives during incarceration, as applicable.	☐	☐	☐	☐	Choose an item.
13. Support any required renewals not processed ex parte, as applicable.	☐	☐	☐	☐	Choose an item.
14. Support eligibility appeals requests and fair hearing requests.	☐	☐	☐	☐	Choose an item.
Medicaid Eligibility Maintenance Activities Near the Time of Release					
15. Reconfirm Medicaid eligibility and support any identified renewal or other eligibility needs prior to the 90-day pre-release period (at or around 120 days pre-release).	☐	☐	☐	☐	Choose an item.
16. Support member mailing address or residential address updates	☐	☐	☐	☐	Choose an item.

immediately prior to release, including ensuring the carceral facility mailing address no longer appears anywhere on the member's case.					
Receipt and Distribution of Member Medicaid Materials					
17. Ensure safe and secure receipt, storage, and distribution of member Medicaid materials, including mail received post-release.	☐	☐	☐	☐	Choose an item.
18. Provide Medicaid ID cards or paper documentation of Medicaid information at the time of release.	☐	☐	☐	☐	Choose an item.

Section III. Eligibility & Enrollment – Narrative Responses

Request	Response
1-2. Describe processes and systems used to communicate individuals' incarceration status and expected release dates.	enter text
3. Describe how the carceral facility will provide sufficient capacity to conduct these activities (may include staff or in-reach support).	enter text
4-5. Describe the expected system infrastructure and to what extent it can support web-based eligibility and enrollment tasks.	enter text
6. Describe the processes for Medicaid Coverage Verification, including expected timelines (e.g., within [X] days of intake).	enter text
7-14. Describe the planned approach for Medicaid Application Support and Medicaid Eligibility Maintenance activities. This may include information on staffing, activity timeframes, and workflows.	enter text
15. Describe the process for reconfirming Medicaid eligibility status and supporting any eligibility needs prior to the 90-day pre-release period, including renewals, new applications, or other activities.	enter text

16. Describe the process for supporting members in updating their Medicaid mailing and/or residential addresses prior to release and ensuring that the carceral facility mailing address no longer appears anywhere on the member's case.	enter text
17. Describe the policies and process for safe and secure receipt, storage, and distribution of member materials to incarcerated individuals, including for forwarding mail if delivered following release.	enter text
18. Describe the process for providing individuals with Medicaid ID cards or paper documentation of Medicaid information at release.	enter text

Readiness Element: Service Delivery

Service Delivery: Reentry Targeted Case Management (rTCM) (Mandatory)

Section IV. Services, Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Carceral Facility Responsibilities					
1. Staff or in-reach resources with appropriate qualifications to deliver rTCM services during the pre-release period.	☐	☐	☐	☐	Choose an item.
2. Adequate infrastructure, such as physical space and technology needs, for rTCM appointments (including in-person or virtual).	☐	☐	☐	☐	Choose an item.
3. Assignment of an rTCM provider to eligible individuals after	☐	☐	☐	☐	Choose an item.

activation of Reentry coverage.					
4. Scheduling and coordination of rTCM appointments in the pre-release period.	☐	☐	☐	☐	Choose an item.
5. Share relevant information with the rTCM provider, with member consent. This may include carceral facility medical or care planning records and outcomes of screenings and assessments.	☐	☐	☐	☐	Choose an item.
rTCM Provider Service Delivery Responsibilities					
6. Support service coordination between carceral facility-based medical staff, facility-based case managers (if separate entities), discharge planners, and other relevant personnel.	☐	☐	☐	☐	Choose an item.
7. Support coordination with probation and parole officers, as applicable.	☐	☐	☐	☐	Choose an item.
8. Engage the member, build rapport, and educate on expectations for rTCM and the Reentry Program.	☐	☐	☐	☐	Choose an item.
9. Support completion of screenings and assessments in the Medicaid Reentry Program to inform rTCM care planning.	☐	☐	☐	☐	Choose an item.
10. Support referrals to QI Health Plan programs, community-based programs, and services available in the community post-release.	☐	☐	☐	☐	Choose an item.
11. Develop and maintain Reentry	☐	☐	☐	☐	Choose an item.

