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October 1, 2026

MEMORANDUM

MEMO NO.
QI-2619

TO: QUEST Integration (QI) Health Plans

FROM: Meredith Nichols MN
Med-QUEST Division Administrator

SUBJECT: MEDICAID REENTRY PROGRAM POLICY AND OPERATIONAL GUIDANCE

This memorandum provides QUEST Integration (QI) Health Plans, Hawai'i carceral agencies, and Medicaid Reentry Program providers with guidance on the Medicaid Reentry Program. The Medicaid Reentry Program services described in this document operate under authority granted by Hawai'i QUEST Integration Section 1115 Demonstration, effective from January 8, 2025, through December 31, 2029; Section 5121 of the Consolidated Appropriations Act, 2023; and the Medicaid State Plan.

This memorandum and the attachments to the memorandum describe:

1) Eligibility criteria, service parameters, and standards for Medicaid Reentry Program services.
2) Operational requirements for QI Health Plans, carceral agencies, and Medicaid Reentry Program providers.

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EXECUTIVE SUMMARY

The Medicaid Reentry Program establishes a comprehensive, cross-agency framework to support incarcerated individuals in the period prior to release and during their transition back to the community. Authorized under Hawai'i's Section 1115 Demonstration and Section 5121 of the Consolidated Appropriations Act (CAA) of 2023, the program enables qualified individuals to access a specific set of Medicaid services for up to 90 days prior to and immediately after release, with the goal of improving care continuity, stabilizing health conditions, and reducing avoidable adverse outcomes following an individual's release from incarceration. Service delivery is guided by medical appropriateness and member choice and must be provided in accordance with established Medicaid requirements, provider qualifications, and billing protocols.

The Medicaid Reentry Program is administered by the Med-QUEST Division (MQD) with shared operational responsibilities across partner entities, including state government agencies, carceral facilities, Medicaid health plans, and health and social service providers. Implementation requires clearly defined roles, aligned operational workflows, and close coordination among implementation partners to ensure that eligible individuals are identified, enrolled in coverage, and connected to Medicaid Reentry Program services in a timely and compliant manner. MQD is responsible for overall program oversight, including but not limited to developing program parameters, compliance with federal and state requirements, and reporting and evaluation activities.

This Medicaid Reentry Program Policy and Operational Guidance ("Guidance") document provides the policies and implementation expectations necessary to operationalize the Medicaid Reentry Program in alignment with federal requirements, state policy, and demonstration Special Terms and Conditions (STCs). It is intended to serve as a practical, implementation-oriented resource with a focus on key processes related to eligibility and enrollment, service delivery, provider requirements, care coordination, data sharing, and other program details. It also identifies critical implementation considerations and decision points to support readiness and ongoing program management.

Through this framework, the Medicaid Reentry Program aims to strengthen continuity of care, improve health outcomes, and support successful transitions from incarceration to the community. MQD extends its sincere mahalo to implementation partners for their immense efforts, engagement, and flexibility as we advance these goals to support our communities.

Disclaimer:

Every effort has been made to ensure the accuracy of this Guidance. If there is an actual or apparent conflict between this document and a governing statute or MQD policy, the governing statute or MQD policy applies.

ACRONYMS AND TERMINOLOGY

A. Acronyms

Acronym	Full Term
ADAD	Alcohol and Drug Abuse Division
AMHD	Adult Mental Health Division
AR	Authorized Representative
ARPA	American Rescue Plan Act
ASAM	American Society of Addiction Medicine
AUD	Alcohol Use Disorder
BCCTP	Breast and Cervical Cancer Treatment Program
BHA	Behavioral Health Administration
CAA	Consolidated Appropriations Act (of 2023)
CAMHD	Child and Adolescent Mental Health Division
CF	Carceral Facility
CHIP	Children's Health Insurance Program
CIS+	Community Integration Services Plus
CMCS	Center for Medicaid and CHIP Services
CMS	Centers for Medicare & Medicaid Services
DCR	Department of Corrections and Rehabilitation
DDD	Developmental Disabilities Division
DEA	Drug Enforcement Administration
DHS	Department of Human Services
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMO	DHS Medicaid Online
DOE	Department of Education
DOH	Department of Health
D-SNP	Dual Eligible Special Needs Plan
DUA	Data Use Agreement

Acronym	Full Term
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FCLB	Family Court Liaison Branch
FDA	Food and Drug Administration
FFCC	Former Foster Care Children
FWA	Fraud, Waste, and Abuse
HAP	Health Action Plan
HCPS	Hawai‘i Certified Peer Specialist
HDS	Hawaii Dental Service
HFA	Health and Functional Assessment
HIPAA	Health Insurance Portability and Accountability Act
HI-PDMP	Hawaii Prescription Drug Monitoring Program
HOKU	Hawaii's Online Kahu Utility
HOPE	Hawai‘i ‘Ohana Nui Project Expansion
HPA	Hawai‘i Paroling Authority
HPMMIS	Hawai‘i Prepaid Medical Management Information System
HRSN	Health-Related Social Needs
HYCF	Hawai‘i Youth Correctional Facility
LBSW	Licensed Bachelor Social Worker
LSW	Licensed Social Worker
LTSS	Long-Term Services and Supports
MAT	Medication for Addiction Treatment
MMIS	Medical Management Information System
MOA	Memorandum/Memoranda of Agreement
MOU	Memorandum/Memoranda of Understanding
MQD	Med-QUEST Division
MSP	Medicare Savings Program
MSW	Master of Social Work
NPI	National Provider Identifier
OBOT	Office-Based Opioid Treatment

Acronym	Full Term
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PI	Primary Individual
QI	QUEST Integration
rTCM	Reentry Targeted Case Management
SMD	State Medicaid Director
STC	Special Terms and Conditions
StimUD	Stimulant Use Disorder
SEBD	Support for Emotional and Behavioral Development Program
SHO	State Health Official
SMI/SPMI	Severe Mental Illness/Serious and Persistent Mental Illness
SUD	Substance Use Disorder
TPL	Third-Party Liability
USPSTF	U.S. Preventive Services Task Force
XIX	Title XIX (of the Social Security Act)

B. Terminology

Term	Definition
Carceral Facility	A prison, jail, or youth correctional facility under the jurisdiction of the State of Hawai‘i that houses incarcerated individuals.
Change of Circumstance	A form/process used to report changes, updates, and/or corrections to a Medicaid case.
Full Medicaid Coverage	The complete scope of Medicaid coverage available to members in the community. Full Medicaid coverage does not include limited benefit programs such as BCCTP or MSP.
Group Biller	A Hawai‘i Med-QUEST HOKU provider enrollment type for an entity or organization that bills on behalf of other providers or wants its own billing ID. It is listed as the Billing Provider on claims and can never be the sole Rendering/Servicing Provider, since it holds no credentials to render services itself.
Guidance	Refers to this document and associated appendices—the “Medicaid Reentry Program Policy and Operational Guidance.”

Term	Definition
HOKU	HOKU (Hawaii's Online Kahu Utility) is the State of Hawai‘i Department of Human Services’ Med-QUEST Division web-based provider enrollment system.
Household Composition	The group of individuals whose relationships to an applicant or member are counted together to determine household size for Medicaid eligibility purposes.
KOLEA	KOLEA (Kauhale On-Line Eligibility Assistance) is the State of Hawai‘i's online system for applying for and managing Medicaid benefits.
Limited Medicaid Reentry Coverage	The limited scope Medicaid coverage available once a member’s expected release date falls within the 90-day pre-release window.
Medicaid Reentry Program	The cross-agency program authorized under Hawai‘i’s Section 1115 Demonstration and CAA Section 5121 that allows qualified incarcerated individuals to access specific Medicaid services for up to 90 days before, and immediately after, release. Medicaid Reentry Program is also referred to as “Reentry Program.”
Member	A “member” is an individual who is eligible for and enrolled in the QUEST Integration (QI) managed care system administered by the Hawai‘i Department of Human Services’ Med-QUEST Division.
Off-Site Facilities	Out-of-state carceral facilities under Hawai‘i’s jurisdiction; facility-readiness requirements apply to the overseeing agency rather than the physical facility.
Primary Individual	The primary applicant and main point of contact for a household Medicaid case.
QI Health Plan	A Medicaid managed care health plan under Hawai‘i’s QUEST Integration (QI) program, responsible for administering Reentry Program services and member materials.
Readiness Status (“Ready,” “Conditionally Ready,” “Not Ready”)	The three possible designations MQD assigns to a carceral facility in the Facility Readiness Assessment based on the facility’s ability to meet program requirements.
Reentry Targeted Case Management (rTCM)	The specific case-management service model for the Medicaid Reentry Program, detailed further in Appendix I.
Reentry Wellness Exam	A comprehensive physical and behavioral health assessment offered to all Medicaid Reentry Program members as part of covered services.
Short Stay Population	Individuals with brief carceral facility stays; the document notes this population’s definition may vary by carceral facility.

Term	Definition
Special Terms and Conditions (STCs)	The federal conditions governing Hawai'i's Section 1115 Demonstration, which this Guidance implements.

I. PURPOSE OF THIS DOCUMENT

This Policy and Operational Guidance outlines requirements, processes, and expectations for implementing Hawai'i's Medicaid Reentry Program, with supporting details and resources in the Appendix. Complementing this document, Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model outlines key parameters for the Reentry Targeted Case Management (rTCM) service.

This Guidance is intended to support carceral facilities, health plans, providers, and other state and community partners in understanding their roles and responsibilities in operationalizing Medicaid Reentry Program services and ensuring compliance with program requirements. While this Guidance establishes the core policy and operational framework, implementing partners are expected to develop organization-specific workflows and procedures aligned with this framework.

This document is organized by the key functional areas critical to implementation:

- **II. Introduction and Background:** Background information on Hawai'i's justice landscape, program goals, implementation approach, and governing federal authorities.
- **III. Eligibility and Enrollment:** Criteria and operational processes for identifying, screening, and enrolling eligible individuals into Medicaid and the Reentry Program.
- **IV. Services:** Definitions and delivery approaches for Reentry Program services.
- **V. Provider Requirements:** Enrollment, credentialing, and contracting requirements.
- **VI. Billing and Reimbursement:** Payment methodology, processes, and allowable claims.
- **VII. Member Consent and Privacy:** Expectations for carceral facilities and providers regarding informed member consent and privacy.
- **VIII. Oversight, Compliance, and Reporting:** Information on program accountability, reporting, and program improvement.
- **IX. Carceral Facility Readiness:** Federal and state requirements for carceral facilities to deliver Medicaid-funded Reentry services.

