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Section 5121 of the Consolidated Appropriations Act: Correctional Facility and Implementation Partner Provider Bulletin Template for State Medicaid Agencies

December 17, 2024

How to Use This Provider Bulletin Template

Per Section 5121 of the Consolidated Appropriations Act, 2023 (CAA), starting January 1, 2025, states are required to provide targeted case management, and screening and diagnostic services for children and youth who are incarcerated post-disposition (i.e., post-conviction or adjudication) and enrolled in Medicaid or the Children's Health Insurance Program (CHIP).[1]

To prepare to implement this requirement, states have been conducting current state assessments to better understand how many youth are eligible for CAA services, in what facilities eligible youth are incarcerated, to what extent services are already being provided in correctional facilities, and what providers are available to deliver these services. During the course of states' engagement with correctional facilities, many have requested state Medicaid agency guidance on what is expected from the facilities and their implementation partners (e.g., managed care plans and community-based providers) as it relates to Medicaid/CHIP eligibility and enrollment, covered services, provider enrollment, and billing and reimbursement.

The objective of this Correctional Facility and Implementation Partner Provider Bulletin Template is to outline specific guidance language that would be helpful for state Medicaid agencies to provide to correctional facilities and other partners as they are working towards implementation. This template is designed to be a starting point and should be modified to address specific state laws, regulations, policies and operational processes.

Each section of the Correctional Facility and Implementation Partner Provider Bulletin Template includes a description of its purpose and provides example language that may be adapted to explain and operationalize certain aspects of Section 5121 of the CAA. Please note that this template does not constitute legal advice. Please consult with your state legal counsel, as needed, to assure that the provider bulletin's content is developed to comply with all applicable law and meets your specific state needs.

1. Background

Section Description: This section provides example text to describe the purpose of the Provider Bulletin, any intersection between the CAA and a state's Section 1115 Reentry Initiative Demonstration, as applicable, and the importance of meeting the CAA's requirements to support the disproportionate physical and behavioral health care needs of youth who are incarcerated.

This bulletin provides information to correctional facilities and their implementation partners (e.g., managed care plans and community-based providers) about new requirements under the federal Consolidated Appropriations Act (CAA, 2023) (P.L. 117-328) (hereinafter CAA), which was enacted on December 29, 2023 and goes into effect January 1, 2025. Under Section 5121 of the CAA, all states, including [X State], must provide a targeted set of Medicaid-financed services to incarcerated youth who are post-disposition (e.g., youth who are incarcerated after conviction or disposition) in the periods immediately prior to and post-release. On July 23, 2024, the Centers for Medicare & Medicaid Services (CMS) issued implementation guidance, SHO# 24-004 RE: Provision of Medicaid and CHIP Services to Incarcerated Youth.[1]

Under Section 5121 of the CAA, [STATE AGENCY] is required to ensure the following services are provided to eligible justice-involved youth who are enrolled in Medicaid or CHIP and incarcerated post-disposition:

- *Screening and diagnostic services* in the 30 days prior to release (or no later than one-week post-release); and
- *Targeted case management* in the 30 days prior to release and for at least 30 days post-release.

[INCLUDE PARAGRAPH IF APPLICABLE]: On [X DATE], [STATE AGENCY] submitted/received approval for a Reentry Initiative Section 1115 Demonstration [INSERT ANY RELEVANT LINKS TO WAIVER APPLICATION/APPROVAL], which will allow [STATE'S MEDICAID PROGRAM] to cover certain physical and behavioral health services in addition to case management for [ADULT AND YOUTH] justice-involved population(s) in the period immediately prior to the release to support successful reentry. The [STATE AGENCY] intends to implement the Reentry Initiative Demonstration over [INSERT IMPLEMENTATION PERIOD]. Because of the cross-over between the Reentry Initiative and the CAA, CMS has agreed that [STATE AGENCY] can subsume the CAA operational planning into the Reentry Initiative Section 1115 planning, meaning that [STATE AGENCY] does not need to submit a separate CAA operational plan to CMS. [INSERT SENTENCE, IF 1115 REENTRY INITIATIVE WAIVER DATE IS LATER THAN 1/1/25]: [STATE AGENCY] will start with CAA implementation on January 1, 2025, and implement 1115 on [X DATE].

[1] CMS is responsible for implementing laws passed by Congress related to Medicaid and CHIP. CMS issues regulations and sub-regulatory guidance to states that lay out minimum expectations, guardrails and state options with operationalizing the statutory requirements.