Care Plan, inclusive of monitoring, and supporting delivery of pre-release services and development of post-release care plan.					
Transitions of Care and Warm Handoffs					
12. Communicate details of member transitions (e.g., facility changes, changes to release dates, etc.) with the rTCM provider.	☐	☐	☐	☐	Choose an item.
13. Support coordination of warm handoffs at identified member transitions (e.g., rTCM provider changes, facility transfers, etc.).	☐	☐	☐	☐	Choose an item.

Section IV. Services: rTCM – Narrative Responses

Request	Response
1. Describe the approach for rTCM provider staffing with appropriate qualifications and experience to deliver rTCM services in the pre-release period. If using facility staff, describe whether the facility wishes to continue provision of rTCM in the post-release period, or transition members to a community-based rTCM provider.	enter text
2. Describe the approach for providing adequate physical space, security personnel, and technology needs for rTCM appointments (e.g., Wi-Fi, tablets, or other items to support virtual appointments, if applicable).	enter text
3-4. Described the process for assigning an rTCM provider to each eligible individual and scheduling/coordinating rTCM appointments.	enter text
5. Describe the process for sharing relevant information with the rTCM provider to inform Reentry Care Plan development.	enter text
6-7. Describe the approach for coordinating services and care coordination across carceral facility staff, community-based providers, probation and parole officers, and other relevant groups.	enter text

Describe how the carceral facility will avoid duplication of case management services across groups.	
8. Describe the approach for engaging the member, building rapport, and providing education on expectations for rTCM and Reentry Program participation.	enter text
9. Describe the approach for ensuring completion of screenings and assessments required to inform rTCM care planning.	enter text
10. Describe the approach for coordinating and supporting referrals to address needs identified in the Reentry Care Plan, including QI Health Plan programs, community-based programs, and services available in the community post-release.	enter text
11. Describe the approach to the Reentry Care Plan development, including whether and how it may be integrated into existing care planning processes, workflows, or activities.	enter text
12. Describe the approach for notifying the rTCM provider of upcoming member transitions.	enter text
13. Describe the approach for supporting required warm handoffs.	enter text

Section IV. Services: rTCM – Supporting Documentation

To supplement your responses, please provide the following **required** documentation as separate attachments to demonstrate evidence of compliance.

☐ **Reentry Care Plan Template** being used by this facility (may be part of broader care planning materials)

Service Delivery: Medication for Addiction Treatment (MAT) (Mandatory)

Section IV. Services: Medication for Addiction Treatment (MAT) – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Identification and Clinical Assessment					
1. Conduct assessments, including ASAM level-of-care determinations, to identify individuals with clinical need or appropriateness for service (including risk of overdose or relapse following release).	☐	☐	☐	☐	Choose an item.
Staffing and Provider Capacity					
2. Qualified staff or in-reach providers to prescribe and manage medications used in all forms of MAT services.	☐	☐	☐	☐	Choose an item.
3. Qualified staff or in-reach providers to provide counseling or behavioral health interventions associated with all forms of MAT services.	☐	☐	☐	☐	Choose an item.
Service Delivery and Treatment Planning					
4. Approach to initiation and delivery of all forms of MAT, including both medication and counseling or behavioral health aspects of services.	☐	☐	☐	☐	Choose an item.
5. Processes in place to coordinate continuation of MAT services upon release, including referral to	☐	☐	☐	☐	Choose an item.

community-based providers (may be supported by rTCM provider).					

