

October 27, 2022

Improving Access to Medicaid Coverage and Care for Adults Leaving Incarceration

Melinda Becker Roach, Lesley Baseman



Medicaid and CHIP Payment and Access Commission



www.macpac.gov

Overview

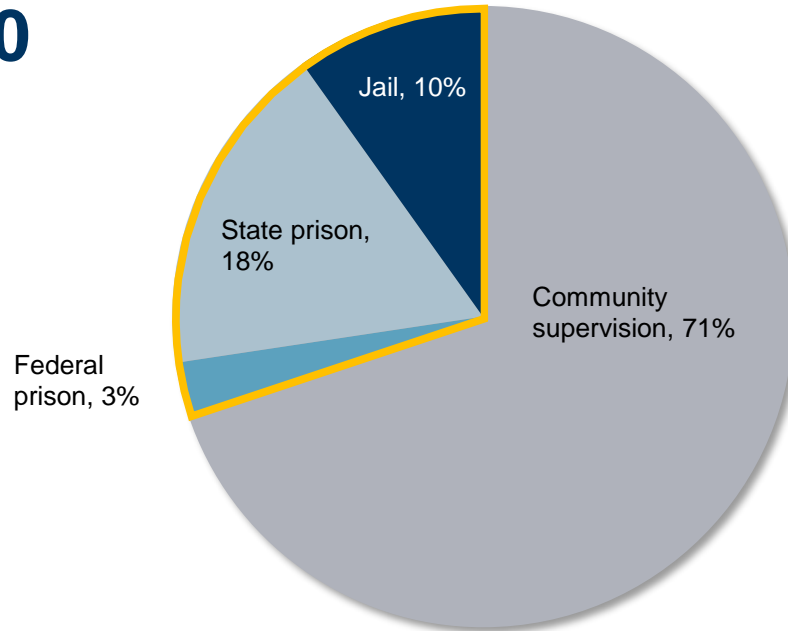
- Background
 - Medicaid inmate exclusion policy
 - Adults in the criminal justice system
- State strategies
 - Current approaches
 - Pending Section 1115 demonstration requests
- Next steps



Medicaid and the Criminal Justice System

- Inmate exclusion policy prohibits use of federal Medicaid funds for health care services during incarceration
 - Exception for inpatient care lasting 24 hours or more
- Medicaid is an important source of coverage for justice-involved adults in the community
 - Medicaid covered more than a quarter (28 percent) of non-institutionalized adults under community supervision between 2015–2019

Adult Correctional Population by Correctional Status, 2020

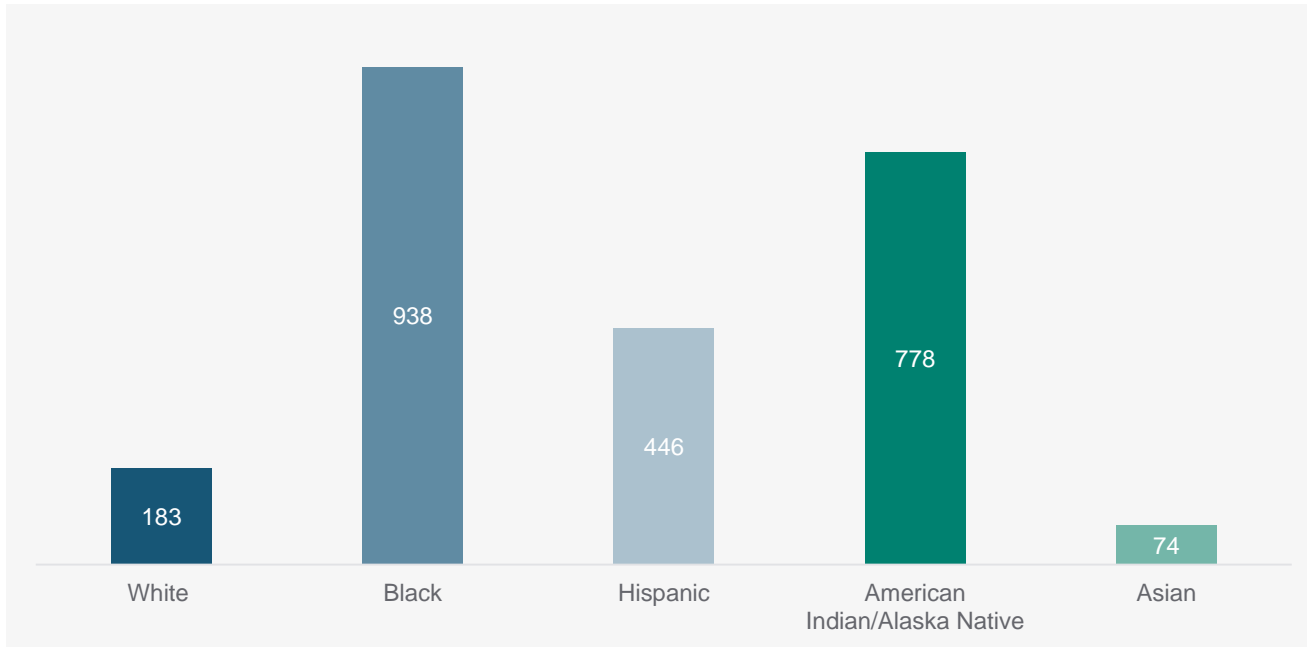


Total adult correctional population: 5,500,600

Notes: Estimates are rounded to the nearest percent. Community supervision includes adults on probation or parole. Prison counts are for December 31, while jail counts are for the last weekday in June. The total correctional, community supervision, and incarcerated populations exclude persons with dual correctional statuses to avoid double counting. This figure does not include adults held in the U.S. territories, military facilities, U.S. Immigration and Customs Enforcement facilities, and jails in Indian country.

