

POLICY BRIEF

August, 2022

Medicaid and Justice Involved Populations

Summary of State Actions

Persons who return to the community after experiencing incarceration face many challenges. Addressing basic needs like food, clothing, and shelter is likely their priority, as many of them do not have a home where they can return to upon discharge.¹ Even for those who receive family support, it is challenging to navigate the process of obtaining and maintaining the services they need to thrive in the community. To end this inequity, we must provide healthcare coverage, such as Medicaid or Medicare, to people leaving prisons to ensure they have access to life-saving healthcare and medications. Still, few leave with healthcare coverage on the day of release, and those who do tend to be persons who have had very short incarcerations, measured in days, not months or years. Depending upon the length of imprisonment, most individuals' benefits like healthcare coverage and food

Upon release from incarceration, returning citizens must work to have benefits reinstated with discharge paperwork. This process alone is a barrier.

assistance are suspended or terminated upon incarceration. Upon release from incarceration, returning citizens must work to have benefits reinstated using discharge paperwork. This process alone is a barrier. If the state terminates benefits, the person must restart the lengthy process of proving their income and need eligibility to the state.

Unfortunately, people enter and leave incarceration with complex medical needs and histories, which also affect their overall health and ability to thrive in their communities. As with all other persons, the complexities of those needs increase as they age.

Recognizing this challenge, various states are requesting that the Centers for Medicare & Medicaid Services (CMS) allow the usage of 1115 research and demonstration waivers so they can facilitate the eligibility of Medicaid for justice-involved persons. If implemented effectively and by engaging people with lived experience (PLE) and cross-sector partners (criminal justice partners, primary care providers, pharmacy, housing options, etc.), these strategies can support continuity of care, improve health equity, decrease costs and prevent recidivism.

¹<https://www.prisonpolicy.org/reports/housing.html#:~:text=We%20find%20that%20people%20experiencing,higher%20than%20the%20general%20public.>

Currently, the federal Medicaid policy called the "inmate exclusion policy" requires that benefits be suspended while an individual is experiencing incarceration. Most states use a data match to operationalize the suspension or termination of coverage and benefits for people who experience incarceration.² Since the Obama administration, some states have been requesting that people who experience incarceration have the opportunity to enroll in Medicaid 30, 60, 90 days or longer before their release to ensure continuity of care.

The table below highlights the actions states and other entities have taken or are requesting to take to allow benefit activation before people return to their communities after release from long-term incarceration. If implemented, these efforts will increase the potential for continuity of care between incarceration and community living. Other states allow flexible options to address the population's needs. An example of integrated flexibility is the Integrated Health Partnerships (IHP) program in Minnesota.³ The below table summarizes state programs that are focused on the justice-involved population based on research conducted by CSH.

If you are aware of any errors, changes or updates, please contact Marcella Maguire, Director of Health Systems Integration, at Marcella.Maguire@csh.org.

Since the Obama administration, some states have been requesting that people who experience incarceration have the opportunity to enroll in Medicaid 30, 60, 90 days or longer before their release to ensure continuity of care.

² <https://crsreports.congress.gov/product/pdf/IF/IF11830>

³ <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-8162-ENG>



State/City	Program Name	Medicaid Mechanism	Proposal	Status
Arizona	Community Reintegration and Housing Services	1115 waiver	<p>Healthcare coverage may begin 30 days prior to discharge from incarceration.</p> <p>Community transition services for those leaving institutions including incarceration. The services include move-in expenses, short-term rental assistance, and case management supports.</p>	<p>Negotiating with CMS.</p> <p>State submitted a waiver request on 5/26/21.</p>
California	Justice Related Initiatives via Providing Access and Transforming Health (PATH)	1115 waiver	<p>Sustaining pre-release and post-release services provided through the Whole Person Care (WPC) pilots.</p> <p>Support investments for MediCal pre-release application planning and information technology.</p>	<p>Implementing.</p> <p>Applications for round 1 funding for planning grants were accepted through 7/31/22.</p>
Hawai'i	Building Capacity for Successful Transitions from Prison to Community	Home and Community Based Services (HCBS) American Rescue Plan Act	<p>Services for those transitioning from long-term incarceration that meet HCBS Level of Care criteria.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Service coordination, initiated prior to release and is monitored for 6 months to one-year post release, • 2-week supply of prescriptions upon release, • Housing, employment and treatment services. 	<p>Implementing.</p> <p>The state has CMS approval for the plan.</p>