Section IV. Services: Medication for Addiction Treatment (MAT) – Narrative Responses	
Request	**Response**
1. Describe processes used to conduct clinical assessments (including ASAM level-of-care determinations) to identify individuals who would benefit from receiving MAT services.	enter text
2-3. Describe the approach for MAT provider staffing with appropriate qualifications and experience to deliver MAT services in the pre-release period, including both prescribing and counseling components. If any off-site community-based providers will be used (e.g., methadone, where indicated), please describe.	enter text
4. Describe the approach and any processes for delivering MAT, including initiating services, developing individualized treatment plans, providing medications, and delivering or coordinating behavioral health services.	enter text
5. Describe the approach for coordinating MAT services with other providers and ensuring continuity of care upon release, including medication access and community referrals.	enter text
Other: Describe the types of medications that are available as part of MAT services, including instances where off-label use of medications may apply (e.g., withdrawal management).	enter text

Service Delivery: Medication At Release (Mandatory)

Section IV. Services: Medication At Release – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Medication Identification and Preparation					
1. Processes to identify an accurate and complete list of needed medications prior to release, including prescriptions, over-the-counter medications, and single-use pharmacy supplies (e.g., lancets, test strips).	☐	☐	☐	☐	Choose an item.
Medication Supply at Release					
2. Processes to provide a minimum 30-day supply of all medications and pharmacy supplies at the time of release (or approved alternative approach for ensuring medication access if medication supply is not possible). Includes providing patient education on medications and instructions for use.	☐	☐	☐	☐	Choose an item.
3. Processes to establish alternative arrangements for medications that cannot be dispensed as a 30-day supply (e.g., certain MAT medications), including coordination with community providers prior to release.	☐	☐	☐	☐	Choose an item.
Care Coordination and Release Planning					

4. Processes to coordinate with rTCM providers or other care coordination entities to confirm medication supply and access plan prior to release.	☐	☐	☐	☐	Choose an item.
5. Processes to provide individuals with refills at community pharmacies, where appropriate.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Medication At Release – Narrative Responses

Request	Response
1. Describe processes for identifying and verifying prescribed medications prior to release, including how medication lists are reviewed for accuracy and completeness.	enter text
2. Describe the approach for providing a minimum 30-day supply of medications at release, including prescription medications, over-the-counter medications, MAT medications, and pharmacy supplies. Describe if the carceral facility plans to routinely provide more than a 30-day supply of medications, where appropriate and allowable.	enter text
3. Describe processes for establishing alternative arrangements for MAT medications that cannot be dispensed as a 30-day supply.	enter text
4-5. Describe how the facility coordinates with rTCM providers and community providers and prescribes refills at community pharmacies, if applicable, to ensure continuity of medication access following release.	enter text

Service Delivery: Practitioner Office Visit – Reentry Wellness Exam (Mandatory)

Section IV. Services: Practitioner Office Visit – Reentry Wellness Exam – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Identification and Scheduling					
1. Processes to identify and schedule appointments for individuals needing the Reentry Wellness Exam.	☐	☐	☐	☐	Choose an item.
Staffing and Provider Capacity					
2. Qualified staff or in-reach providers to deliver Reentry Wellness Exams.	☐	☐	☐	☐	Choose an item.
Service Delivery Requirements					
3. Processes to deliver Reentry Wellness Exams in accordance with individualized clinical needs and member health history.	☐	☐	☐	☐	Choose an item.
4. Processes to provide Reentry Wellness Exams for individuals under age 21 consistent with EPSDT requirements as clinically appropriate, including required screenings, documentation, and reporting.	☐	☐	☐	☐	Choose an item.
5. Processes to provide Reentry Wellness Exams for individuals age 21 and older aligned with USPSTF screening recommendations, as clinically appropriate.	☐	☐	☐	☐	Choose an item.
Care Planning and Coordination					

6. Processes to use findings from the Reentry Wellness Exam to inform reentry care planning.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Practitioner Office Visit – Narrative Responses

