FEDERAL AIDS POLICY PARTNERSHIP
HIV HEALTH CARE ACCESS WORK GROUP

Submitted via the Federal Medicaid.gov Portal

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

September 15, 2026

Re: Comment on the California Advancing and Innovating Medi-Cal (CalAIM) (formerly Medi-Cal 2020) Renewal Demonstration.

To Whom It May Concern:

We are writing as the co-chairs of the HIV Health Care Access Working Group (HHCAWG) and the Syndemics Working Group of the Federal AIDS Policy Partnership (FAPP) in support of the CALAIM 1115 Demonstration Renewal Request. HHCAWG is a coalition of national and community-based HIV service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV who are all committed to ensuring access to critical HIV health care and support services. And the Syndemics Working Group is a coalition with a mission to advance interlocking approaches to federal infectious disease policy to more effectively and comprehensively intervene in the many epidemics that intersect with HIV.

We write in support of the requests to renew demonstration authority for reentry services, the request to expand treatment for substance use disorders, and the request to expand contingency management. And we support, in part, the proposal to provide employment supports. However, we urge the Centers for Medicare and Medicaid Services (CMS) to only approve supports that are voluntary and do not condition coverage on engagement in work.

I. CMS Should Approve the Request to Renew Reentry Demonstration Authority

We write in strong support of California's request to renew their reentry demonstration authority and continue to provide 90 days of pre-release Medicaid coverage for people returning from incarceration. Sustained access to care for people living with HIV and people with other chronic illnesses is critical for mitigating worse health outcomes, and this is especially true if they are returning to the community from incarceration.[1] For those with chronic conditions, gaps in coverage often result in worsened health outcomes with costly long-term physical and financial implications for patients and health systems alike. And, during reentry, when gaps in coverage are more likely due to federal restrictions on Medicaid coverage in carceral facilities, people typically face intense and complex demands immediately upon release. Pre-release Medicaid coverage, however, supports consistent and stronger access to care through reducing gaps in coverage, allowing sustained access to critical health care services, and beginning the challenging transition from incarceration back to the community earlier and with more support.

[1] Abdul Muqtadir, et al., *Healthcare Disparities and the Impact on Mortality in Incarcerated Patients*, 10 CUREUS 16 (2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC11567754/ (demonstrating that people who have been incarcerated are at greater risk of mortality and more likely to have a chronic condition).

People returning to the community from incarceration face a disproportionate burden of health concerns during incarceration and in the days following their release. According to the Office of Disease Prevention and Health Promotion within Health and Human Services, "Data from the Bureau of Justice Statistics found that, in 2011, 44 percent of people who are incarcerated had a mental health disorder," and, "Studies have shown that when compared to the general population, people of both sexes who are incarcerated are more likely to have high blood pressure, asthma, cancer, arthritis, and infectious diseases, such as tuberculosis, hepatitis C, and HIV."[2] Further, individuals in carceral settings are five to seven times more likely to have HIV than the general population, and many people learn of their HIV diagnosis for the first time while they are in prison or jail.[3] In the period right after a person is released from a carceral facility, they are at much higher risk of death by overdose, cardiovascular disease, or suicide.[4] The proposal from California to continue their pre-release Medicaid coverage works to prevent these stark circumstances.

California led the nation in transforming the reentry process through their Medicaid 1115 waiver demonstration, and the program is poised to promote even further positive transformation. Since the demonstration went live, the state has served over 30,000 individuals and have delivered over 150,000 billable services to people in their carceral facilities.[5] Such a feat requires intense coordination and support for correctional facilities and the state Medicaid program, such that both systems are capable of coordinating billing services for a newly eligible population in facilities that were previously not fully equipped to proffer Medicaid services. And doing so has yielded promising, impressive results: better behavioral health links for a population that has significant need, less engagement with both the justice system and emergency health care services, and better coordination with community-based supports.[6] Together these outcomes build a stronger, more coordinated system for people returning to the community and the providers that support them.

Thus, we strongly encourage CMS to approve California's request to renew and continue pre-release Medicaid coverage for 90 days before release.