[STATE AGENCY] recognizes the importance of meeting the CAA requirements, as justice-involved youth have generally experienced disproportionately higher rates of physical and behavioral health conditions, substance use disorder, trauma and poverty.[2] Historically, under the Medicaid inmate exclusion policy, states have been prohibited from using Medicaid dollars to pay for services during the incarceration period (i.e., Medicaid coverage is typically suspended during incarceration), thereby limiting access to essential health care services for this high-risk population. The CAA and the Reentry Initiative [IF APPLICABLE] aim to modify these policies and lift the inmate exclusion for targeted services for a specific period of time prior to an individual's expected date of release. [STATE AGENCY] is committed to taking advantage of these federal opportunities to assist justice-involved youth successfully transition back into the community upon reentry with the health supports and services they need.

2. State Plan Authority

Section Description: This section provides example text to describe the required CAA State Plan Authority and whether the state will pursue a new Targeted Case Management State Plan, amend an existing one, or pursue another legal authority to provide targeted case management. Please select the text most relevant to reflect your state's situation and modify as appropriate.

A. Section 5121 State Plan Amendment

[STATE AGENCY] will use the CMS CAA 5121 State Plan Amendment Template to attest that it has an operational plan and, in accordance with that operational plan, will provide eligible populations under the CAA with the requisite screening and diagnostic services in the 30 days prior to release, as well as targeted case management services in the 30 days prior to release and for at least 30 days following release.

B. Targeted Case Management State Plan

The State intends to [INSERT AMEND OR SUBMIT NEW] a Targeted Case Management State Plan to secure the necessary legal authority to provide such services to eligible youth, consistent with the CAA requirements. [OR INSERT DESCRIPTION OF CURRENT TARGETED CASE MANAGEMENT STATE PLAN AUTHORITY OR MANAGED CARE AUTHORITY.]

[2] Centers for Medicare & Medicaid Services, SHO# 24-004 "RE: Provision of Medicaid and CHIP Services to Incarcerated Youth," July 23, 2024.

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3. Eligible Populations

Section Description: The section provides example text to describe the eligible populations for whom CAA, Section 5121 applies.

Under the CAA, eligible populations include youth who are:

- Enrolled in Medicaid or separate CHIP;
- Under 21 years of age or between the ages of 18 and 26 under the mandatory former foster care eligibility group; and,
- Being held in a correctional facility post-adjudication (e.g., youth who are incarcerated after conviction or disposition).

4. Eligible Correctional Facilities

Section Description: This section provides example text to describe the facilities in which the CAA applies and provides an example table if the state wishes to provide specific names of the facilities subject to the CAA requirements. Please adapt this language to describe specific carceral facilities in your state.

All facilities that house eligible post-disposition youth are subject to CAA, Section 5121 requirements. These include all the following facilities if they house eligible post-disposition youth:

- Facilities that exclusively house youth, including juvenile detention and youth correctional facilities; and
- Facilities with populations that include CAA-eligible youth (e.g., former foster care youth between ages 18 and 26), including, state prisons, local jails, tribal jails and prisons.

Table 1: Eligible CAA Facilities

Facility Type	Number of Facilities	Facility Names
Juvenile detention and youth correctional facilities		
State prison		
Local jails		
Tribal jails and prisons		

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5. Screening and Diagnostic Services: Definitions and Eligible Providers

A. Definitions of Screening and Diagnostic Services

Section Description: This section provides example text for defining screening and diagnostic services.

Per SHO #24-004,

- States have flexibility to define the scope of services but, at a minimum, must adhere to the Early Periodic Diagnostic and Treatment (EPSDT) standards for screening and diagnostic services for those under the age of 21, including those services that are medically necessary.
- States with separate CHIP programs must provide screening and diagnostic services available under the CHIP state plan or waiver. States that elect to provide EPSDT services for CHIP enrollees must provide all medically necessary EPSDT required screening and diagnostic services.
- For populations that do not typically receive EPSDT benefits, such as those 21 years of age and older, states will need to implement policies based on reasonable standards of medical and dental practice to ensure provision of screening and diagnostic services.

The section below is written to meet the minimum standard requirements as outlined in SHO #24-004. States may develop additional standards for medical and dental screening and diagnostic services to be furnished to the post-adjudication eligible youth population during the statutory pre- and post-release period. However, because states have already established standards for EPSDT medical and dental screening and diagnostic services, states may use their already established standards rather than developing additional standards.