Request	Response
1. Describe processes for identifying eligible members and scheduling Reentry Wellness Exams during the pre-release period, including information on when individuals receive the service (e.g., upon intake).	enter text
2. Describe how the facility ensures sufficient qualified providers are available to conduct Reentry Wellness Exams.	enter text
3-5. Describe how the facility aligns with EPSDT or USPSTF recommendations and individual member clinical needs and history. NOTE: MQD EPSDT visit reporting requirements apply.	enter text
6. Describe how findings from the Reentry Wellness Exam are used to inform reentry care planning and coordination of ongoing care needs.	enter text

Section IV. Services: Practitioner Office Visit – Supporting Documentation

To supplement your responses, please provide the following **required** documentation as separate attachments to demonstrate evidence of compliance.

☐ Policies, procedures, or workflows for the Reentry Wellness Exam approach	☐ Screenings, templates, or other tools that support the Reentry Wellness Exam
☐ Other:	

Service Delivery: Practitioner Office Visit – Other Visits (Optional)

Section IV. Services: Practitioner Office Visit –Other Visits – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Identification and Scheduling					
1. Processes to identify and schedule appointments for individuals needing Other Visits.	☐	☐	☐	☐	Choose an item.
Staffing and Provider Capacity					
2. Qualified staff or in-reach providers to deliver Other Visits.	☐	☐	☐	☐	Choose an item.
Service Delivery Requirements					
3. Processes to ensure Other Visits are delivered in accordance with individualized clinical needs and member health history.	☐	☐	☐	☐	Choose an item.
Care Planning and Coordination					
4. Processes to use findings from Other Visits to inform reentry care planning.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Practitioner Office Visit – Other Visits – Narrative Responses	
Request	**Response**
1. Describe processes for identifying and scheduling appointments for individuals who may need or benefit from Other Visits.	enter text
2. Describe how the facility ensures sufficient qualified providers are available to conduct Other Visits, including a description of specialties.	enter text

3. Describe how the facility aligns with clinical best practices and individual member clinical needs and history.	enter text
4. Describe how findings from Other Visits are used to inform reentry care planning and coordination of ongoing care needs.	enter text

Service Delivery: Diagnostic Services (Mandatory)

Section IV. Services: Diagnostic Services – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Identification and Ordering of Services					
1. Processes for qualified providers to identify individuals with clinical need for and order diagnostic services.	☐	☐	☐	☐	Choose an item.
Staff and Provider Capacity					
2. Systems, staff, or contracts in place to provide or arrange for diagnostic services.	☐	☐	☐	☐	Choose an item.
Care Planning and Coordination					
3. Processes in place to ensure diagnostic service results are reviewed by a qualified provider and used to inform reentry care planning.	☐	☐	☐	☐	Choose an item.
4. Processes in place to communicate diagnostic service results to relevant providers, rTCM provider,	☐	☐	☐	☐	Choose an item.

and care coordination entities, etc.					

Section IV. Services: Diagnostic Services – Narrative Responses	
Request	**Response**
1. Describe processes for identifying clinical need for diagnostic services and how services are ordered by qualified providers.	enter text
2. Describe how the facility ensures availability of diagnostic services, including laboratory and radiology services.	enter text
3. Describe how diagnostic results are reviewed, documented, and communicated to inform reentry care planning and coordination with other providers.	enter text
4. Describe how diagnostic services are completed during the pre-release period and how follow-up care is coordinated when needed.	enter text

Service Delivery: Medical Equipment and Supplies (Optional)

Section IV. Services: Medical Equipment and Supplies – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Identification and Provision of Durable Medical Equipment (DME) and Supplies					
1. Processes to identify individuals with medical need for DME and medical supplies.	☐	☐	☐	☐	Choose an item.
2. Processes to provide DME and medical supplies to individuals at the time of release.	☐	☐	☐	☐	Choose an item.
Procurement and Program Requirements					
3. Processes to procure DME and medical supplies during the 90-day	☐	☐	☐	☐	Choose an item.