This initial version of Guidance is released to give implementation partners an operational framework as they continue implementation planning and to share the Reentry Program's policy direction transparently and publicly with the broader community in advance of program launch. Certain sections of the Guidance include placeholders for program details that are not yet finalized, particularly those related to shared readiness activities like operational and systems designs. MQD, carceral agencies, and QI Health Plans will continue to collaborate on these efforts, and as needed, updates will be incorporated into this guidance.

This Guidance will also be updated on an ongoing basis to reflect new phases of program implementation, updates in federal or state policy, and other operational changes to the program.

Implementation partners should regularly refer to MQD's website to ensure they are using the most current version.

II. INTRODUCTION AND BACKGROUND

Hawai'i's Medicaid Reentry Program is authorized through a combination of Hawai'i's QUEST Integration Section 1115 Demonstration renewal[1] and Section 5121 of the Consolidated Appropriations Act (CAA) of 2023.[2] It is a cross-agency initiative managed by the Med-QUEST Division (MQD) to strengthen health care access and continuity for Medicaid-eligible individuals transitioning from incarceration back to the community. The program builds upon existing infrastructure within carceral settings and expands Medicaid's role in supporting care before and after release. This section provides an overview of Hawai'i's Medicaid Reentry Program within the broader context of the State's justice, health, and social systems, highlighting how existing reforms have shaped the State's implementation efforts.

A. Hawai'i's Justice and Health Landscape

Individuals involved with the justice system experience more adverse health and social outcomes than the general population. Nationally, individuals involved with the justice system are more likely to suffer from chronic conditions and infectious diseases and experience co-occurring mental health and substance use disorders (SUD).[3] They are also more likely to have been homeless in the year prior to incarceration, less likely to have been employed prior to their arrest, and more likely to report a history of abuse.[4]

These national patterns are also evident in Hawai'i, with data from one QI Health Plan showing similarly high rates of physical and behavioral health conditions, homelessness, and other social needs. Individuals involved with the justice system in Hawai'i are also disproportionately likely to be Native Hawaiian or Pacific Islander compared to other racial and ethnic groups, with Native Hawaiian or Pacific Islander populations experiencing higher rates of many adverse health outcomes compared to other populations.[5,6]

As a result, Hawai'i's State agencies and legislature have advanced significant reform over the past decade. Key state reform milestones include:

- In 2014, House Bill 2490 set a goal of reducing the youth correctional facility population by 60 percent by 2019 and reinvesting savings in community-based behavioral health services.[7]

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[1] Centers for Medicare & Medicaid Services. Hawai'i QUEST Integration Section 1115(a) Demonstration. January 8, 2025.
[2] U.S. Congress. Public Law 117-328. December 29, 2022.
[3] Maruschak, Laura M., Berzofsky, Marcus, and Jennifer Unangst. "Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–2012." Bureau of Justice Statistics, Feb. 2015.
[4] Artiga, Samantha, and Robin Rudowitz. "Health Coverage and Care for the Adult Criminal Justice-Involved Population." KFF, 2014.
[5] United Healthcare Services, Inc. Data provided to MQD. 2020.
[6] Moy, Karen L., Sallis, James F., and Katrine J. David. "Health Indicators of Native Hawaiian and Pacific Islanders in the United States." J Community Health, Feb. 2010.
[7] Hawai'i State Legislature. House Bill 2490: Relating to Juvenile Justice. 2014.

- In 2018, House Bill 2144 required Medicaid eligible and enrolled individuals entering a public institution to have their Medicaid benefits suspended, rather than terminated.[8]
- From 2014 to 2021, Hawai'i's overall incarcerated population decreased by 30 percent, while the number of newly incarcerated persons decreased by 39 percent.[9, 10] Additionally the number of monthly intakes into Hawai'i' Department of Corrections and Rehabilitation facilities decreased from 959 in July 2020 to 553 in July 2025.[11] A portion of the reduction in facility intakes may be attributable to the COVID-19 pandemic in addition to other factors.
- By 2022, the total incarcerated youth population declined from 100 in 2014 to about 15.[12]
- In 2022, House Bill 2309 and Senate Bill 3294 appropriated funds to support reentry programs, including Huikahi Restorative Circles to help individuals develop support systems.[13, 14]

While Hawai'i has made positive strides in justice system reform, efforts to-date have been reliant on inconsistent and time-limited funding streams, including one-time legislative appropriations and American Rescue Plan Act (ARPA) funding. The Medicaid Reentry Program builds on these successes by providing sustained, predictable funding for critical services during transitional periods from incarceration to community reentry while advancing cross-agency collaboration.

B. Program Goals

The Medicaid Reentry Program newly provides Medicaid coverage and reimbursement for specific health care and care coordination services during the 90 days prior to an individual's expected release date and immediately post-release. The Medicaid Reentry Program reflects a shared commitment across State agencies, carceral facilities, and community partners to promote a holistic approach to health, addressing not just the immediate health and health-related needs of clients upon release, but also the longer-term supports necessary for sustained health and well-being.

The program also reinforces Hawai'i's broader Medicaid transformation efforts, including the Hawai'i 'Ohana Nui Project Expansion (HOPE) strategic vision established in the Section 1115 Demonstration. This vision underscores MQD's commitment to facilitate new opportunities for proactive identification of members' physical health, behavioral health, and health-related social needs (HRSN), and to promote connections across multiple state agencies to improve members' overall health and well-being.

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[8] Hawai'i State Legislature. House Bill 2144: Related to Medicaid. 2018.
[9] Carson, E.A. "Prisoners in 2014 – Statistical Tables." Bureau of Justice Statistics, September 2015.
[10] Carson, E.A. "Prisoners in 2021 – Statistical Tables." Bureau of Justice Statistics, December 2022.
[11] Department of Corrections and Rehabilitation. "Hawai'i Department of Corrections and Rehabilitation FY 2025 Annual Report." March 2026.
[12] Solina, Samie. "For the First Time, There Are No Girls Incarcerated at Hawaii Youth Correctional Facility." Hawaii News Now, June 20, 2022.
[13] Hawai'i State Legislature. House Bill 2309: Relating to Incarceration. 2022.
[14] Hawai'i State Legislature. Senate Bill 3294: Relating to Reentry Planning Circles. 2022.

C. Cross-Agency Collaboration

Successful implementation of the Medicaid Reentry Program relies on close collaboration and shared ownership among participating State agencies. MQD began actively meeting with Medicaid Reentry Program stakeholders in fall 2023 through formal public notice and comment processes for the Section 1115 Demonstration. Since then, MQD has collaborated with State agency partners to understand existing infrastructure within the carceral system and develop program policies, processes, and resources required to operationalize the Medicaid Reentry Program.

The below State agencies and divisions play key roles in the design and implementation of the Medicaid Reentry Program. It is through the collective investment and partnership across these groups that Hawai'i will support the whole-person needs of individuals involved with the justice system returning to the community. This Guidance distinguishes responsibilities across these functions to support accountability and coordinated implementation.

- **Med-QUEST Division (MQD)** is a division of the Department of Human Services (DHS) that administers Hawai'i's Medicaid program. MQD convenes partner agencies, issues program guidance, provides technical assistance to program partners, and oversees program compliance.
- **Department of Corrections and Rehabilitation (DCR)** oversees Hawai'i's unified system of jails and prisons for adult populations over the age of 18 years. Hawai'i is one of six states with a unified corrections system of jails and prisons meaning DCR sets standards, operates facilities for, and manages both pretrial and sentenced populations.[15] DCR is both a provider of Medicaid Reentry Program services as well as a critical partner in identifying potentially eligible individuals, supporting their enrollment, coordinating pre-release services, and collaborating with community-based providers, health plans, and other relevant State agencies.
    - **Hawai'i Paroling Authority (HPA)** is administratively attached to DCR and communicates parole dates and supports post-release case management transitions and activities, including collaborating with the member's case manager.
- **Hawai'i Youth Correctional Facility (HYCF)** oversees Hawai'i's only juvenile facility, serving individuals under the age of 18 years. HYCF is both a provider of Medicaid Reentry Program services as well as a critical partner in identifying potentially eligible individuals, supporting their enrollment, coordinating pre-release services, and collaborating with community-based providers, health plans, and other relevant State agencies.
- **Hawai'i Circuit Courts** are trial courts within the Hawai'i State Judiciary that handle felony criminal cases, civil manners exceeding certain thresholds, and Family Court appeals. There are four judicial circuits, one serving each island of Oahu, Maui County, Hawai'i Island, and Kauai County Probation/Circuit Courts.
    - **Probation Services** within the Circuit Courts are responsible for supervising individuals placed on probation by the courts and supporting successful transitions from incarceration to the community. Circuit Courts and probation officers support

[15] Vera Institute of Justice. "Vera's Incarceration Trends State Fact Sheets." December 2019.

the Medicaid Reentry Program by facilitating communications about release dates and supporting case management activities.

- **Hawai‘i Department of Health (DOH)** oversees many of Hawai‘i’s public health, behavioral health, and environmental health programs. Through its Behavioral Health Administration (BHA) divisions—Adult Mental Health Division (AMHD), Child and Adolescent Mental Health Division (CAMHD), including the Family Court Liaison Branch (FCLB), Alcohol and Drug Abuse Division (ADAD), and Developmental Disabilities Division (DDD)—DOH may support the provision and coordination of Medicaid Reentry Program services for certain populations. For example, CAMHD is responsible for providing and coordinating mental health services for children and youth with serious emotional and behavioral challenges through a network of Family Guidance Centers and community providers.
- **Hawai‘i Department of Education (DOE)** provides educational assessments and services to youth who are incarcerated in HYCF. DOE coordinates with CAMHD, FCLB, and community partners to support continuity of and access to educational or vocational opportunities post-release.

D. Federal Authorities Governing Hawai‘i’s Medicaid Reentry Program

Hawai‘i’s Medicaid Reentry Program is authorized by two separate but overlapping federal authorities: the Hawai‘i QUEST Integration Section 1115 Demonstration and Section 5121 of the CAA of 2023. Though these authorities have distinct requirements, the State is implementing services under them concurrently as one cohesive program. Accordingly, this Guidance presents a unified set of requirements for carceral facilities, health plans, providers, and other implementation partners.