II. CMS Should Approve the Request to Expand Contingency Management Services

Addressing the overdose and substance use disorder crises in the United States requires both sustained investment and innovation in the provision of evidence-based services that will allow people who use drugs to reduce the risks and frequency of their use and to easily pursue a pathway to recovery for those who seek it. For individuals living with a stimulant use disorder, the practice of contingency management is essential to providing opportunities for behavior change while reducing overdose risk and increasing overall health and wellbeing. Given the current absence of any U.S. Food and Drug Administration-approved medications to treat stimulant use disorders, contingency management is considered a primary and potentially life-saving intervention for those living with a stimulant use disorder, driving measurable

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[2] U.S. Department of Health and Human Services, 2020. Incarceration. Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration/.
[3] Int'l Association of Providers of AIDS Care, People in Jails and Prisons (last accessed June 25, 2026), https://www.iapac.org/fact-sheet/people-in-jails-and-prisons/ ("In the U.S., approximately 22% of people with HIV are unaware they have HIV upon entry into jail or prison").
[4] MACPAC, ACCESS TO MEDICAID COVERAGE AND CARE FOR ADULTS LEAVING INCARCERATION (2023), https://www.macpac.gov/wp-content/uploads/2023/06/Chapter-3-Access-to-Medicaid-Coverage-and-Care-for-Adults-Leaving-Incarceration.pdf.
[5] DHCS, FROM INCARCERATION TO CARE: CALIFORNIA'S MEDI-CAL REENTRY INITIATIVE (2026), https://www.dhcs.ca.gov/wp-content/uploads/2026/05/CA-Reentry-Initiative-Impact-Report-March-2026.pdf.
[6] *Id*.

increases in patient engagement and improved retention in care while also promoting long term recovery and health benefits for those who use it. contingency management has been endorsed as the frontline treatment for stimulant use disorder by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the American Psychological Association, and was also highlighted as an intervention deserving of increased federal support and expansion in the Trump Administration's 2026 National Drug Control Strategy.

California has already demonstrated the utility and efficacy of contingency management by becoming the first state in the nation to cover those services under federal Medicaid authority. Since the state's initial Medicaid 1115 waiver including coverage for contingency management was approved, more than 11,000 Medi-Cal enrollees have received services, and the results have been outstanding.[7] Over 95% of drug tests conducted at the more than 110 contingency management sites operated through California Recovery Incentives Programs across the state have been negative for stimulants.[8] At the same time, 92% of participants reported fewer emergency room visits and overall rates for patient quality of life increased, with participants reporting better health outcomes, reduced rates of substance use, and more involvement in their communities.[9]

The success of the California Recovery Incentives Program not only justifies the program's existence but provides us with an imperative to expand it so that all Californians who use stimulants can have access to contingency management services. We strongly encourage CMS to approve the request to expand contingency management services through this CALAIM 1115 Demonstration Renewal Request.

III. CMS Should Approve Employment Supports Only If the Benefit is Voluntary and Provides an Option to Deny Employment Support Without Consequences for Eligibility

Employment supports can be an important tool for supporting Medicaid beneficiaries who want to obtain employment. For example, supports can aid in engaging in the workforce after a period of unemployment or maintaining employment for longer periods of time, where appropriate and voluntary. Compelled engagement in the workforce, however, can undermine long-term health and can contribute to dangerous gaps in insurance coverage.[10] CMS should therefore only approve employment supports that are entirely voluntary and provided at the discretion of the beneficiary without consequence for their Medicaid coverage eligibility.

IV. Conclusion

The above proposals each have the potential to assist California in aligning with the priorities of the federal government, especially in aiding efforts to eliminate HIV and hepatitis C, to reduce instances of

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[7] DHCS, CALAIM SECTION 1115 DEMONSTRATION WAIVER: INTERIM EVALUATION REPORT (2025), https://www.dhcs.ca.gov/wp-content/uploads/2026/04/CalAIM-1115-Interim-Evaluation-Report-for-DMC-ODS-with-CM.pdf.

[8] *Id*.

[9] *Id*.

[10] ROBERT WOOD JOHNSON FOUNDATION, WORK REQUIREMENTS THREATEN HEALTH AND INCREASE COSTS (2025), https://www.rwjf.org/en/insights/our-research/2025/04/work-requirements-threaten-health-and-increase-costs.html ("Work requirements make it harder to maintain coverage from assistance programs, while discouraging countless others from trying to obtain assistance. Many studies find that the bureaucracy and red tape involved with proving these requirements are often prohibitive and strip people of vital benefits. This results in worsened physical, mental, and behavioral health problems that make it more difficult, not easier, to obtain or retain employment that is a condition of maintaining assistance").

overdose, and to reduce instances of homelessness and chronic addiction. Thus we strongly encourage CMS to approve these requests.

Thank you for the opportunity to provide feedback and for your thoughtful consideration of these comments. If you have further questions, please reach out to Staff Attorney John Card (jcard@law.harvard.edu) with the Center for Health Law and Policy Innovation and the co-chairs of the Syndemics Working Group, Drew Gibson (dgibson@aidsunited.org) and Naomi Gaspard (ngaspard@taimail.com).