pre-release period.					
Care Coordination					
4. Processes to coordinate access to DME and medical supplies when provision at release is not feasible.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Medical Equipment and Supplies – Narrative Responses	
Request	**Response**
1-2. Describe how the facility identifies individuals with medical need for DME and provides equipment and supplies at release, when applicable.	enter text
3. Describe how DME and medical supplies are procured. Describe how the carceral facility will ensure that DME procured for individuals prior to the 90-day period will not be billed to the Medicaid Reentry Program. NOTE: DME may be procured during the 90-day period but should be billed the day of release.	enter text
4. Describe how the facility ensures access to DME when not provided at release.	enter text

Service Delivery: Peer Support Services (Optional)

Section IV. Services: Peer Support Services – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Staffing and Service Availability					
1. Qualified staff or in-reach peer support providers (including facility-based or in-reach providers).	☐	☐	☐	☐	Choose an item.
Service Delivery					
2. Processes in place to provide peer	☐	☐	☐	☐	Choose an item.

support services to individuals based on identified needs.					
Care Coordination					
3. Processes in place to coordinate peer support services with other providers and care coordination activities, as applicable.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Peer Support Services – Narrative Responses	
Request	**Response**
1. Describe the approach for peer support provider staffing with appropriate qualifications.	enter text
2. Describe the carceral facility's peer supports service model. Describe how peer support services are delivered and how they support member engagement in care and transition to the community.	enter text
3. Describe how peer support services are coordinated with other providers and care coordination activities.	enter text

Service Delivery: Special Service Delivery Considerations

Section IV. Services: Special Service Delivery Considerations – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Short-Stay and Other Similar Scenarios					
1. A service prioritization approach in scenarios where individuals have short or uncertain lengths of stay.	☐	☐	☐	☐	Choose an item.
Limited Facility or Provider Capacity					
2. A service prioritization approach to guide service delivery when capacity is limited.	☐	☐	☐	☐	Choose an item.

Section IV. Services: Special Service Delivery Considerations – Narrative Responses	
Request	**Response**
1. Describe the approach for service prioritization when individuals have short or uncertain lengths of stay.	enter text
2. Describe the approach for service delivery and prioritization in instance where the carceral facility or providers have limited capacity. Describe how the carceral facility will meet the minimum requirement to establish and maintain capacity to serve CAA-eligible individuals.	enter text

Readiness Element: Provider Requirements

Section V: Provider Requirements – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Provider Oversight & Management					
1. Agency and/or facility have processes to oversee and manage provider resources.	☐	☐	☐	☐	Choose an item.
Provider Qualifications & Compliance					
2. All facility-based and community-based providers delivering services are licensed and practicing within their scope of practice, as applicable under state and federal law. For Off-line Facilities, all providers have appropriate state licensure per applicable state laws.	☐	☐	☐	☐	Choose an item.
3. Facility has defined roles and responsibilities for all providers delivering pre-release services (including supervision).	☐	☐	☐	☐	Choose an item.
Provider Enrollment in HOKU					
4. Carceral agency is enrolled as a Med-QUEST provider (Group Biller) and maintained on an ongoing basis (e.g., renewals).	☐	☐	☐	☐	Choose an item.
5. Carceral facility is enrolled as Med-QUEST provider location and maintained on an ongoing basis.	☐	☐	☐	☐	Choose an item.

6. Processes to ensure applicable individual providers are enrolled as a Med-QUEST provider and maintained on an ongoing basis.	☐	☐	☐	☐	Choose an item.
QI Health Plan Credentialing and Contracting					
7. Carceral agency has established a contract and is credentialed with each QI Health Plan and maintained on an ongoing basis.	☐	☐	☐	☐	Choose an item.
8. Carceral facility is credentialed with each QI Health Plan and maintained on an ongoing basis.	☐	☐	☐	☐	Choose an item.
9. Processes to ensure applicable individual providers are credentialed with each QI Health Plan and maintained on an ongoing basis.	☐	☐	☐	☐	Choose an item.