Massachusetts	Goal of Universal Coverage	1115 waiver	<p>Healthcare coverage starts 30 days prior to release for those with a chronic medical condition, mental illness, substance use disorder or for youth.</p> <p>Services include pre- and post- transition related supports for these populations such as case management and connection to healthcare.</p>	<p>Negotiating.</p> <p>State submitted a waiver proposal on 12/22/21</p>
Montana	HEART (Healing and Ending Addiction through Recovery and Treatment)	1115 waiver	<p>Healthcare coverage and care management services start 30 days prior to release for those with substance use disorders.</p>	<p>Negotiating.</p> <p>State approved the waiver on July 1, 2022, but is still negotiating with CMS on this aspect of the waiver.</p>
New Jersey	Pre-release services for incarcerated individuals with behavioral health challenges	1115 waiver	<p>Coverage may start up to 60 days pre-release and include payment for four behavioral health care management visits before release. Includes a housing assessment shared with a Managed Care Organization (MCO) upon release and MCO assignment for health care coverage.</p> <p>The state Medicaid and Behavioral Health offices jointly operate the program.</p>	<p>Negotiating.</p> <p>State submitted a waiver proposal on 2/28/22.</p>
New York	Ensuring Access for Criminal Justice System Involved Populations	1115 waiver	<p>Medicaid coverage 30 days pre- release. Re-entry services include care management and discharge planning, clinical consultant services, peer services, medication management plan development, and delivery of certain high priority medications to ensure active engagement in services upon release.</p>	<p>Planning</p> <p>Waiver request not yet submitted to CMS.</p>

<p>Oregon</p>	<p>Health Care Coverage and Social (SDOH) support services Determinants of Health</p>	<p>1115 waiver in negotiation</p>	<p>Coverage:</p> <ul style="list-style-type: none"> • Maintain benefits for youth while incarcerated and those incarcerated in local jails. • Inmate Medicaid coverage starts 90 days pre-release. <p>Services:</p> <ul style="list-style-type: none"> • Those in local jails who are Medicaid eligible but not enrolled will be enrolled while incarcerated. • Care coordination and navigation services. • Transitional Support Services (TSS) including rental assistance, pre-tenancy and tenancy support services, food, education, and employment supports. 	<p>State submitted a waiver proposal to CMS on 2/8/22. CMS approved the waiver but is still negotiating with the state on this aspect of the waiver.</p>
<p>Vermont</p>		<p>1115 waiver</p>	<p>Coverage:</p> <ul style="list-style-type: none"> • For inmates in both state prisons and local jails, Medicaid coverage begins 90 days before release. <p>Services:</p> <ul style="list-style-type: none"> • The old waiver-covered transitional housing programs and community rehabilitative care programs. In the new waiver, these programs are continuing but transitioning to a state plan authority. • Care coordination services will be implemented under the new waiver. 	<p>Negotiating.</p> <p>State submitted a waiver proposal, June 29, 2021.</p> <p>CMS approved the waiver June 28, 2022, but is still negotiating with the state on this aspect of the waiver.</p>

Washington	Reentry coverage after incarceration	1115 waiver	Persons' coverage would start 30 days prior to release from incarceration. Transitional Services (brief does not include details.)	<p>Developing Mechanism.</p> <p>Medicaid Transformation Project and has a concept paper on this and other topics.</p> <p>State expects to submit the waiver proposal to CMS late summer, 2022.</p>
-------------------	--------------------------------------	-------------	--	---

About CSH

The Corporation for Supportive Housing (CSH) is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create more than 385,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on 30 years of success developing multiple and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at www.csh.org.

CSH Mission

CSH works to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.

Copyright Notice

All Rights Reserved. This document is protected by copyright under U.S. Copyright laws and is the property of Corporation for Supportive Housing (CSH) or the party credited as the provider of the content. You may not copy, reproduce, distribute, publish, display, perform, modify, create derivative works, transmit, or in any way exploit any such content, nor may you distribute any part of this content over any network, including a local area network, sell or offer it for sale, or use such content to construct any kind of database. You may not alter or remove any copyright or other notice from copies of the content. Copying or storing any content except as provided above is expressly prohibited without prior written permission from CSH or the copyright holder identified in the individual content's copyright notice. For permission to use the content on a website, please contact policy@csb.org.

Disclaimer

The content contained herein is provided only for educational and informational purpose. CSH attempted to ensure that the content is accurate and obtained from reliable sources, but does not represent it to be error-free. CSH may add, amend or repeal any policy, procedure or regulation, and failure to timely post such changes to this document shall not be construed as a waiver of enforcement.