In the 30 days prior to release (or no later than one week, or as soon as practicable after release from the facility) providers must furnish the following screening and diagnostic services. [STATE AGENCY] will cover screening and diagnostic services for eligible youth under the age of 21 in the same manner as for youth who are not incarcerated, but will not cover EPSDT treatment services.

Table 2: Screening and Diagnostic Service Definitions

Covered Service	Medicaid Eligible Youth Under the Age of 21	CHIP Eligible Youth Under the Age of 21	Eligible Youth Ages 21 and Over
Screening	Screening services must include: • Comprehensive health, developmental history,	[INSERT STATE AGENCY DEFINITION OF CHIP SCREENING	Screening services must include: • Those that are medically necessary to

Covered Service	Medicaid Eligible Youth Under the Age of 21	CHIP Eligible Youth Under the Age of 21	Eligible Youth Ages 21 and Over
	and unclothed physical examination; • Appropriate vision, hearing and lab testing; • Dental screening services; • Behavioral health screenings; and • Assessment if the individual is up to date with immunizations in accordance with the Advisory Committee on Immunization Practices (and if not, provide the appropriate immunizations). • [INSERT OTHER MANDATORY STATE-SPECIFIC SCREENING AND DIAGNOSTIC COVERED SERVICES FOR THESE ELIGIBILITY GROUPS, INCLUDING THOSE TO BE PROVIDED UNDER REENTRY INITIAITIVE, IF APPLICABLE]	AND DIAGNOSTIC SERVICES IF DIFFERENT THAN MEDICAID]	determine existence of a physical or behavioral health illness or condition • [INSERT STATE-SPECIFIC SCREENING AND DIAGNOSTIC COVERED SERVICES FOR THESE ELIGIBILITY GROUPS, INCLUDING THOSE TO BE PROVIDED UNDER REENTRY INITIAITIVE, IF APPLICABLE]
Diagnosis	Diagnostic services must be rendered: • When a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary.		

These screening and diagnostic service requirements are detailed further in [INSERT REFERENCE]. [STATE AGENCY MAY WISH TO FURTHER DEFINE EACH SERVICE LISTED ABOVE CONSISTENT WITH STATE MEDICAID AGENCY DEFINITIONS FOR SCREENING AND DIAGNOSTIC SERVICES HERE OR IN AN APPENDIX. IN THE ALTERNATIVE, THE STATE AGENCY MAY WISH TO REFERENCE OTHER RELEVANT CLINICAL GUIDANCE DOCUMENTS FOR DETAILED DEFINITIONS FOR SCREENING AND DIAGNOSTIC SERVICES.]

In the 30 days prior to release, an eligible youth does not need to receive the above screening and diagnostic services in the following situations:

- An eligible youth may have been screened and/or received diagnostic service(s) prior to the 30-day pre-release period (i.e., prior to, upon, or during incarceration) and within a clinically appropriate time period (e.g., last 12 months); and
- These previously administered screening and diagnostic services meet the state's established screening and diagnostic standards.

B. Eligible Providers for Screening and Diagnostic Services

Providers who are eligible to provide screening and diagnostic services to CAA-eligible youth include [INSERT DESCRIPTION OF WHO IS ELIGIBLE TO PROVIDE SCREENING AND DIAGNOSTIC SERVICES SUCH AS CORRECTIONAL FACILITIES, COMMUNITY-BASED, OR BOTH CORRECTIONAL FACILITIES AND COMMUNITY-BASED PROVIDERS].

[INSERT PARAGRAPH IF STATE IS ALLOWING BOTH CORRECTIONAL FACILITIES AND COMMUNITY BASED PROVIDERS TO FURNISH SCREENING AND DIAGNOSTIC SERVICES]: Correctional facilities should assess which services they are able to provide and coordinate with community-based providers to deliver any services that the correctional facility is unable to provide. For example, a correctional facility may determine that it is able to provide physical and behavioral health screenings as defined above by a qualified provider but will need to coordinate with a community-based provider to deliver dental screenings to the eligible youth.

6. Targeted Case Management Definition and Eligible Providers

Section Description: This section provides the definition and scope of targeted case management services.