Section V: Provider Requirements – Narrative Responses

Request	Response
1. Describe the approach for overseeing and managing providers delivering services within the carceral facility, including both staff and community-based providers.	enter text

Readiness Element: Billing and Reimbursement

Section VI: Billing and Reimbursement – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Billing Infrastructure and Claims Submission					
1. Systems, staff, and processes to submit clean claims to QI Health Plans and Hawaii Dental Services (HDS) for Medicaid Reentry Program services in accordance with Medicaid billing requirements and plan-specific requirements **or** documentation that the facility will provide mandatory Medicaid Reentry Program services to CAA-eligible youth without billing QI Health Plans or HDS for those services.	☐	☐	☐	☐	Choose an item.
2. Processes to determine and coordinate with the responsible billing entity for services furnished by in-reach community providers.	☐	☐	☐	☐	Choose an item.
Compliance and Program Integrity					
3. Processes to ensure services billed fall within the approved scope of Medicaid Reentry Program services and are furnished to eligible members during the applicable coverage period.	☐	☐	☐	☐	Choose an item.

4. Processes to ensure that claims submitted do not duplicate payment for services otherwise covered as part of routine carceral care.	☐	☐	☐	☐	Choose an item.

Section VI: Billing and Reimbursement – Narrative Responses

Request	Response
1. Describe the systems, staff (or contractors), and processes used to submit claims to QI Health Plans and HDS, including how the correct plan is identified and requirements are followed. If the facility plans to provide any mandatory Medicaid Reentry Program services to CAA-eligible youth without billing QI Health Plans or HDS for those services, describe which services will not be billed, the facility's plan and processes for delivering those services, and attest that the facility will have internal documentation of these policies and processes available upon request.	enter text
2. Describe billing responsibilities and coordination when in-reach providers are used, including which entity is the billing entity.	enter text
3. Describe how the facility ensures that services billed fall within the approved scope of Medicaid Reentry Program service and are furnished to eligible members during the applicable coverage period.	enter text
4. Describe how the facility distinguishes Medicaid Reentry Program services from routine carceral care and prevents duplicate billing.	enter text

Readiness Element: Member Consent and Privacy

Section VII: Member Consent and Privacy – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by the go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Consent & Privacy Compliance					
1. Carceral facility and participating providers comply with applicable federal and state consent and privacy laws in the delivery of the Medicaid Reentry Program.	☐	☐	☐	☐	Choose an item.
2. Facility has policies, procedures, and staff training to support consent and privacy compliance.	☐	☐	☐	☐	Choose an item.
Consent Processes					
3. Facility has processes to obtain, document, and manage required member consents (e.g. release of information, treatment consent) and ensure participation is voluntary.	☐	☐	☐	☐	Choose an item.
4. Facility has processes to document instances where an individual rejects services, when required.	☐	☐	☐	☐	Choose an item.
Privacy & Information Sharing					
5. Facility has processes to ensure that protected health information is collected, used, and shared in accordance with applicable laws and member consents.	☐	☐	☐	☐	Choose an item.

6. Facility implements reasonable safeguards to protect privacy during service delivery.	☐	☐	☐	☐	Choose an item.

Section VII: Member Consent and Privacy – Supporting Documentation	
To supplement your responses, please provide the following **required** documentation as separate attachments to demonstrate evidence of compliance.	
☐ Facility policies related to Medicaid Reentry Program consent and privacy	☐ [Optional] Other (e.g., consent form templates):

