September 19, 2025

Medicaid for Justice-Involved Youth

Background

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Overview

- Introduction
- Youth in the juvenile justice system
- Federal Medicaid policies
- Next steps





Introduction

- Justice-involved youth (JIY) share some similarities with justiceinvolved adults
 - Demographic make up
 - Unmet need
- The needs and circumstances of JIY differ from adults in meaningful ways
- JIY's transition from incarceration to the community can influence future justice system involvement
- Medicaid's evolving role for JIY is significant as research indicates that access to services upon release can reduce recidivism

Youth in the Juvenile Justice System



Youth in the Juvenile Justice System Population characteristics

- Nationally, there were about 29,300 youth held in correctional facilities in 2023, which is a 73 percent decline since 2000
 - Youth in adult facilities also declined from 10,420 in 2008 to 2,250 in 2021
- JIY are predominantly male and ages 15 and above
- Youth of color, low-income, and LGBTQ+ youth are overrepresented in the juvenile justice system



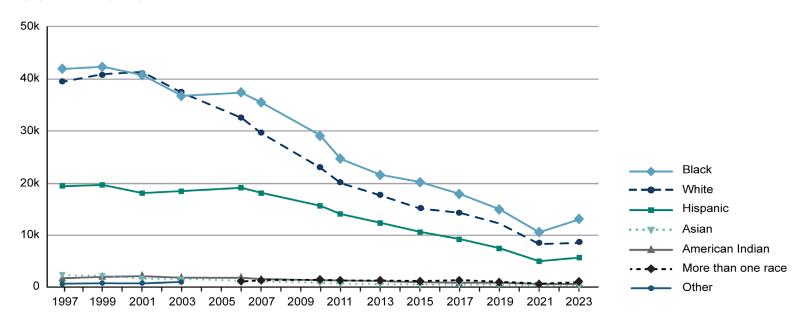
Youth in the Juvenile Justice System

Disparities

- Despite recent declines in arrests and incarceration nationally, disparities among youth in the justice system persist
- Research shows that youth of color are more likely to be detained, formally prosecuted, and charged as adults than white youth
- Black youth, in particular, are overrepresented in carceral placements, as they are:
 - 5.6 times more likely than white peers to be placed in facilities
 - 46 percent of placements despite comprising 15 percent of youth across the U.S.



Youth in Residential Placement by Race and Ethnicity—All Offenses, 1997 - 2023



Note: Residential placement refers to public or private facilities that house individuals under the age of 21, who were charged with an offense or court-adjudicated for an offense.

Source: Puzzanchera, C., A. Sladky, T.J. and Kang, W. 2025. Easy Access to the Census of Juveniles in Residential Placement. Developed by the National Center for Juvenile Justice for the Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/ojstatbb/ezacjrp/.



Youth in the Juvenile Justice System Unmet health needs

- Physical health conditions
 - Routine care, such as preventive, dental, and reproductive health
 - Chronic care, such as asthma, diabetes, and seizure disorders
- Behavioral health conditions
 - An estimated 70 percent of JIY have a mental health condition and 50 percent meet criteria for a substance use disorder
 - Common diagnoses include depression, Attention-Deficit/Hyperactivity Disorder, post-traumatic stress disorder, anxiety, and conduct disorders



Youth in the Juvenile Justice System Key factors that distinguish youth from adults

Child development

 JIY have unique clinical needs due to ongoing physical, cognitive, and emotional development

Education

JIY continue to have educational needs while they are detained or placed

Child welfare system involvement

 Research indicates that over half of JIY are also involved in the child welfare system

Parental consent

Changes in placements and legal guardianship may complicate consent processes and medical decision-making



Inmate Payment Exclusion

- Historically, Medicaid has had a limited role in paying for health services in juvenile facilities
 - States are generally prohibited from using Medicaid funds for services for inmates of public institutions, including youth in juvenile facilities
- The exception to this policy is when an inmate is admitted for inpatient care for 24 hours or more
- Even with this exclusion, Medicaid is an important source of coverage for JIY in the community



- The SUPPORT Act [P.L. 115-271]
 - Specified that states should not terminate Medicaid eligibility for eligible youth who are incarcerated, but suspend coverage during confinement
 - Directed the Department of Health and Human Services, through the Centers for Medicare and Medicaid Services (CMS), to issue guidance on section 1115 demonstration opportunities to improve care transitions after incarceration

CMS guidance

- States can receive federal financial participation for pre-release services up to 90 days prior to release
- Services must include case management, medication assisted treatment services, and a 30-day supply of medication, at a minimum
- The Consolidated Appropriations Act (CAA), 2023 [P.L. 117-328]
 - Required certain benefits for JIY that became effective January 2025



As of August 2025, 14 states include JIY in their section 1115 reentry demonstration populations

Characteristic	Approved states	Pending states
Eligibility		
All youth	AZ, CA, CO, HI, IL, KY, MA, MI, NC, NM, OR, UT, VT, WA	AR, CT, DC, ME, NV
Youth with certain diagnoses		NJ ¹
Duration of pre-release coverage (days)		
60	KY	NJ
90	AZ, CA, CO, HI, IL, MA, MI, NC, NM, OR, UT, VT, WA	AR, CT, DC, ME, NV
Benefits		
Mandatory only	CO, KY	NJ
Additional services	AZ, CA, HI, IL, MA, MI, NC, NM, OR, UT, VT, WA	AR, CT, DC, ME, NV

¹ New Jersey's demonstration renewal proposal requests authority to provide pre-release Medicaid services for incarcerated individuals, but does not specify whether youth will be included under the demonstration. Clarification will be forthcoming.

Source: MACPAC analysis of waiver documents and information from https://www.https://www



CAA 2023

- Required states to provide certain screenings and diagnostic services to eligible youth 30 days prior to release
- Required states to provide targeted case management services 30 days prior to release and for at least 30 days after release
- Provided states with the option to provide Medicaid covered services to eligible youth held in an institution prior to adjudication

CAA 2024 [P.L. 118-42]

- Authorized planning grants for states' activities and expenses to comply with pre-release screening, diagnostic, and case management requirements
- CMS awarded grants to 29 states and a territory in two funding opportunities



Next Steps

- Commissioner questions about background information presented or particular points of interest as we prepare to share findings are welcome
- We will return in October to present findings from our interviews

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