

April 13, 2023

# Access to Medicaid Coverage and Care for Adults Leaving Incarceration

*Review of draft chapter for June report*

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Medicaid and CHIP Payment and Access Commission



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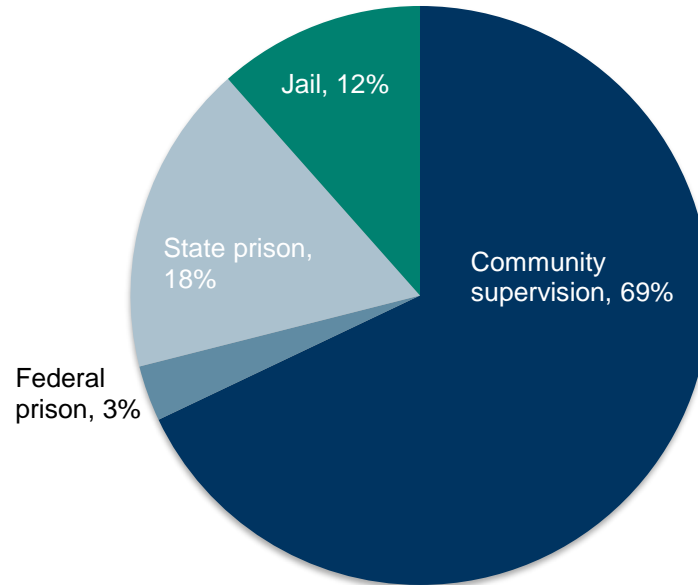
# Overview

- Characteristics of justice-involved adults
- State strategies for improving access to Medicaid
- Section 1115 demonstrations
- Considerations for implementing pre-release Medicaid coverage
- Next steps



# Adults in the Criminal Justice System

# Adult Correctional Population by Correctional Status, 2021



Total adult correctional population: 5,444,900

**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 (defined as people on probation or parole who were held in prisons or jails, people on parole who were also on probation, or people in prison who were held in jail) 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. 2023. Correctional populations in the United States, 2021 – statistical tables. Washington, DC: BJS.

# Demographics and Health Needs of Justice-Involved Adults

- Disproportionately low-income people of color
  - In 2021, the imprisonment rate for Black people was 5 times that of white people
- Tend to be poor and have substantial health-related social needs, such as employment, housing, and nutrition
- Often have significant physical and behavioral health conditions and experiences of trauma
  - Compared to the general population, 40 times higher risk of opioid overdose death in the first two weeks following incarceration

**Sources:** Bureau of Justice Statistics (BJS), U.S. Department of Justice. 2022. Prisoners in 2021—statistical tables. Washington, DC: BJS and Ranapurwala, S. et al. Opioid overdose mortality among former North Carolina inmates: 2000-2015. American Journal of Public Health 108.

# Access to Medicaid for Justice-Involved Adults

- Medicaid is an important source of coverage for justice-involved individuals in the community
  - Inmate payment exclusion prohibits Medicaid coverage for services during incarceration, with the exception of certain inpatient stays
- Adults enrolled in Medicaid have their coverage suspended or terminated upon incarceration
- The need to reinstate Medicaid benefits or process new applications can contribute to delays in coverage upon release
- Individuals may also experience delays enrolling in a managed care plan after release



# **State Strategies for Improving Access to Medicaid Coverage and Care**

# State Strategies

- Facilitating enrollment
  - Suspension vs. termination of Medicaid benefits upon incarceration
  - Data-sharing between Medicaid and corrections
  - Pre-release enrollment assistance
- Providing reentry services
  - State-funded pre-release programs to assess needs and establish connections with community providers
  - Medicaid-covered post-release services to address unique needs of justice-involved adults



# **Section 1115 Demonstrations to Provide Pre-Release Medicaid Coverage**

# California's Section 1115 Demonstration

- Permits the state to receive federal matching funds for a targeted set of services provided up to 90 days pre-release
- Coverage is for inmates of state prisons and local jails who meet health-related criteria and all youth in juvenile justice facilities
- California must receive CMS approval of its implementation and reinvestment plan
- Implementation will be phased and supported with \$410 million for planning and information technology investments

# Characteristics of Section 1115 Requests to Waive Inmate Payment Exclusion

Characteristic	States
<b>Eligibility</b>	
All adults	4 states (OR, RI, VT, WA)
Adults with certain medical diagnoses	10 states (AZ <sup>1</sup> , KY, MA, MT, NH, NJ, NM, NY, UT, WV)
All youth	4 states (MA, OR, RI, WA)
Youth with certain medical diagnoses	1 state (NM)
<b>Benefits</b>	
Full benefits	5 states (MA, OR <sup>2</sup> , RI, UT, VT)
Limited benefits	10 states (AZ, KY, MT, NH, NJ, NM, NY, OR <sup>2</sup> , WA, WV)
<b>Duration of pre-release coverage</b>	
30 days	10 states (AZ, KY <sup>3</sup> , MA <sup>4</sup> , MT, NM, NY, RI, UT, WA, WV)
45 days	1 state (NH)
60 days	1 state (NJ)
90 days	2 states (OR <sup>5</sup> , VT)
36 months	1 state (KY <sup>3</sup> )
Throughout incarceration	2 states (MA <sup>4</sup> , OR <sup>5</sup> )

**Notes:** <sup>1</sup> In Arizona, eligibility would also be limited to individuals at high risk of homelessness upon release.

<sup>2</sup> Oregon would provide limited benefits in prison and state-run juvenile correctional facilities, and full benefits in jails and local juvenile correctional facilities.

<sup>3</sup> Kentucky would provide substance use services up to 36 months prior to release, and care coordination services an average of 30 days prior to release.

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

<sup>5</sup> Oregon would cover services 90 days prior to release in prisons and state-run juvenile correctional facilities, and throughout incarceration in jail local juvenile correctional facilities.

**Source:** MACPAC analysis of Section 1115 demonstration proposals on Medicaid.gov, 2023.

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# **Considerations for Implementing Pre-Release Medicaid Coverage**

# Implementation Considerations

## Cross-Agency Collaboration

- Requires strong coordination between Medicaid and corrections
- Convenings, technical assistance, and support for administrative capacity could strengthen collaboration

## Data-Sharing and Infrastructure

- Cross-sector data systems needed to initiate pre-release coverage, promote care coordination, and support Medicaid billing

# Implementation Considerations, cont'd

## Application to Jails

- Unpredictable release dates and short stays may make it difficult to determine coverage window, identify who is eligible, and provide care

## Providers

- States must determine who will provide pre-release Medicaid services
- Employment barriers for peer support specialists can limit access to their services during reentry
- Ensuring the capacity of providers to meet needs of justice-involved individuals in the community is key

# Implementation Considerations, cont'd

## Maintenance of Effort

- California required to reinvest Medicaid matching funds when pre-release services are already provided by a carceral authority
- Reinvestment plans, if public, will provide insight into service gaps

## Monitoring and Evaluation

- Enhanced monitoring, including through beneficiary surveys and a mid-point assessment, is important given lag in evaluation results
- States may benefit from policy-specific evaluation guidance

## Next Steps

- Publish chapter in the June report after taking into account any additional Commissioner feedback
- Consider new analytic work on children and youth involved in the juvenile justice system



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