Readiness Element: Oversight, Compliance, and Reporting

Section VIII: Oversight, Compliance, and Reporting – Attestation Table					
Readiness Element	**Carceral Facility is Ready**	**Carceral Facility is Conditionally Ready**		**Carceral Facility is Not Ready**	**Assistance Request**
Indicate whether carceral facility meets each of the listed requirements by marking the appropriate checkbox within the attestation table.	**Carceral facility currently meets requirement**	**Carceral facility will meet requirement by go-live date**	**Carceral facility will meet requirement within 6 months of go-live**	**Carceral facility does not meet requirement**	**Assistance Request** (Select from dropdown below)
Compliance					
1. Processes to comply with Medicaid Reentry Program guidance and applicable federal and state laws and Medicaid requirements.	☐	☐	☐	☐	Choose an item.
2. Processes to ensure staff are aware of Medicaid Reentry Program guidance and applicable federal and state laws and Medicaid requirements.	☐	☐	☐	☐	Choose an item.
3. Processes in place to ensure members can access Medicaid rights and protections, including notices, grievance and appeal processes, and language access services.	☐	☐	☐	☐	Choose an item.
4. Processes to ensure carceral	☐	☐	☐	☐	Choose an item.

facility conducts an annual self-review and update to program procedures, policies, data use agreements, memoranda of agreement, and other program materials, as applicable, to reflect current program operations.					
Reporting					
5. Processes and data sharing agreements to comply with MQD reporting requirements, including submission of required data in accordance with MQD-defined timelines and specifications.	☐	☐	☐	☐	Choose an item.

Section VIII: Oversight, Compliance, and Reporting – Narrative Responses	
Request	**Response**
1-2. Describe how the facility ensures compliance with Medicaid Reentry Program requirements and applicable policies and procedures.	enter text
3. Describe how the facility ensures members can access Medicaid rights and protections.	enter text
4. Describe how the facility ensures annual self-review of program procedures, policies, data use agreements, memoranda of agreement, and other program materials, as applicable. The facility should ensure that all program materials reflect current operations, and that materials or self-review findings are available for MQD review upon request. Carceral facilities should notify MQD of any significant compliance concerns.	enter text
5. Describe how the facility supports required reporting, including data collection and submission processes.	enter text

Section VIII: Oversight, Compliance, and Reporting – Supporting Documentation
To supplement your responses, please provide the following **required** documentation as separate attachments to demonstrate evidence of compliance.

☐ Documentation identifying facility personnel responsible for oversight and day-to-day management of the Medicaid Reentry Program	☐ Documentation describing the roles, responsibilities, and operational workflows used in day-to-day management of the Medicaid Reentry Program

Carceral Facility Readiness Assessment Attestation Form

I certify that, as the representative of the carceral facility submitting this Facility Readiness Assessment, I agree to the following conditions:

1. The carceral facility has completed the Facility Readiness Assessment and attests that all responses, including supporting documentation, are complete and accurate based on a good faith understanding of Hawai'i's Medicaid Reentry Program.
2. The carceral facility has read, understands, and agrees to the Medicaid Reentry Program Policy and Operational Guidance and its supplemental documents.
3. If approved to go live, the carceral facility will follow all applicable federal and state Medicaid laws, regulations, and program requirements.
4. If approved to go live, the carceral facility agrees to maintain the capacity to deliver Mandatory services to at least CAA-eligible individuals at go-live in accordance with federal requirements.
5. If approved to go live, the carceral facility (and its contractors) provides Medicaid Reentry Program services and activities at no cost to members—balance billing is not allowed.
6. (If known) The carceral facility will be ready to go live with reentry services by the following date: _____

Facility Information

Facility Name: _____ Date of Submission: _____

Name of Point of Contact: _____

Contact Phone Number: _____ Contact Email: _____

Authorized Representative Signature:

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature of Authorized Representative: _____

Date: _____

(If Needed) Additional Authorized Representative Signatures:

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature of Authorized Representative: _____

Date: _____

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature of Authorized Representative: _____

Date: _____

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature of Authorized Representative: _____

Date: _____

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature of Authorized Representative: _____

Date: _____