1. Section 1115 Demonstration Renewal

On January 8, 2025, CMS approved Hawai‘i’s renewal of its Section 1115 Demonstration. This approval newly authorizes Medicaid coverage of select services for eligible individuals for up to 90 days prior to release from qualifying carceral settings. It also permits limited expenditure authority to support infrastructure needed to deliver these services.[16] The approval’s Special Terms and Conditions (STCs) outline specific requirements—on topics ranging from program eligibility and enrollment to provider readiness—governing Hawai‘i’s Medicaid Reentry Program.

2. Section 5121 of the CAA of 2023

Section 5121 of the CAA of 2023 (CAA) mandates that all states provide certain reentry services to adjudicated youth through Medicaid and the Children’s Health Insurance Program (CHIP).[17] Specifically, states must provide screening, diagnostic, and targeted case management services to

[16] Reentry infrastructure funds are transitional, non-service expenditures that states may claim federal Medicaid matching funds for to support the implementation of the Reentry Program. These expenditures are strictly limited to supporting service delivery for up to 90 days prior to release and cannot include construction, building upgrades, or facility refurbishment. Additional federal requirements can be found in the Section 1115 Demonstration approval. Approval for this funding is not guaranteed; carceral facilities in need of this support to provide high-quality Medicaid pre-release services should discuss this opportunity with MQD.

[17] U.S. Congress. Public Law 117-328. December 29, 2022.

eligible juveniles under Medicaid within 30 days of the eligible juvenile's expected release from a public institution, and at least 30 days of targeted case management services following release. Through the Medicaid Reentry Program as described within this Guidance, MQD and its partners are complying with the provisions of the CAA.[18] As defined in the statute, eligible individuals (CAA-eligible individuals) include 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.

3. Other Federal Guidance

In addition to the above statutory authorities, Hawai'i's Medicaid Reentry Program is informed by other federal guidance which can be found in Appendix F – Resources and Key Contacts. CMS provides detailed guidance and expectations for reentry programs across both federal authorities, with requirements on program policies, design, implementation, and oversight.

E. Reinvestment Requirement

Pursuant to Hawai'i's Section 1115 Demonstration authority, CMS requires that any new federal Medicaid matching funds used to pay for services previously paid for with state or local dollars be reinvested to enhance the Medicaid Reentry Program and better the health of justice-involved individuals. This ensures that federal funding supplements, rather than supplants, existing spending for care delivery in carceral settings. To meet this requirement, MQD submitted a reinvestment plan to CMS outlining how federal funds will be used to bolster reentry-related health services and resources.

III. ELIGIBILITY AND ENROLLMENT

This section describes the processes used to identify eligible individuals, enroll them in Medicaid and a QI Health Plan, and maintain appropriate coverage during incarceration and transition to the community. These processes are designed to support timely access to services pre- and post-release, compliance with federal Medicaid rules, and coordination among MQD, carceral facilities, and QI Health Plans.

These activities in this section are not described sequentially and are not intended to reflect a specific operational workflow. Suggested timelines are described where applicable. Please refer to Appendix B – Eligibility and Enrollment Responsibilities Summary for a summary of the key responsibilities by party.

A. Medicaid Reentry Program Eligibility Criteria

The Medicaid Reentry Program serves individuals who meet all of the following criteria:

- **Medicaid Eligibility:** The individual has been determined eligible for Medicaid.

[18] While there is an additional optional provision under Section 5122 of the CAA of 2023 allowing states to provide full scope Medicaid and/or CHIP services to all eligible youth who are incarcerated prior to adjudication, MQD has not pursued this option as of this Guidance release date.

    - *Exclusion:* Individuals eligible only for limited-benefit Medicaid programs (such as a Medicare Savings Program [MSP], the Breast and Cervical Cancer Treatment Program [BCCTP], and Emergency Medical Assistance) are ineligible.
- **Proximity to Release:** The individual has been identified as being within 90 days of expected release from incarceration.
- **Incarcerated at an Eligible Carceral Facility:** The individual meets the definition of an inmate of a public institution, as specified in 42 CFR § 435.1010, and is incarcerated at a prison, jail, or youth correctional facility[19] under the jurisdiction of the State of Hawai'i that is participating in the Medicaid Reentry Program and has been assessed by MQD as ready to deliver minimum required pre-release services. See IX. Carceral Facility Readiness.
    - *Exclusion:* Individuals currently residing in, or being transferred to, the Hawai'i State Hospital are ineligible.

Facility Transfers: Transfers between eligible carceral facilities do not impact program eligibility. However, facility transfers may impact the availability of Medicaid Reentry Services if the destination facility is not participating in the program or providing the same scope of services as the prior facility. Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model, Section VI.B. Facility Transfers describes how reentry service delivery will be adjusted in these scenarios.

Member Participation: Enrollment in Med-QUEST and participation in the Medicaid Reentry Program are the choice of the member—individuals are not required to apply, enroll, or participate. If a member initially declines coverage or program participation, they may still choose to apply and enroll in Medicaid or participate in the Medicaid Reentry Program at a later date. Participation in the Medicaid Reentry Program is not a condition of Med-QUEST application and enrollment. Participation in the Medicaid Reentry Program must not in any way cause a delay in a member's release date or lead to increased involvement in the justice system.

- *Note:* Reentry Program coverage is automated based on a member's Medicaid eligibility and expected release date. There is no member or QI Health Plan action required to initiate or re-initiate Reentry Program coverage—members do not actively enroll in the Reentry Program. Rather, this is a limited scope coverage status that includes coverage for certain pre-release services. Consistent with Medicaid policy, participation in Reentry Program covered services is the choice of the member; members may accept or decline Reentry Program services or re-initiate services at any time during the pre-release period. Once the member has active Reentry Program coverage, QI Health Plans will begin working with carceral facilities to support service coordination and continuity of care, as described throughout this document.

[19] For individuals incarcerated in out-of-state facilities under the jurisdiction of the State of Hawai'i (referred to as "off-site facilities"), MQD may permit delivery of Medicaid Reentry Program services by Hawai'i 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.

B. Expected Member Release Dates

Carceral facilities are responsible for identifying and communicating an individual's incarceration status and expected release date to MQD via mutually agreed upon data sharing processes and timeframes, and for updating this information when needed. Expected **release dates should reflect the facility's best understanding** of when the individual will be released from incarceration, with any changes in expected release dates being communicated as soon as possible.

Short-Stay Considerations:

Whenever feasible for individuals with short or uncertain lengths of stay, carceral facilities should identify individuals likely to be released within 90 days for engagement in the Medicaid Reentry Program, recognizing that release timing may change and must be updated to MQD as new information becomes available (upon intake and upon subsequent updates).

1. MQD Eligibility and Enrollment Actions

MQD's receipt of an individual's incarceration status and expected release date will trigger appropriate eligibility and enrollment actions conducted by MQD, accompanied by appropriate member notices and materials. Key actions include:

- **Medicaid Suspension:** For individuals who are already enrolled in Medicaid at the time of incarceration and are incarcerated for four or more days, MQD will suspend Medicaid benefits, retroactively effective the first full day of incarceration and upon receipt of incarceration status from the carceral facility. MQD will not suspend Medicaid benefits for individuals who are incarcerated for three or fewer days. For individuals whose Medicaid applications are approved during incarceration and prior to the pre-release 90-day period, full Medicaid coverage will be approved in suspended status.
    - **Considerations for Dually Eligible Individuals.** If a dually eligible individual with both Medicare and Medicaid was enrolled in a Med-QUEST Dual Eligible Special Needs Plan (D-SNP) prior to incarceration, they will be disenrolled from the D-SNP and moved into Traditional Medicare, as applicable. Medicare will generally not pay for medical services while an individual is incarcerated.[20]
- **Activation of Limited Medicaid Reentry Program Coverage:** When an enrolled member's communicated release date is within a 90-day period, MQD will move the member into Medicaid Reentry coverage, enabling coverage of pre-release services. For members whose communicated release date is within a 90-day period at the time of suspension of full Medicaid coverage, the member will be immediately and automatically moved into Medicaid Reentry coverage. The member will be assigned a Medical Management Information System (MMIS) rate code identifying limited Medicaid Reentry coverage. The member's Medicaid Reentry coverage status and, pending future systems updates, the member's expected release date will be included in the 834 Enrollment Transaction file shared with the QI Health Plan.

[20] For individuals who become eligible for Medicare during incarceration, carceral facilities, a designated entity, or the individual's Reentry Targeted Case Management (rTCM) provider, as applicable, should provide support for enrolling in Medicare. See Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model for additional information.

- **Potential Medicaid Renewals:** In addition to release date communications, activation of Limited Medicaid Reentry Coverage relies on successful eligibility and enrollment support activities within carceral facilities, including support for any Medicaid Renewals that may be required during incarceration, as described in Section III.C.2. Medicaid Eligibility Maintenance.

- **Transition to Full Medicaid Coverage Upon Release:** MQD will activate full Medicaid coverage and update MMIS and the 834 Enrollment Transaction file, effective the day of release.

2. Changes to Expected Release Dates

Carceral facilities must communicate changes in expected release dates to MQD to enable Medicaid enrollment actions based on the new expected release date. Once the change in the member's expected release date is communicated to MQD, **MQD will adjust the member's coverage as follows**:

- **Member is released without prior notice:** If a member enrolled in the Medicaid Reentry Program is unexpectedly released prior to the expected release date, MQD will activate full Medicaid coverage as soon as the release date is communicated and transition the member from Reentry coverage to full Medicaid coverage, effective to the date of release. If Reentry coverage had not yet been activated, MQD will instead reactivate the member's full Medicaid coverage from suspended status effective on the date of release.
- **Member has Reentry coverage and the new expected release date is postponed beyond 90 days:** If a member enrolled in the Medicaid Reentry Program has their release date postponed such that the new expected release date falls beyond the current 90-day window, MQD will re-suspend the member's Medicaid benefits. Based on the updated expected release date, MQD will then unsuspend Medicaid benefits and reactivate Reentry coverage beginning 90 days prior to release.
- **Member has Reentry coverage and new expected release date is still within 90 days:** If a member is in the Medicaid Reentry Program and their new expected release date still falls within the current 90-day window, MQD will update the effective date of reactivation of full Medicaid coverage upon release, and the member will remain in Reentry coverage.
- **Member is in suspended status when release date changes:** If a member's benefits are suspended when their expected release date changes, MQD will update the effective dates of activation of Medicaid Reentry coverage and reactivation of full Medicaid coverage upon release accordingly. Based upon the member's new expected release date, the member may either remain in suspension status or move directly into limited Reentry coverage, as applicable.