Source: Bureau of Justice Statistics (BJS), U.S. Department of Justice. 2022. Correctional populations in the United States, 2020—Statistical tables. Washington, DC: BJS.

Imprisonment Rates per 100,000 by Race and Ethnicity, 2020



Notes: Imprisonment rate is the number of sentenced prisoners under state or federal jurisdiction per 100,000 U.S. residents in a given category. Rates are for December 31 and are based on prisoners with a sentence of more than one year. Resident population estimates are from the U.S. Census Bureau for January 1 of the following year. Categories are non-Hispanic, with the exception of the group identified as Hispanic. Asian includes Native Hawaiians and Other Pacific Islanders.

Source: Bureau of Justice Statistics (BJS), U.S. Department of Justice. 2021. Prisoners in 2020—statistical tables. Washington, DC: BJS.

Health Status

- Adults in the criminal justice system report high rates of physical and behavioral health conditions and disabilities
- Among state prisoners in 2016:
 - More than half reported ever having a chronic physical health condition, and one fifth reported ever having an infectious disease
 - More than half had some indication of a mental health condition, and nearly half met the criteria for substance use disorder (SUD)
 - Nearly half reported having at least one disability, compared to 15 percent of the general population

Gaps in Coverage and Care

- Medicaid-eligible adults leaving incarceration can face delays in coverage
 - Most interviewed states reported capacity to reinstate suspended benefits within one day of release, while others reported delays ranging from 2–60 days
- The behavioral health needs of this population often go unmet
 - Limited access to medication assisted treatment during incarceration
 - In 2016, less than half of state prisoners with serious mental health conditions reported receiving treatment
 - Between 2015 and 2019, nearly one third of Medicaid beneficiaries under community supervision reported an unmet mental health need



State Strategies for Improving Access to Medicaid Coverage and Care

Facilitating Medicaid Enrollment

- All of the states interviewed suspend rather than terminate Medicaid coverage for adults during incarceration
 - Time to benefit reactivation depended on the frequency of data sharing and whether processes are manual or automated
- Pre-release enrollment assistance
 - Data from pre-release Medicaid enrollment assistance programs show improvements in health and better access to care upon release
- Barriers to timely Medicaid coverage on release
 - States commonly cited the cost of data infrastructure improvements, data quality, and difficulty anticipating jail release dates

Providing Reentry Services

- State-funded in-reach (pre-release) programs
 - Often includes enrollment assistance and discharge planning, sometimes in partnership with managed care organizations
 - May be targeted to certain populations (e.g., those with SUD)
 - Initiatives are limited by lack of federal Medicaid funding due to the inmate exclusion
- Post-release services
 - Often includes a supply of needed medications upon reentry and care coordination after release
 - Arizona has 13 integrated clinics where probation and parole offices are co-located with providers offering physical and behavioral health care

Characteristics of Pending Medicaid Section 1115 Demonstrations to Waive the Inmate Exclusion, as of October 27, 2022

Characteristic	States
Eligibility	
All adult inmates	4 states (OR, VT, WA, WV)
Adult inmates with certain medical diagnoses	8 states (AZ ¹ , CA, KY, MA, MT, NJ, NY, UT)
All youth	4 states (CA, MA, OR, WA)
Benefits	
Full benefits	4 states (MA, OR ² , UT, VT)
Limited benefits	9 states (AZ, CA, KY, MT, NJ, NY, OR ² , WA, WV)
Duration of pre-release coverage	
30 days	8 states (AZ, KY ³ , MA ⁴ , MT, NY, UT, WA, WV)
60 days	1 state (NJ)
90 days	3 states (CA, OR ⁵ , VT)
36 months	1 state (KY ³)
Throughout incarceration	2 states (MA ⁴ , OR ⁵)

Notes:

¹ Arizona would limit eligibility to individuals with serious behavioral and physical health conditions who are at high risk of homelessness upon release.

² Oregon would provide limited benefits to individuals in prison and state-run juvenile correctional facilities, and full benefits to adults and youth in jail and youth in local juvenile correctional facilities.

³ Kentucky would provide substance use disorder services up to 36 months prior to release, and care coordination services up to 30 days prior to release.

⁴ Massachusetts would cover services 30 days prior to release for adults, and throughout incarceration for youth.

⁵ Oregon would cover services 90 days prior to release for individuals in prisons and certain state-run juvenile correctional facilities, and throughout incarceration for adults and youth in jail and youth in local juvenile correctional facilities.

Source: MACPAC, 2022, analysis of Medicaid.gov.

Anticipated Administrative Action

- CMS has not yet approved any state demonstration to waive the inmate exclusion
- HHS is required to release new guidance
 - Best practices report on improving care transitions
 - Section 1115 guidance with opportunities to provide pre-release Medicaid coverage

Next Steps

- Continue monitoring CMS activity
- December panel on considerations for implementing Section 1115 inmate exclusion waivers, such as:
 - Data-sharing between Medicaid, corrections, and community providers
 - Who is providing pre-release services
 - Expectations for monitoring and evaluation
- Descriptive chapter in the June 2023 report

October 27, 2022

Improving Access to Medicaid Coverage and Care for Adults Leaving Incarceration

Melinda Becker Roach & Lesley Baseman



Medicaid and CHIP Payment and Access Commission



www.macpac.gov