Per SHO #24-004, states have flexibility to define the scope of case management so long as it meets the requirements as described in 42 C.F.R. § 440.169. The below section is written to meet the minimum standard requirements as outlined in SHO #24-004. States may develop additional standards for targeted case management services.

While all states are required to provide the same minimum standard targeted case management services, eligible providers and the design of the pre- and post-release targeted case management providers will be state specific. The following lays out states' options for pre- and post-release targeted case management service providers.

For pre-release targeted case management, a state may wish to allow either the correctional facility, a community-based provider, a managed care plan or a centralized third-party provider to deliver the services.

- *Embedded Model:* If the correctional facility is an eligible pre-release targeted case management provider, the correctional facility will be required to identify eligible individuals, provide pre-release targeted case management, and then conduct a warm handoff to the post-release case manager.
- *In-Reach Model:* If the state requires a community-based provider, managed care plan, and/or centralized third-party provider to deliver the pre-release case management services, the correctional facility will need to establish a process where the correctional facility is identifying the eligible individual and notifying and coordinating with the pre-release targeted case management case manager to provide the pre-release targeted case management services.

For post-release targeted case management, the state may wish to allow a community-based provider, managed care plan or centralized third-party provider to deliver the services.

- *Warm Handoff Requirements:* If the correctional facility is an eligible targeted case management pre-release provider, then it will be required to conduct a warm handoff to the eligible post-release targeted case manager provider.
- *In-Reach Model*: If the state requires a community-based provider, managed care plan and/or centralized party to deliver the pre-release case management services, then such provider may also provide the post-release targeted case management services. (In the case of a centralized party, the state may have such entity conduct the pre-release case management and handoff to a managed care plan, for example.).

It is likely that a state is still designing the policy and operational processes for pre- and post-release targeted case management. In such cases, the guidance could provide the service definitions and eligible providers description and say that it will be working with its implementation partners to further develop the pre- and post- release case management operational processes.

A. Definition of Targeted Case Management Services

In the 30 days prior to and the 30 days post-release [MODIFY IF STATE IS PROVIDING TARGETED CASE MANAGEMENT BEYOND 30 DAYS], providers must render the following targeted case management services to eligible youth:

- Comprehensive needs assessments to determine the need for any medical, educational, social or other services;

- Development of a person-centered care plan—including social, educational and other underlying needs;
- Referrals and related activities (e.g., appointment scheduling) to link individuals to needed services in the community; and
- Monitoring and follow-up activities (e.g., follow up with service providers, implement a warm handoff process when pre-and post-release care managers are different) to ensure the care plan is implemented.
- [INSERT OTHER STATE SPECIFIC TARGETED CASE MANAGEMENT REQUIREMENTS, INCLUDING THOSE UNDER REENTRY INITIAITIVE, IF APPLICABLE.]

At minimum, all individuals' care plans must include the following:

- Incorporate information from the comprehensive assessment into an actionable person-centered care plan that engages the individual at the center of decision-making;
- Examine past needs and services, as well as document and facilitate current and future needs and services;
- Encompass all needs related to physical and behavioral health, as well as health-related social needs and considerations for long term services and supports, and primary and specialty treatment to be provided either pre-release, or post-release; and
- Address social, educational and other underlying needs, such as vocational services or employment.
- [INSERT OTHER STATE SPECIFIC REQUIREMENTS, INCLUDING THOSE UNDER REENTRY INITIAITIVE, IF APPLICABLE.]

B. Eligible Providers for Pre- and Post- Release Targeted Case Management

Option 1: Embedded Pre-Release Case Management Model

Pre-release targeted case management may be conducted by correctional facilities. Under this approach, correctional facility case managers (i.e., case managers employed by or contracted with the correctional facility) deliver case management services, as defined above, to individuals eligible for pre-release services.

Correctional facilities that use an embedded case management model will be required to implement a warm handoff between the pre-release case manager and post-release case manager, with the youth present, if possible. The purpose of the warm handoff meeting is to review the care plan, introduce the youth to the post-release case manager, and ensure that post-release appointments and supports have been arranged. Warm handoff meetings may be conducted via telehealth, as appropriate. Conducting the warm handoff meetings via telehealth could be for reasons that include, but are not limited to, the post-release case manager is unable to enter the correctional facility due to security clearance issues or the post-release case manager is located in another area of the state. Warm handoff meetings should occur prior to release, when possible, or no later than shortly after release. [INSERT ADDITIONAL DETAILS ON WARM HANDOFF PROCESS, INCLUDING WHAT INFORMATION IS TO BE SHARED (E.G., RISK ASSESSMENT,

CARE PLAN, ANY HEALTH RECORDS WHILE INCARCERATED); TIMEFRAME FOR WARM HANDOFF PROCESS TO BE COMPLETED (E.G., 48 HOURS); AND WHO IS RESPONSIBLE FOR REACHING OUT POST-RELEASE (E.G., POST-RELEASE CARE MANAGER).]