C. Carceral Facility Member-Facing Responsibilities

This section outlines the responsibilities of carceral facilities in supporting member-facing Medicaid eligibility and enrollment activities. These activities help ensure that eligible individuals are identified, enrolled in Medicaid and a QI Health Plan, and able to access Medicaid services during the pre-release period and upon transition back to the community.

While carceral facilities are responsible for ensuring these activities occur, most functions described here can be performed by designated or contracted entities with expertise in Medicaid eligibility and enrollment. MQD will partner with carceral facilities to help identify possible designated or contracted entities and other eligibility and enrollment resource opportunities, such as MQD-led training and technical assistance for carceral staff.

To support timely enrollment in the Medicaid Reentry Program during incarceration and full Medicaid coverage after release, carceral facilities are encouraged to perform these eligibility and enrollment activities as needed at several key phases: upon intake, prior to enrollment in the Medicaid Reentry Program (90-120 days prior to release), and immediately prior to release.

1. Medicaid Application Support

Per federal requirements, carceral facilities must offer Medicaid application support for all incarcerated individuals.[21] Connecting individuals to Medicaid before release is one of the most effective ways to improve health outcomes and stability after incarceration, making screening, enrollment, and eligibility maintenance support during incarceration critical. Ensuring that individuals are screened for eligibility and supported in enrolling in Medicaid while incarcerated can significantly improve continuity of care at release and shape long-term health and well-being outcomes. Expectations regarding Medicaid application support in carceral settings are described below.

- **Medicaid Coverage Assessment:** Carceral facilities must screen individuals for Medicaid coverage status upon or shortly following intake and, when possible, in advance of the 90-period pre-release period. Coverage for Medicaid can be checked using the MQD Navigator Portal and the DHS Medicaid Online (DMO) eligibility verification system.
    - **Change in Household Composition.** If an enrolled member is identified as part of a household, the carceral facility must assess whether the member will remain part of the household. If the member (1) has been removed by the Primary Individual from the household or (2) does not plan to remain a part of the household following release, the carceral facility must assist the member with submitting a new Medicaid application. See Appendix C – Member Mailing Addresses and Correspondence for more details on household composition.
- **Medicaid Application Support:** Carceral facilities must offer support to complete and submit Medicaid applications for all individuals who are not already enrolled in Medicaid or who need a new application submitted. Applications for Medicaid coverage should be submitted upon or shortly following intake, when possible. If not, applications should be submitted in advance of the 90-day pre-release period, when possible. Applications can be submitted online via the MQD Navigator Portal with the support of an application assister, by directly applying for coverage through MQD's webpage, using a paper application by mail or fax, or by calling Med-QUEST customer service. MQD encourages carceral facilities to use electronic means for submitting Medicaid applications wherever possible.

[21] Centers for Medicare & Medicaid Services. SMD# 23-003: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated. April 17, 2023.

- **Out of State Application Support.** If an individual plans to reside outside of Hawai'i after release, the carceral facility must provide Medicaid application assistance in the destination state prior to release, consistent with federal Medicaid requirements.[22] This may be done directly using the destination state's Medicaid application or through the Federally Facilitated Marketplace at https://www.healthcare.gov/.
- **QI Health Plan Selection Support:** As part of the Medicaid application process, or when otherwise appropriate, carceral facilities must assist individuals in selecting a QI Health Plan. Plan selection is made as part of the application process, including via the MQD Navigator Portal with the support of an application assister, MQD's online application, or paper application, when necessary. MQD encourages carceral facilities to complete this process using electronic means whenever possible. Support must include assessment of the individual's anticipated post-release living location and available QI Health Plans that serve the area. Individuals should be provided guidance to select a QI Health Plan that serves their anticipated post-release living destination. QI Health Plan selection must always be a decision made by the member and cannot be made by the carceral facility or any other individuals involved in supporting the application. If the member has no preference, the member should select the option for "auto assign," and will be automatically assigned to one of the QI Health Plans.

Based on these actions, MQD will appropriately process Medicaid applications, enroll members in QI Health Plans, and send members materials (such as member notices and enrollment materials).

Need Assistance with the Hawai'i Medicaid Navigator Portal?

If you experience technical difficulties, access issues, or are unable to complete required activities in the Navigator Portal, visit the Med-QUEST Navigator Portal or contact the Navigator Portal Help Desk at **(808) 900-7979**. The Help Desk serves as the primary escalation pathway for resolving portal-related issues and minimizing disruptions to Medicaid eligibility and enrollment processing.

2. Medicaid Eligibility Maintenance

Carceral facilities must support Medicaid eligibility maintenance activities for incarcerated individuals to ensure that member eligibility information remains current and that coverage can be activated or reactivated when appropriate.

- **Reporting Change of Circumstances:** Carceral facilities must assist individuals in submitting a Change of Circumstance form any time changes occur that may impact Medicaid eligibility or to correct any information on file with MQD identified as outdated or inaccurate.[23] Reportable changes include: household composition, income or employment status, address, other health insurance coverage, contact information, or any other potential concerns relating to Medicaid eligibility, such as confirming an individual's appropriate Medicaid eligibility group.[24] Changes in Circumstance can be reported online

[22] Centers for Medicare & Medicaid Services. SMD# 23-003: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated. April 17, 2023.
[23] Hawai'i Administrative Rules. § 17-1712.1-4.
[24] For any changes not specifically identified in the Change of Circumstance form, these details may be noted as a free text

via the KOLEA member portal or the MQD Navigator Portal with support from an application assister, or via paper form mailed to the MQD Eligibility Branch.[25] MQD encourages carceral facilities to use electronic means for submitting Medicaid applications wherever possible.

- **Carceral Mailing Address & Authorized Representatives:** Members may wish to receive their Medicaid-related mail at the carceral facility, rather than an address in the community. For the carceral facility to receive Medicaid-related mail, the carceral facility must be established as either (1) the member's mailing address or (2) the address associated with an Authorized Representative. For detailed guidance on updating mailing addresses for the purposes of delivering Medicaid correspondence, see Appendix C – Member Mailing Addresses and Correspondence. Carceral facilities are expected to support changes:
    - **Upon or Shortly Following Intake or Transfer.** As a part of the intake and Medicaid application support processes, carceral facilities should identify the member's preferred mailing address during incarceration and make necessary updates. In instances where an individual is transferred from one carceral facility to another, the intake facility should assess whether updates are required to maintain an appropriate mailing address during incarceration.
    - **Prior to Release.** Prior to release, carceral facilities should update the member's mailing address on record to reflect the member's anticipated post-release living situation, when known. If a post-release address is not available, the rTCM provider address can be temporarily used and updated when the member's living situation is determined. If the carceral facility was designated as a member's mailing address or an Authorized Representative's address during the member's incarceration, it is the carceral facility's responsibility to submit a Change of Circumstance form to remove the carceral facility mailing address anywhere it appears on the case effective the date of release.
- **Fair Hearings and Appeals:** Individuals have the right to appeal adverse decisions made by MQD or QI Health Plans related to Medicaid coverage or services. Carceral facilities must support individuals' ability to submit fair hearing requests and appeals if requested. If a hearing date takes place while the individual is incarcerated, the facility must support the individual's ability to participate in the fair hearing. For information on how to submit a Fair Hearing Request, Grievance, or Appeal, see details on MQD's webpage at https://medquest.hawaii.gov/en/members-applicants/rights-and-responsibilities/grievance-appeals.html.
- **Medicaid Renewals:** Individuals enrolled in Med-QUEST may be required to complete a renewal during incarceration. Whenever possible, renewals are conducted on an ex parte basis using available electronic data sources to confirm eligibility without requiring action from the member. If an ex parte renewal cannot be completed, carceral facilities must assist the member in providing required information or verifications to complete the renewal. Renewals can be completed online via the KOLEA member portal or MQD

"other change."

[25] For additional details on reporting a Change of Circumstance, see MQD's webpage, Change/Update Your Information.

Navigator Portal, or via paper form or phone. MQD encourages carceral facilities to use electronic means to complete required renewals wherever possible.

- **Locating Renewal Information:** Carceral facilities must support renewals when renewal needs are identified during the Medicaid coverage assessment (upon or shortly following intake), upon notification by MQD, QI Health Plans, or the member, and when verifying coverage in advance of the 90-day pre-release period (120-90 days pre-release). Carceral facilities can identify renewal support needs by checking the member's coverage status in MQD Navigator Portal. Renewal notices may also be sent by mail, if the member has elected to have mail delivered to the carceral facility (see Section III.C.3. Receipt and Distribution of Member Medicaid Materials and Appendix C – Member Mailing Addresses and Correspondence).
- **Continuous Eligibility for Certain Members:** Incarceration status does not interrupt Hawai'i's continuous eligibility provisions for children and pregnant or postpartum individuals.[26,27] If a member becomes incarcerated during their continuous eligibility period, the member will remain eligible without renewal or redetermination until the end of their continuous eligibility period.

Medicaid Renewal Considerations:

For individuals incarcerated more than 90 days, carceral facilities must determine if renewal supports are needed in advance of the individual's 90-day pre-release date (120 days prior to release is recommended). This will allow carceral facilities to address required renewals, new application needs, or other Medicaid eligibility issues prior to enrollment in the Medicaid Reentry Program.

QI Health Plans are also encouraged to identify renewal needs for incarcerated members and conduct outreach to the carceral facility to support completion of any renewal activities in advance of the individual's expected Medicaid Reentry Program eligibility period (90 days prior to release).

Note: Effective January 1, 2027, some individuals must conduct a Medicaid renewal every six months, rather than 12 months. Public Law 119-21, July 4, 2025.

3. Receipt and Distribution of Member Medicaid Materials

Even during a member's incarceration, MQD and QI Health Plans remain responsible for generating and mailing mandatory Medicaid materials and documents.[28, 29] MQD and QI Health Plans automatically mail materials to the address(es) on file for the member, including the primary Medicaid household address and the address of any Authorized Representatives. These materials may include:

- Requests for verification or documentation as part of the application process

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[26] Centers for Medicare and Medicaid Services. SHO# 24-004: Provision of Medicaid and CHIP Services to Incarcerated Youth. July 23, 2024.
[27] CMCS Informational Bulletin. Prohibition on Termination of Enrollment Due to Incarceration. December 23, 2025.
[28] MQD is responsible for providing members with written notices as described in HAR § 17-1713.1.
[29] QI Health Plans are responsible for providing members with written notices and otherwise mailing member materials as described in the State of Hawai'i Department of Human Services QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals Contract, RFP-MQD-2021-008.

- Notices of eligibility suspension
- Notices of application approval or denial
- Health plan identification (ID) cards
- Health plan selection information packets
- Health plan welcome packets
- Notice of Reentry Program eligibility
- Other materials sent by MQD or the member's QI Health Plan

Carceral facilities are responsible for ensuring that any materials mailed to the facility on behalf of members are safely received, stored, and distributed to members. To support a member's access to community care upon release, carceral facilities must have procedures in place to enable individuals leaving incarceration with sufficient Medicaid and QI Health Plan enrollment information. **At a minimum, carceral facilities should provide members with the following when possible:**

- Medicaid ID number
- QI Health Plan ID number
- QI Health Plan contact information
- Contact information for applicable post-release case managers, including the rTCM provider and QI Health Plan Health Services Coordinator, as applicable
- Basic information on how to use Medicaid coverage

If enrollment materials (e.g., ID cards) were mailed to and received by the carceral facility prior to release, the facility must provide them to the member at or prior to release. If a carceral facility does not have these materials, the carceral facility may instead provide the member with paper documentation of applicable information at the time of release. Separately, carceral facilities are encouraged to assist members in navigating the KOLEA member portal so that they can independently obtain digital health plan ID information online.

Accounting for Urgent and Sudden Releases:

In instances where a member is unexpectedly released from incarceration prior to their anticipated release date, or where member materials were mailed to the carceral facility but not received prior to release, the carceral facility should forward mail to the member's post-release address. If a member is released before MQD or the member's health plan mails notices or member materials, MQD or the health plan should mail notices or member materials to the member's last known address.

IV. SERVICES

A. Scope of Services

Medicaid Reentry Program services are designed to support successful care transitions and improved outcomes for members returning from incarceration. Medicaid Reentry Program services are intended to supplement—not replace—the routine correctional health care that facilities remain responsible for providing, including carceral health assessments, chronic condition

management, medication management, and emergency or urgent care delivered during incarceration.

This section provides high-level service descriptions for both mandatory and optional reimbursable Medicaid Reentry Program services. Detailed service delivery requirements for each service are available in Appendix D – Detailed Service Descriptions. Additionally, detailed guidance and expectations for rTCM service delivery are available in Appendix I: Supplemental Guidance – Reentry Targeted Case Management Model.

In addition to the parameters described in Medicaid Reentry Program guidance documents, services must be delivered in accordance with accepted health care practice standards and applicable federal and state laws and policies, including Med-QUEST memos. Medicaid Reentry Program services may be delivered via telehealth when clinically appropriate and to the extent permitted under MQD policy.

Mandatory and Operational Service Designations:

Carceral facilities must demonstrate readiness and ability to deliver a mandatory, minimum set of services to participate in and receive reimbursement under the Medicaid Reentry Program. In addition to these required benefits, carceral facilities may elect to offer additional optional services. Mandatory services are aligned with federal requirements in the Section 1115 Demonstration and CAA.

For purposes of this program, ***"mandatory" and "optional" are facility-level designations***. "Mandatory" services are those that facilities must make available and be able to deliver in accordance with Medicaid Reentry Program requirements to participate in the program. "Optional" services are those that facilities may choose to offer but are not required for Medicaid Reentry Program participation.

Importantly, "mandatory" does not mean that every service is provided to every member. Service delivery remains contingent on member choice, clinical appropriateness, and feasibility factors (e.g., unexpected or early release dates). MQD acknowledges that not every eligible individual will participate in the Medicaid Reentry Program or receive every available service.

See IX. Carceral Facility Readiness for more information on mandatory and optional service designations.

1. Reentry Targeted Case Management (rTCM) *(Mandatory)*

Reentry Targeted Case Management (rTCM) is a mandatory service focused on identifying physical and behavioral health needs and HRSN, developing a care plan to address identified needs, and supporting care coordination from pre- to post-release to enable successful community reentry. rTCM services may be provided as early as 90 days pre-release and for a minimum of 30 days post-release (with additional authorization, available for up to 12 months total post-release). rTCM should be offered to all Medicaid Reentry Program members, with no clinical indications required. For detailed guidance on rTCM, see Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model.

2. Medication for Addiction Treatment (MAT) *(Mandatory)*

Medication for Addiction Treatment (MAT), also referred to as Medication Assisted Treatment, is a mandatory service that combines medications with counseling and behavioral therapies to support the treatment and stabilization of substance and alcohol use disorders. MAT services furnished by qualified providers may be provided when medically appropriate and as covered by Medicaid as a Medicaid Reentry Program service as early as 90 days pre-release. MAT services include the provision and management of FDA-approved medications, prescribed off-label and supportive medications, and related counseling, behavioral health interventions, and other clinical services used to treat Stimulant Use Disorder (StimUD), opioid use disorder (OUD), and alcohol use disorder (AUD) and associated withdrawal management, as clinically appropriate. MAT services must be delivered in accordance with an individualized treatment plan informed by a comprehensive clinical assessment and the 2025 American Society of Addiction Medicine level-of-care determination. MAT prescribers should consult the member's QI Health Plan formulary and, when possible, prescribe MAT medications within the member's formulary to support continuity of care post-release. MAT should be offered to Medicaid Reentry Program members assessed as being in clinical need of the service, including those who are assessed as being at risk for overdose or relapse upon release.

3. Medications at Release *(Mandatory)*

Provision of a minimum 30-day supply of medication at release is a mandatory service to ensure members leave incarceration with immediate access to necessary medications and a safe transition to community-based care. The supply of medications must include all prescribed medications, including clinically appropriate prescribed over-the-counter medications, MAT medications, and single-use pharmacy supplies (e.g., lancets and test strips), as covered by Medicaid.

When prescribing medications during the 90-day pre-release period and planning for medications at release, prescribers must consult the member's QI Health Plan formulary and, when possible, prescribe medications within the member's formulary, to support continuity of care post-release.

For medications that cannot be dispensed as a full 30-day supply—such as methadone or other medications requiring in-person administration—or when the standard medications-at-release approach is not feasible, including for unexpected releases where medications cannot be provided at the time of release, facilities must work with QI Health Plans to establish alternative arrangements prior to release to ensure uninterrupted access. Alternative options may include:

- Providing a physical copy of prescriptions for the member to fill at a community pharmacy;
- Sending prescriptions to a Medicaid-enrolled community pharmacy near the member's planned living destination for post-release pickup;
- Allowing the member to come to the facility-based pharmacy on the next business day;
- Establishing MAT treatment in the community; or
- Otherwise ensuring the member has appointments scheduled with community-based providers to maintain continuity of care.

As described in more detail in Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model, the rTCM provider should confirm that the member has the required medication supply available and a plan for community access in place at the time of release.

Medications at release should be offered to Medicaid Reentry Program members with prescribed medication needs, as described above.

Overdose Prevention Medication

Individuals leaving carceral facilities face elevated risk of overdose following release. Carceral facilities are encouraged to provide members with an opioid antagonist medication (i.e., naloxone) and brief overdose response education at the time of release (see Appendix D – Detailed Service Descriptions).

4. Practitioner Office Visit *(Varies)*

Practitioner office visits are services that provide clinical consultation and evaluation by qualified physical or behavioral health practitioners during the pre-release period. These visits support assessment of health needs, inform reentry care planning, and facilitate coordination of medically necessary services prior to release. Practitioner office visits include the Reentry Wellness Exam (Mandatory) and other practitioner office visits (Optional), as described in the subsections below.

Reentry Wellness Exam visits should be offered to all Medicaid Reentry Program members, while other practitioner office visits may be offered to Medicaid Reentry Program members assessed as in clinical need of the visit when a facility elects to, and is deemed ready to, offer the service. When possible and prior to the office visit, providers should review available medical records, including recent laboratory results and diagnostic testing, to avoid duplicate labs, blood draws, or other repeat clinical services.

a) Reentry Wellness Exam (Mandatory)

The Reentry Wellness Exam is a comprehensive clinical evaluation that supports the assessment of health and health-related needs and informs reentry care planning. The visit also provides an opportunity for individuals to meet with a clinician, discuss health concerns, and identify needs requiring ongoing support. Providers are encouraged to use clinical judgment to determine the appropriate scope of the visit based on member health history and needs, but must follow the age-based standards below:

- **Under Age 21 at Time of Exam:** Reentry Wellness Exam must be provided as an EPSDT visit, consistent with national EPSDT standards and components—including required screenings, documentation, and reporting.
- **Ages 21 and Older at Time of Exam:** Reentry Wellness Exam must align with U.S. Preventive Services Task Force (USPSTF) screening recommendations, as clinically appropriate.

To align with minimum service expectations of the CAA of 2023, facilities must be deemed able to provide the Reentry Wellness Exam prior to launch. See Section IX. Carceral Facility Readiness and Appendix G – Carceral Facility Readiness Assessment for more information.

b) Other Practitioner Office Visits (Optional)

Other types of practitioner office visits may occur during the 90-day pre-release period when clinically indicated. These visits may extend beyond reentry-specific planning and may include ongoing clinical care, assessment, medication management, or other medically necessary services, while also supporting care coordination, post-release treatment planning, and informing the individual's Reentry Care Plan prior to release.

5. Diagnostic Services *(Mandatory)*

Diagnostic services are mandatory services that include laboratory, radiology, and other diagnostic services used to identify and evaluate physical and behavioral health needs and inform reentry care planning. These services are furnished consistent with State Plan coverage and are typically ordered by a qualified provider as part of a Reentry Wellness Exam or other practitioner office visit.

Diagnostic services may be offered to Medicaid Reentry Program members with medical necessity for diagnostic services related to identifying needs and supporting transitions to community-based care following release.

To align with minimum service expectations of the CAA of 2023, facilities must be deemed able to provide diagnostic services prior to launch. See Section IX. Carceral Facility Readiness for more information.

6. Medical Equipment and Supplies *(Optional)*

Medical equipment and supplies, or durable medical equipment (DME), is an optional service that provides an individual with medically necessary equipment and medical supplies at release. Provision of DME must be based on clinical need and aligned with discharge planning to support safe transition to the community.

DME provided to a member prior to the member's enrollment in the Medicaid Reentry Program is not billable to Medicaid. DME provided to a member during the 90-day pre-release window may be billed to Medicaid under the Medicaid Reentry Program, so long as the member departs the facility with the equipment.

If a carceral facility does not elect to provide this service or if provision at the time of release is not operationally feasible, the rTCM provider and the QI Health Plan must coordinate timely post-release access to DME. Providers may need to coordinate provision timing and date of service documentation to align with the member's anticipated release date for billing purposes.

Medical equipment and supplies may be offered to Medicaid Reentry Program members with identified medical need when a facility elects and is deemed ready to offer this service.

7. Peer Support Services *(Optional)*

Peer support services are optional services delivered by individuals with lived experience, including peer specialists and community health workers, to promote meaningful engagement in health care services and support successful transition to the community. Peer support providers draw on their lived experience—such as recovery from mental illness, physical illness, or SUD, or prior

involvement with the justice or child welfare systems—to assist members in accessing, navigating, and engaging in care. Aspects of this service may include educational skill-building groups, coaching and activities that support treatment participation and care transitions, and structured non-clinical services that promote recovery, wellness, self-advocacy, and transition back to the community.

Peer supports may be offered to Medicaid Reentry Program members when aligned with their identified needs and when a facility elects and is deemed ready to offer this service.

B. Exclusions

Coverage of pre-release services under the Medicaid Reentry Program is defined by the scope of services described in Section IV.A. Scope of Services and Appendix E – Reentry Program Rates, Billing Codes, and Other Guidance. Any service furnished to an eligible member within the defined Scope of Services is billable under the Medicaid Reentry Program. Other services that fall outside the defined Scope of Services are not reimbursable under the Medicaid Reentry Program. Services that are excluded from reimbursement under the Medicaid Reentry Program include, but are not limited to: a) services that fall outside the defined Medicaid Reentry Program Scope of Services; b) inpatient hospitalizations, which are covered separately and not under the Medicaid Reentry Program; c) services delivered outside the applicable 90-day pre-release coverage period; d) services billed on a claim where any one of the billing, rendering, referring, ordering, prescribing, or attending providers is not enrolled as an active Hawai'i Medicaid provider on the date of service; and e) services furnished to individuals who are not eligible for the Medicaid Reentry Program.

C. Service Delivery Special Considerations

MQD recognizes that operational realities may affect the timing, scope, or delivery of Medicaid Reentry Program services as described in this document. Constraints may include short or uncertain lengths of stay, changes in release timing, staffing and provider capacity, and facility infrastructure limitations.

The sections below outline considerations for service delivery in these circumstances. As a part of the Facility Readiness Assessment, **carceral facilities must document their approach to service delivery and prioritization in each of the following scenarios**. See Section IX. Carceral Facility Readiness for more information.

1. Short-Stay Considerations

For individuals with short[30] or uncertain lengths of stay, the full scope of Medicaid Reentry Program service delivery expectations described in this Guidance may not always be feasible prior to release. In these instances, the focus of the Medicaid Reentry Program is to **identify the individual's most urgent health and health-related needs, mitigate risks to health and safety following release, and establish connections to critical post-release supports**. To accomplish this, carceral facilities should define a delivery approach for serving this population. Carceral

[30] The definition of the short stay population may vary by each carceral facility given the broad variation in populations residing at each facility.

facilities may consider an approach that prioritizes and sets achievable goals for the below activities:

- Enrollment of the individual in Medicaid and selection of a QI Health Plan.
- Connection to case management supports by either:
    - (If time allows) Assignment of an rTCM provider and completion of an initial meeting with the member to conduct a high-level screening of immediate needs and risks; *OR*
    - Connection with the member's QI Health Plan's Health Coordination Services for post-release support.
- Connection to MAT services for individuals with identified substance use needs or risk of overdose or relapse following release;
- Provision of medications at release, including medications (e.g., Naloxone) for individuals with identified substance use history or risk of overdose or relapse following release; and
- Communicating to the rTCM provider (as applicable) and QI Health Plan any critical post-release service needs (e.g., MAT continuation, crisis services, or other urgent follow-up services) for individuals with the elevated health and safety risks related to substance use, suicide, or complex chronic conditions.

Separately, **rTCM providers and QI Health Plans must engage individuals as quickly as possible following release** to support connections to needed services in the community, particularly when services were not completed prior to release. For detailed guidance on post-release care coordination expectations, see Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model.

As noted above, carceral facilities are asked to describe their approach to service delivery in such scenarios as part of the Facility Readiness Assessment. The service delivery prioritization approach for short-stay populations aims to provide flexibility to carceral facilities while building capacity to serve all eligible individuals and meeting program requirements.

2. Limited Facility or Provider Capacity Considerations

Whenever feasible and practical, participating carceral facilities should make every effort to provide adequate capacity for and make Medicaid Reentry Program services available to all eligible members. MQD recognizes that, particularly during early phases of implementation, facilities may face capacity constraints in service delivery.

Carceral facilities are expected to take reasonable steps to build capacity and progress toward serving all eligible individuals while meeting program requirements. As a part of these efforts, **carceral facilities and QI Health Plans should work together collaboratively to identify possible QI Health Plan-supported solutions or available community resources** that may help fill service capacity gaps.

Further, carceral facilities must establish a **prioritization approach to guide service delivery** in instances where capacity is limited. This approach will reflect how relevant factors—such as post-release health and safety risk, clinical need, release timing, or other considerations—are taken into

account. At a minimum and to ensure compliance with federal law, **carceral facilities must establish and maintain the capacity to provide services to CAA-eligible individuals**.[31]

As noted above, carceral facilities are asked to describe their approach to service delivery in such scenarios as part of the Facility Readiness Assessment. This facility-determined prioritization approach is intended to enable carceral facilities to begin delivering services as soon as feasible, while building capacity over time to serve all eligible individuals.

V. PROVIDER REQUIREMENTS

This section describes the requirements that providers must meet in order to participate in and receive reimbursement for services furnished under the Medicaid Reentry Program.

Providers must meet all applicable MQD provider enrollment and program standards, as well as any applicable QI Health Plan credentialing, contracting, and participation requirements, as a condition of participation in the Medicaid Reentry Program. Where requirements differ, providers must meet the most stringent applicable requirement.

Providers must also meet all applicable carceral agency and facility provider policies and requirements to deliver services within a carceral facility, such as trainings, memorandums of understanding (MOU), security and facility safety requirements, facility dress codes, and background checks.

Providers must also comply with all applicable federal and state laws and policies, including Med-QUEST and QI Health Plan provider manuals and memos. Nothing in this Guidance supersedes applicable federal or state law.

A. Types of Providers in the Medicaid Reentry Program

Medicaid Reentry Program services may be delivered by providers who are based within the carceral facility or by community-based providers. Community-based providers may deliver services either in-reach or on an off-site basis, where members are transported to the provider's community location. Carceral facilities may use one or both provider models depending on operational capacity, provider availability, and facility readiness. Note that in some cases, a provider may function as both a facility-based and community-based provider, if they support both Medicaid Reentry Program and broader carceral facility services.

- **Carceral facility-based providers** are employed by or contracted with a carceral facility to deliver services. These providers are generally embedded within routine facility operations.
- **Community-based providers** are providers who deliver Medicaid Reentry Program services to individuals in-reach via telehealth or by traveling to the carceral facility, or offsite at their own community-based location, where members are transported from the

[31] MQD recognizes that identifying individuals who meet CAA eligibility criteria may present operational challenges, including limitations among staff visibility into foster care history or adjudication status. In these cases, carceral facilities are encouraged to adopt internal processes that capture the full population—for example, broadly identifying and making services available to all individuals under age 26—to support compliance with federal requirements.

carceral facility to receive services in person. This may include private community providers or those from other State agencies, such as the DOH.

Community-based providers may play an important role in supporting Medicaid Reentry Program provider capacity and continuity of care post-release. MQD acknowledges that carceral facilities may face operational and logistical barriers in facilitating community-based provider participation, including security requirements (e.g., provider background checks, security checkpoints for in-person visits, etc.), physical space limitations in the facility, correctional officer staff capacity to safely coordinate visits or provide secure transportation, and technology infrastructure limitations. Carceral facilities are encouraged to collaborate with MQD, QI Health Plans, and community-based providers to proactively identify and address these constraints.

MQD recognizes that providers from other State agencies may furnish services within the Medicaid Reentry Program. To the extent they wish to receive reimbursement for Medicaid Reentry Program services, community-based providers from other State agencies must meet all provider requirements outlined in this Guidance. For example, if these providers do not complete the necessary provider enrollment, credentialing, and contracting activities described below, they may still support Medicaid Reentry Program service delivery and care planning but cannot bill QI Health Plans for services.

Carceral agencies are expected to manage and oversee all providers operating within their facilities, including both carceral facility-based and community-based providers. QI Health Plans must support administration and reimbursement of services for all qualified carceral facility- and community-based providers and should defer to carceral facilities on the providers they use to deliver pre-release services. Carceral facilities will not need to use distinct providers based on which QI Health Plan a member is enrolled in.

B. Provider Qualifications

Providers of Medicaid Reentry Program services must be licensed to practice within the scope of their profession in accordance with Federal and State law, if required and as applicable. In addition to any Med-QUEST requirements, providers must also meet any requirements established by QI Health Plans.

For details on service-specific provider requirements within the Medicaid Reentry Program, see Appendix D – Detailed Service Descriptions.

C. Provider Enrollment, Credentialing, and Contracting

To participate in and receive reimbursement for Medicaid Reentry Program services, applicable providers must meet standard Medicaid provider participation requirements, including:

- Enroll as a provider with MQD;
- Become credentialed with each QI Health Plan; and
- Execute a provider contract with each QI Health Plan.

These are general Medicaid requirements and are not specific to the Medicaid Reentry Program; rather, they reflect standard processes and expectations for provider participation in Medicaid.

Claims will be denied if providers do not meet Medicaid provider participation requirements, including provider enrollment, credentialing, and contracting requirements. These **requirements apply to both carceral facility-based and community-based providers**. Considerations for carceral facility-based providers are described in more detail below.