[INSERT DESCRIPTION OF POST-RELEASE CASE MANAGER. IF NOT YET IDENTIFIED, INSERT SENTENCE DESCRIBING THAT THE STATE IS DEVELOPING ITS POST-RELEASE CASE MANAGEMENT APPROACH AND WILL PROVIDE FURTHER DETAILS ONCE AVAILABLE.]

Option 2: In-Reach Targeted Case Management Case Management Model

Pre-release correctional facility targeted case management providers must meet the following provider qualification requirements [INSERT QUALIFICATIONS].

Pre-release targeted case management will be conducted either in person or via telehealth by [INSERT COMMUNITY-BASED PROVIDERS, MANAGED CARE PLANS, AND/OR THIRD-PARTY CENTRALIZED PROVIDER].

[DESCRIBE DESIGN AND APPROACH FOR HOW THE CORRECTIONAL FACILITY WILL NOTIFY AND COORDINATE WITH THE ASSIGNED IN-REACH CASE MANAGER.]

[DESCRIBE EXPECTATIONS FOR WHETHER THE IN-REACH PRE-RELEASE PROVIDER WILL ALSO SERVE AS THE POST-RELEASE PROVIDER OR WHETHER THERE WILL BE WARM HANDOFFS AND TO WHICH ENTITY.]

Pre-release in-reach targeted case management providers include the following provider types [INSERT ELIGIBLE PROVIDERS]. [IF APPLICABLE, INSERT SPECIFICATIONS ABOUT WHO IS ELIGIBLE TO SERVE ON CARE MANAGEMENT TEAM (E.G., PEERS AND/OR COMMUNITY HEALTH WORKERS) AND SUPERVISION STRUCTURE ON TEAMS].

Pre-release in-reach targeted case management providers must meet the following provider qualification requirements [INSERT QUALIFICATIONS].

7. Medicaid Provider Enrollment Requirements

Section Description: This section provides example text to describe the Medicaid enrollment requirements, any unique requirements for correctional facilities, if relevant, and information to resources/websites on the applicable pathway for enrollment.

All providers delivering CAA services must enroll as Medicaid providers. [IF STATE IS DELIVERING SERVICES VIA MEDICAID MANAGED CARE, ADD NOTE TO ALSO BEING REQUIRED TO BE CREDENTIALED BY THE MEDICAID MANAGED CARE PLAN, IF RELEVANT.]

A. Community-Based Providers

Community-based providers delivering CAA services must enroll under the existing Medicaid provider types, using existing processes. For example, a community-based pediatrician providing

screening and diagnostic services would need to enroll under the pediatrician provider type to receive reimbursement for the provision of screening and diagnostic services.

To enroll as a community-based provider, please go to [INSERT APPLICABLE WEBSITE].

B. Correctional Facility Providers

Correctional facilities delivering CAA services must enroll as Medicaid providers. [INSERT ALL THAT APPLY: SCREENING, DIAGNOSTICS, AND/OR PRE-RELEASE CASE MANAGEMENT.]

[STATE AGENCY] has identified the following pathway for correctional facilities to enroll as Medicaid providers. [STATE AGENCY] requires that each correctional facility enroll as a Medicaid provider under the [INSERT A DESCRIPTION OF THE PROVIDER TYPE AND ANY SPECIFIC REQUIREMENTS RELATED TO SUCH PROVIDER TYPE]. Federal and state law requires all providers who provide medical care to have a national provider identification (NPI), meaning each correctional facility will need to have a registered NPI.

If the correctional facility enrolls as a Medicaid provider it must oversee the delivery of CAA services and all billing submitted to the [X STATE MEDICAID AGENCY], with the exception of community-based, in-reach providers who will be separately enrolled as Medicaid providers and directly bill the [STATE AGENCY].

Correctional facilities will be required to ensure that any providers—who order, refer, or prescribe—must enroll individually as Medicaid providers.