1. Provider Enrollment with Med-QUEST

Federal and state law requires providers to enroll with Med-QUEST in order to furnish and receive reimbursement for Medicaid services. There is no fee to enroll with Med-QUEST. Key provider enrollment steps include:

- Obtaining a National Provider Identifier (NPI);
- Completing and submitting the enrollment form through the HOKU Provider Enrollment Portal (a paper-based form is also available, if needed); and
- Renewing MQD provider enrollment every five years, or as otherwise required by MQD.

Proper provider enrollment includes **entity-level, facility-level, and individual-level requirements**:

- **Entity-Level:** Carceral agencies (i.e., DCR and HYCF) billing Medicaid on behalf of facility-based providers must enroll as a "Group Biller" provider. Each carceral agency must obtain and use a single NPI number for enrollment.
- **Facility-Level:** For each of its participating facilities, the carceral agency must affiliate facility locations to its NPI within its Med-QUEST enrollment.
- **Individual-Level:** Individual providers working in correctional facilities, whether employed or contracted, and who fall under a HOKU-required individual provider type must enroll with Med-QUEST. Carceral agencies are responsible for affiliating individual providers with the entity-level NPI.

More information on the HOKU Provider Enrollment System, including resources and training materials, is available on the Med-QUEST website.

2. Provider Credentialing with QI Health Plans

Credentialing ensures that the QI Health Plan's network of providers meet licensure, certification, and qualification standards. Providers must comply with QI Health Plan credentialing requirements and processes. Providers should refer to QI Health Plan provider portals and credentialing resources for plan-specific credentialing requirements, processes, and application instructions. See Appendix F – Resources and Key Contacts for QI Health Plan Provider Credentialing points of contact and provider links.

Entity-, facility-, and individual-level credentialing requirements apply as described above for Med-QUEST enrollment.

3. Provider Contracting with QI Health Plans

QI Health Plan provider contracts establish the terms and conditions under which Medicaid services are furnished and reimbursed.

For carceral facility-based providers, QI Health Plan **contracts are executed at the entity level**. Carceral agencies will hold a provider contract with each QI Health Plan and bill for services furnished by all affiliated facility-based providers across all participating facility locations. Individual carceral facility-based providers do not need separate provider contracts with QI Health Plans when services are billed under the facility's group billing arrangement.

VI. BILLING AND REIMBURSEMENT

This section describes how Medicaid Reentry Program services are administered, billed, and reimbursed. In addition to the requirements described below, all providers furnishing and billing services under the Medicaid Reentry Program must comply with applicable federal and state Medicaid laws and regulations, Med-QUEST billing guidance, QI Health Plan billing requirements, and the terms of applicable provider contracts.

A. QI Health Plan Administration of Services

Most Medicaid Reentry Program **services are administered through the QI Health Plans on a non-risk basis**, including: rTCM (pre- and post-release), MAT, Practitioner Office Visits, Diagnostic Services, and Peer Support Services. The only **exceptions are Medications at Release and Medical Equipment and Supplies**, which are both administered and reimbursed by QI Health Plans under the standard risk-based capitation arrangement.

MQD may, at a later date, incorporate Medicaid Reentry Program services into actuarially certified capitation rates in accordance with federal managed care regulations. The preliminary non-risk payment approach allows MQD and QI Health Plans to gain operational and utilization experience necessary to inform future capitation rate development. Under this structure:

- QI Health Plans will process and pay claims for covered Medicaid Reentry Program services;
- MQD will reimburse QI Health Plans for service costs outside of the standard risk-based capitation arrangement; and
- Medicaid Reentry Program services (except for Medications at Release and Medical Equipment and Supplies) will not be included in actuarially certified capitation rates.

Dental Services Billing and Operational Approach:

Unlike all other Reentry Program services, pre-release dental services must be billed to Hawaii Dental Service, MQD's Third-Party Administrator for dental services. The only dental services that may be billed pre-release are required dental screenings for CAA-eligible individuals. CAA-eligible individuals will be enrolled in a pre-release dental plan for coverage and processing of dental claims. For additional information, see Appendix D – Detailed Service Descriptions, Reentry Wellness Exam, and Appendix E – Reentry Program Rates, Billing Codes, and Other Guidance.

B. Billing and Claims Submissions

QI Health Plans will reimburse providers for Medicaid Reentry Program services that fall within the approved scope of services; are identified in Appendix E – Reentry Program Rates, Billing Codes,

and Other Guidance; are furnished to eligible members during the applicable coverage period; and are delivered in accordance with this Guidance and applicable Medicaid requirements.

Carceral facilities and other Medicaid Reentry Program providers are responsible for establishing the operational infrastructure necessary to submit claims to QI Health Plans. All **claims must be submitted directly to the member's assigned QI Health Plan**, complying with that plan's claims submission requirements and following standard Medicaid billing practices.

Billing Party Responsibility: Billing responsibility depends on the type of provider furnishing the service:

- **Carceral Facility-Based Providers:** Services furnished by facility-based providers are generally billed by the carceral agency as the enrolled group provider. In these cases, the carceral agency submits claims using its entity-level NPI as a group biller, with the affiliated facility location and individual rendering provider information included on the claim, as required.
- **Community-Based Providers:** Community-based providers are generally responsible for billing QI Health Plans directly for services they furnish using their organization's normal billing structure.

As noted, some providers may be contracted by a carceral facility to deliver routine carceral services while also furnishing Medicaid Reentry Program Services. In such cases, the appropriate billing structure should be determined collaboratively by the carceral facility and the provider in a way that ensures compliance with Medicaid billing requirements.

Non-Duplication of Payments: Carceral facilities and providers must ensure that claims submitted for Medicaid Reentry Program services do not duplicate payment for services otherwise covered as part of routine carceral care. Such billing arrangements should clearly identify the entity responsible for submitting claims and any workflows or data sharing needed for the billing provider to distinguish when a service is provided for the Medicaid Reentry Program, rather than routine carceral care.

C. Prior Authorization

Pre-Release: MQD does not require prior authorization for Medicaid Reentry Program services furnished during the 90-day pre-release period or on the day of release (i.e., Medications at Release, Medical Equipment and Supplies). This approach is intended to reduce administrative burden and support timely access to services during initial program implementation. MQD will monitor service utilization and may revisit this pre-release prior authorization approach in the future based on utilization patterns, program experience, and other operational considerations.

- *Note:* As described above in Section IV.A. Scope of Services, pre-release prescribers (including carceral facility-based and community-based providers) are responsible for making efforts to prescribe medications, including MAT medications, within the member's QI Health Plan formulary, whenever possible, to support post-release continuity of care. When medical necessity or medication supply access requires prescribing and dispensing of a non-formulary medication, or when a formulary medication requires a prior

authorization, the prescriber should work with the member's QI Health Plan and rTCM provider to obtain a prior authorization prior to release (see also Appendix I – Section V.B. Reentry Care Plan).

Post-Release: Following release, QI Health Plans must implement transition-of-care policies consistent with health plan operations for the requirements identified in the QI Health Plan Contract, Section 9.3. QI Health Plans must support continuity of medications, treatment, and services for members stabilized on treatment at the time of enrollment in full Medicaid coverage following release for a minimum of 45 days or until the member's medical needs have been assessed or reassessed by the member's primary care provider or the QI Health Plan.[32] During this period, plans must support continuity of care and avoid disruptions to clinically appropriate services and medications.

- *Note:* For Medicaid programs that require an eligibility determination, such as CIS+ or LTSS, Health Plans should continue to follow all program and prior authorization requirements.

Post-release rTCM provided beyond 30 days may be authorized by the QI Health Plan if appropriate for the member, as detailed in Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model.

- *Note:* MQD will provide additional guidance on prior authorization processes for post-release rTCM extending beyond 30 days in a future version of Guidance.

D. Third-Party Liability

Standard Medicaid coordination of benefits and third-party liability (TPL) requirements apply to Medicaid Reentry Program services. Nothing in this Guidance modifies existing Medicaid TPL recovery or coordination of benefit requirements.

E. Reimbursement Rates

Reimbursement rates for Medicaid Reentry Program services are described in Appendix E – Reentry Program Rates, Billing Codes, and Other Guidance.

1. Reentry Program Rate Approach

Reimbursement rates for Medicaid Reentry Program services were established using one of three methodologies, depending on the service:[33]

- **New Reentry-Specific Rates:** rTCM is a new service with no comparable existing Hawai'i Medicaid rate. rTCM rates were developed actuarially based on a review of Hawai'i's existing targeted case management services, rTCM reimbursement approaches in other states, and a review of responsibilities and costs associated with rTCM activities. New billing codes and rates were established for key rTCM activities, including program intake and care plan development, warm handoff meetings, and ongoing provision of case management (per 15-minute increment).

[32] State of Hawai'i Department of Human Services. QI Health Plan Contract, Section 9.3, Health Plan Continuity of Care.
[33] Reminder: Medications at Release and Medical Equipment and Supplies are paid on an at-risk basis by QI Health Plans.

- **Modified Reentry-Specific Rates:** For certain services with higher levels of operational complexity in carceral settings, including Reentry Wellness Exams and certain Other Practitioner Office Visits, rates are based on Hawai'i's existing Medicaid fee schedule (generally based on the Medicare Physician Fee Schedule) and increased by a 5% "operational factor" to reflect this added complexity.
- **Unmodified Hawai'i FFS Rates:** For most other Reentry Program services, including MAT, most Other Practitioner Office Visits, Diagnostics, and Peer Support Services, reimbursement aligns with existing Hawai'i Medicaid fee schedule with no adjustment.

Detailed rate methodology, applicable billing codes, and specific rate values by service are provided in Appendix E – Reentry Program Rates, Billing Codes, and Other Guidance.

2. Prospective Payment System (PPS) Reimbursement Considerations

Federally Qualified Health Centers and Rural Health Clinics may bill and claim QI Health Plans and HDS for provision of Medicaid Reentry Program services, which are supplemental to the PPS and not subject to reconciliation. Costs associated with pre-release services and billed through the QI Health Plans and HDS will be excluded from any future calculations of the PPS rate.

VII. MEMBER CONSENT AND PRIVACY

All participating entities, including MQD, carceral facilities, QI Health Plans, and providers, must comply with applicable federal and state consent and privacy laws. Carceral facilities and participating providers are expected to establish and maintain internal policies, procedures, and staff training to ensure compliance with these laws. In addition to meeting legal requirements, carceral facilities and participating providers are encouraged to adopt best practices that promote meaningful and informed member consent and privacy.

Since carceral facilities and other implementation partners already maintain existing consent, data sharing, and other privacy frameworks, they are **encouraged to leverage and build upon existing processes to support the specific operational needs of the Medicaid Reentry Program**.

This section outlines any service-specific consent requirements for the Medicaid Reentry Program, and also more broadly discusses consent and privacy best practices and implementation considerations.

A. Consent

Participation in the Medicaid Reentry Program may involve several types of consent at different points in the Medicaid enrollment and service delivery process. These consents may take different forms depending on the activity involved. In some cases, for example, participation will require an active opt-in, such as signing a Medicaid application, authorizing the release of personal health information, or providing explicit informed consent to engage in MAT or other SUD treatment services. In other instances, service delivery may operate based on an implied consent basis, where individuals participate in offered services unless they decline.

Best practices to support member consent may include using plain-language explanations, assessing decision-making capacity, providing language access services, and including clear protocols and opportunities for individuals to ask questions and withdraw consent at any time. Care should be taken to ensure participation in Medicaid Reentry Program services is voluntary, and that members understand it is not a condition of incarceration or release.

All consents must be collected in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and all applicable federal and state consent and privacy laws. Where member consent is not required or applicable—for example, when a member cannot consent for services or information sharing due to their guardianship status—carceral facilities are encouraged to obtain assent for services to support informed engagement in Medicaid Reentry Program services.

Note for CAA-Eligible Individuals: For mandatory services required for CAA-eligible individuals, carceral facilities must document any opt-outs or instances where an individual declines to participate, including the Reentry Wellness Exam and rTCM.

B. Privacy

Implementation partners must protect the confidentiality, integrity, and security of member information, including personal health information. Partners are expected to have processes in place to ensure that personal health information is collected, used, stored, and shared only as permitted under applicable laws and in accordance with informed member consent, where required. Given the high-collaboration nature of the Medicaid Reentry Program, implementation partners are expected to establish clear processes with one another to appropriately and securely share member information to facilitate care coordination and continuity.

Implementation of the Medicaid Reentry Program may also present additional privacy considerations during service delivery within carceral settings. As such, carceral facilities are encouraged to utilize private or semi-private spaces for sensitive health-related procedures or conversations when feasible. MQD recognizes that a carceral facility's physical design, security requirements, and technology infrastructure may influence how services are delivered and encourages carceral facilities to implement reasonable safeguards that balance member privacy with operational realities, safety considerations, and timely access to care.

VIII. OVERSIGHT, COMPLIANCE, AND REPORTING

A. Program Oversight

The Medicaid Reentry Program is overseen at the federal level by CMS and at the state level by MQD. As the State Medicaid agency, MQD is responsible under federal law for administering and overseeing the program in alignment with federal and state requirements. Core responsibilities include, but are not limited to, establishing program policies and operational guidance; monitoring program implementation, performance, and ongoing compliance; overseeing Medicaid providers and QI Health Plans; tracking program expenditures; and evaluating and reporting to CMS on program operations and outcomes.

B. Compliance

1. Compliance with Medicaid Requirements

All participating entities in the Medicaid Reentry Program are required to comply with this Guidance and all applicable federal and state laws, regulations, and other Medicaid program requirements. This includes MQD-established policies reflected in relevant provider manuals, memos, QI Health Plan contracts, and other documentation. Although not a comprehensive list, notable federal and state compliance documentation is identified in Appendix F – Resources and Key Contacts.

Medicaid Reentry Program participants retain all rights and protections afforded under the Medicaid program. These rights include required notices, access to grievance and appeal processes, fair hearing protections, language access services, and other safeguards. Implementation partners must ensure that members are able to exercise their rights in accordance with Medicaid requirements.

2. Responsibility for Annual Review of Program Compliance

Carceral facilities are responsible for conducting an annual self-review of their Medicaid Reentry Program operations to ensure alignment with program requirements. This review should include:

- **Review of Policies and Procedures:** Carceral facilities should review all policies and procedures governing implementation and ongoing maintenance of the Medicaid Reentry Program. Facilities should assess whether operational practices reflect program requirements and update their operations and associated documentation, as needed, to address identified gaps.
- **Review of Agreements and Contracts:** When relevant, carceral facilities should review all agreements supporting Medicaid Reentry Program operations, including any Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs), Data Use Agreements (DUAs), or other contracts or agreements with providers, vendors, or other state agencies. This review should ensure that agreements reflect current program requirements and remain appropriate for ongoing implementation. For agreements with defined expiration or sunset dates, facilities should aim to finalize any required updates or renewals within 90 days of the expiration date.

If the annual review identifies gaps, outdated materials, or operational practices that are not aligned with program requirements, carceral facilities should document needed follow-up actions, responsible parties, and anticipated timelines for resolution. Carceral facilities should be prepared to share findings with MQD upon request and notify MQD of any significant compliance concerns.

3. Preventing Fraud, Waste, and Abuse

MQD is committed to maintaining strong program integrity and ensuring full compliance with all applicable federal Medicaid statutes, regulations, and demonstration requirements. All activities conducted under the Medicaid Reentry Initiative will comply with Title XIX of the Social Security Act and implementing regulations, except where specific requirements have been expressly waived or identified as not applicable under the State's Section 1115 Demonstration. This includes

requirements related to the identification, investigation, and referral of suspected fraud, waste, and abuse (FWA). Consistent with federal requirements, MQD will maintain effective systems and safeguards to prevent, detect, and address FWA in the delivery of and payment for services under its Section 1115 Demonstration and will provide CMS with documentation of these systems upon request.

MQD has established program integrity as a core component of Medicaid program design, administration, and oversight, and these expectations apply fully to the Medicaid Reentry Initiative. Existing Medicaid program integrity requirements apply to all participating entities, including QI Health Plans, participating correctional facilities, facility-based providers, reentry service providers, and community-based providers. As described in Section 12 of the QI Health Plan contract, managed care plans are required to implement and operationalize robust compliance programs, including designated compliance officers, formal compliance plans, and governance structures that support compliance oversight. Plans must routinely monitor their operations and submit detailed reports to MQD addressing FWA, overpayments, third-party liability, utilization patterns, prior authorization activity, and provider performance, including actions taken in response to suspected or confirmed misconduct. These requirements are complemented by State-led provider screening and enrollment processes and established procedures to investigate and refer potential fraud or abuse, including coordination with law enforcement when appropriate. Importantly, these existing program integrity expectations apply fully to this initiative.

Building on this existing program integrity framework, MQD will implement enhanced monitoring and oversight of the Medicaid Reentry Initiative consistent with CMS expectations for heightened internal controls. This includes oversight of facility readiness determinations, provider enrollment and credentialing requirements, service documentation, eligibility verification, and coordination activities required to support safe and timely transitions to community-based care upon release.

Further, all entities participating in the Medicaid Reentry Initiative, including managed care plans, correctional facilities, providers, and other organizations, are expected to actively support program integrity efforts by maintaining effective internal controls, monitoring for potential FWA, maintaining required documentation, and promptly reporting concerns through MQD's established reporting and escalation channels. MQD promotes a culture of accountability in which all partners share responsibility for safeguarding program resources and ensuring appropriate delivery of demonstration services.

C. Reporting

MQD establishes Medicaid Reentry Program monitoring and reporting requirements for all participating entities—including QI Health Plans, providers, carceral facilities, and other implementation partners. All participating partners must comply with the reporting specifications, timelines, and data submission standards defined by MQD and applicable federal requirements.

Participating partners are responsible for accurate and timely reporting of the Medicaid Reentry Program and its members. Reporting expectations will occur in phases to provide carceral facilities and health plans with adequate time to adapt and meet the new reporting requirements.

Reporting requirements will be determined by MQD based on monitoring and independent evaluation needs and federal reporting obligations. **Details are forthcoming and will be communicated through formal guidance, reporting templates, and other program documentation.** MQD may update reporting requirements over time to support ongoing program monitoring, evaluation, and compliance activities.

IX. CARCERAL FACILITY READINESS

Hawai'i's Medicaid Reentry Program is implemented on a facility-by-facility basis, dependent on each carceral facility's readiness to meet program requirements. To participate in the Medicaid Reentry Program, **carceral facilities must be assessed and deemed "ready"** by MQD to meet operational program requirements and provide mandatory services.[34]

This determination is based on the Appendix G – Carceral Facility Readiness Assessment, which includes both attestation and narrative responses speaking to the carceral facility's ability to meet program requirements, supplemented by supporting documentation. Based on this assessment, facilities will be assigned a readiness status of "ready," "conditionally ready," or "not ready" for program operation requirements and for each service type. As part of this assessment, MQD and carceral facilities can collaboratively identify where carceral facilities may need technical assistance or other supports to achieve readiness.

Carceral facilities must be assessed as "ready" to deliver all Mandatory services, meaning the facility demonstrates the ability to offer and provide each Mandatory service in accordance with the service-specific applicability requirements described in Section IV.A. Services and Appendix D – Detailed Service Descriptions. If a carceral facility can meet the Mandatory service requirements, it may expand its offerings to provide additional optional reentry services. Optional services need not be implemented at once; carceral facilities may adopt Optional services in any order as soon as they are approved as "ready" by MQD.

A summary of service requirements is provided below in **Table 1.**

Table 1. Medicaid Reentry Program Service Requirements by Readiness Level

Readiness Service Level	Services Included
Mandatory	• Reentry Targeted Case Management (rTCM); • Medication-Assisted Treatment (MAT) • Medication at Release • Practitioner Office Visits – Reentry Wellness Exam • Diagnostic Services
Optional	• Practitioner Office Visits – Other Office Visits

[34] For individuals incarcerated in out-of-state facilities under the jurisdiction of the State of Hawai'i ("off-site facilities"), MQD may permit delivery of Medicaid Reentry Program services by Hawai'i 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.

	• Medical Equipment and Supplies • Peer Support Services

X. APPENDICES

A. List of Attached Appendices

- Appendix A – Summary of Roles and Responsibilities of Implementation Partners (Forthcoming)
- Appendix B – Eligibility and Enrollment Responsibilities Summary
- Appendix C – Member Mailing Addresses and Correspondence
- Appendix D – Detailed Service Descriptions
- Appendix E – Reentry Program Rates, Billing Codes, and Other Guidance
- Appendix F – Resources and Key Contacts
- Appendix G – Carceral Facility Readiness Assessment
- Appendix H – MQD and Carceral Facility Business Processes (Forthcoming)
- Appendix I – Supplemental Guidance: Reentry Targeted Case Management Model