For more information on correctional facility provider enrollment, see [LINK TO ANY SPECIFIC GUIDANCE].

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8. Medicaid and CHIP Reimbursement

Section Description: This section provides example language to describe Medicaid and CHIP reimbursement processes.

Per SHO 24-004, states may choose to use either their fee-for-service system or managed care delivery system to provide care to eligible youths. The model language below assumes that all pre-release covered services will be delivered, claimed and paid for via fee-for service. A state should modify the language if services will be billed and claimed via Medicaid managed care and/or the state is using a third-party administrator to support billing and claims.

Please include links to any relevant guidance and/or insert tables with relevant billing information codes.

Pre-release covered services will be billed and paid for via [STATE AGENCY'S] fee for service delivery system. Claims may be submitted through normal processes [INSERT BILLING SYSTEMS PATHWAY] for screening, diagnostic, and targeted case management services.

Reimbursement for screening and diagnostic services: Effective on January 1, 2025, providers should use the [INSERT BILLING PATHWAY INFORMATION] when billing for screening and diagnostic services outlined in this guidance. Billing codes for screening and diagnostic services can be found [INSERT AS AN ATTACHMENT OR LINK TO RELEVANT SCREENING AND DIAGNOSTIC SERVICES CODES].

Reimbursement for targeted case management: Effective on January 1, 2025, providers should use the [INSERT BILLING PATHWAY] when billing for targeted case management. Billing codes for screening and diagnostic services can be found [INSERT AS AN ATTACHMENT OR LINK TO RELEVANT TARGETED CASE MANAGEMENT SERVICES CODES].

9. Medicaid Enrollment and Suspension Processes

Section Description: This section includes example language to describe the key process steps for correctional facilities to: (1) check to see whether a youth is enrolled in Medicaid; (2) submit Medicaid application if the youth is not yet enrolled in Medicaid; and (3) to communicate incarceration and release dates to effectuate suspension. Please modify to describe your state specific processes.

Section 5121 CAA services may not be paid for by the [STATE AGENCY] unless a youth is enrolled in Medicaid or CHIP. To ensure individuals are enrolled in Medicaid or CHIP, the correctional facility must follow the below processes.

A. Check Status of Medicaid/CHIP Enrollment

A correctional facility may check the status of a youth's Medicaid/CHIP enrollment by [INSERT PROCESSES]. For more information, [INSERT LINKS TO ANY OTHER GUIDANCE DESCRIBING THE PROCESESS].

If the youth is already enrolled in Medicaid/CHIP, the correctional facility may submit claims for Medicaid/CHIP reimbursement.

B. Assist Youth, Family, or Authorized Representative in Submitting Medicaid Application

Upon checking the status of a youth's Medicaid/CHIP enrollment, if the correctional facility learns that the youth is not yet enrolled in Medicaid/CHIP, the correctional facility should assist the family or authorized representative in submitting a Medicaid application. Applications may be submitted [INSERT PROCESSES]. For more information on how to submit a Medicaid application, [INSERT LINK TO ANY GUIDANCE DESCRIBING CORRECTIONAL FACILITY SPECIFIC PROCESSES].

C. Communicate Incarceration and Release Dates

To ensure [STATE AGENCY] is able to reimburse correctional facilities and community-based providers for the provision of CAA services, the [STATE AGENCY] needs to assign an [AID CODE/BENEFIT INDICATOR/BENEFIT PACKAGE/MMIS FLAG].

[INSERT PROCESS—DAILY FILE MATCHING OR MANUAL REPORTING—FOR CORRECTIONAL FACILITIES TO REPORT INCARCERATION STATUS.]

To ensure full scope Medicaid/CHIP services are provided to the youth upon their release into the community, the correctional facility is obligated to [INSERT NOTIFICATION PROCESS OF RELEASE DATE AND WITHIN HOW MANY DAYS OF RELEASE].

10. Technical Assistance

Section Description: This section includes example language to describe any technical assistance the state may provide to correctional facilities and other implementation partners.

If you have questions about the information in this bulletin, please contact [INSERT RELEVANT POINT OF CONTACT AND CONTACT INFORMATION].

Please also visit [INSERT WEBSITE] for a list of resources and calendar of upcoming webinars.

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About Manatt

This Provider Bulletin Template was developed by **Kinda Serafi** and **Natassia Rozario.**

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx