

Expanding Medicaid and CHIP's Role in Corrections: Implementing New Continuity of Care Requirements for Youth and Young Adults

November 25, 2024

Agenda

Opening Remarks

Overview of 5121 and 5122

Panel Discussion

Q&A



Speakers



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David Ryan

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Health and Reentry Project

Panel

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Opening Remarks

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Overview of 5121 and 5122

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Health and Reentry Project

The Health and Reentry Project (HARP)

- HARP was established to improve the **health and safety of people and communities**
- Through education and analysis, HARP **strengthens policies to expand access to health care** for people directly impacted by the justice system
- HARP **advances implementation** to help new policies become a reality that improves peoples' lives
- HARP **brings together diverse stakeholders** across health care and criminal justice, including people who are directly impacted

Historically, Medicaid Has Not Covered Services Provided During Incarceration

Federal law prevents Medicaid from paying for any services for people who are “inmate[s] of a public institution,” except for inpatient community hospital stays

The “inmate exclusion” is now narrower at both the federal and state level

Recent changes to the exclusion aim to create continuity of health, mental health, and substance use care to improve health and public safety outcomes

Medicaid: A Lever to Drive Change



Ability to Scale

State and national reach and resources to drive change at scale



Sustainability

Predictable, ongoing financing source, once implemented



Ripe for Change

Medicaid's "inmate exclusion" is a lever to expand access to health care for millions of people



Quality and Accountability

Standards and processes to drive quality, access, and oversight



Evidence

Data and evaluation tools can drive continuous improvement

New National Medicaid and CHIP Policies for Youth and Young Adults Who are Incarcerated

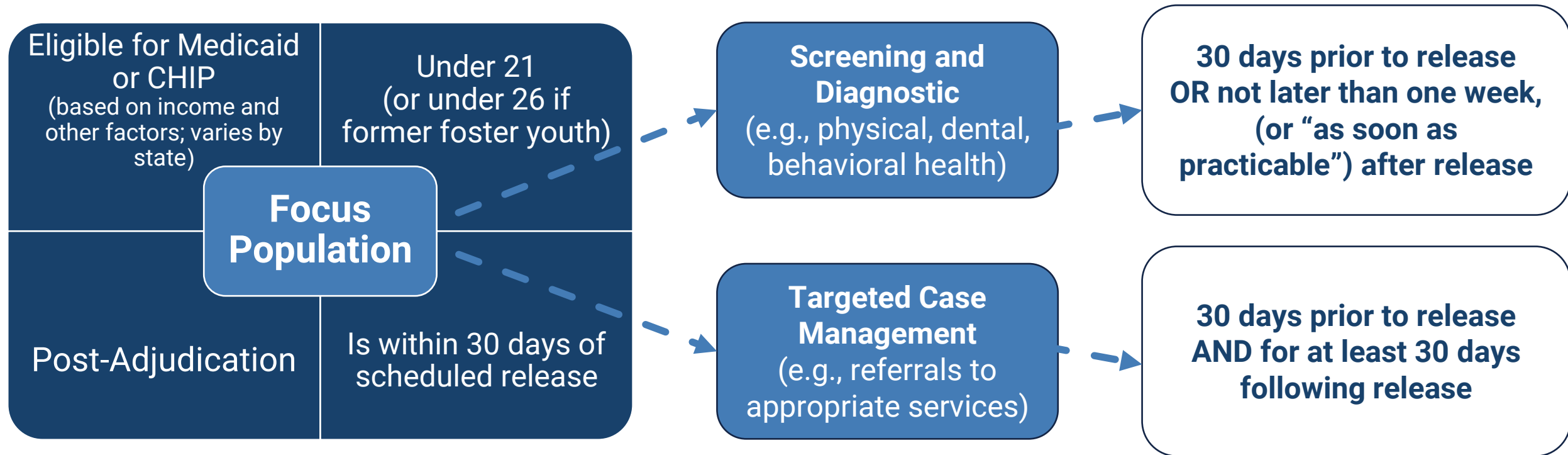
- Starting in January 2025, states are required to use Medicaid and the Children's Health Insurance Program (CHIP) to cover limited services for incarcerated youth who are soon to be released
- This applies to all Medicaid beneficiaries in custody following adjudication who are under age 21 or former foster youth under age 26
- The policy requires all states: 1) to provide screenings and diagnoses and service referrals for youth in 30 days before or shortly after release; 2) to provide case management in the 30 days before and at least 30 days following release
- This applies to all state, local and tribal facilities where youth are incarcerated post-adjudication (prisons, jails, juvenile justice, and youth corrections)
- Additional state option to use Medicaid to cover comprehensive services for youth pending disposition of charges

New Medicaid and CHIP Policies for Youth Who Are Incarcerated: Required in All States, January 2025

Who

What

When



New Medicaid and CHIP Policies for Youth Who Are Incarcerated: State Option, January 2025

Starting January 1, states have the option to offer some Medicaid-covered services to youth pending disposition of charges.

In states that elect the option, facilities must provide the same comprehensive Medicaid benefits for children and youth that they are eligible for in the community.

These services would affect a larger percentage of the jail population than the required pre-release services, which pertain only to youth post-adjudication

Implementation of New Requirements



Implementing New Medicaid and CHIP Requirements in Jails

Challenges

- High rates of behavioral health needs
- Variation in scale, infrastructure, and capacity based on county size
- Short stays and high turnover
- Uncertain release dates
- Variation in care delivery and staffing: private vendors, public employees, and community-based providers

Opportunities

- Get people the right care in the community to prevent cycling through jails, emergency rooms, and shelters
- Improve health outcomes & decrease future law enforcement interactions
- Intervene early with youth/young adults
- Enhance connections to community health and social services

Where to Start: Information Gathering



Review facility data on how many sentenced individuals will qualify for Medicaid-covered services



Understand how your facility tracks and communicates expected release dates



Identify what Medicaid eligibility & enrollment processes exist in your facility currently



Understand what medical, behavioral health, and dental screening and diagnostic processes are taking place now in your facility

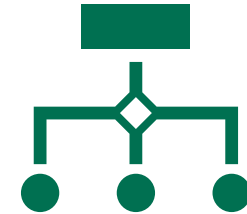
Where to Start: Information Gathering



Determine how case management services are currently being provided in your facility



Explore methods for tracking performance metrics post-release



Identify what technological infrastructure/staffing will be required for the delivery of services

Where to Start: Stakeholder Engagement

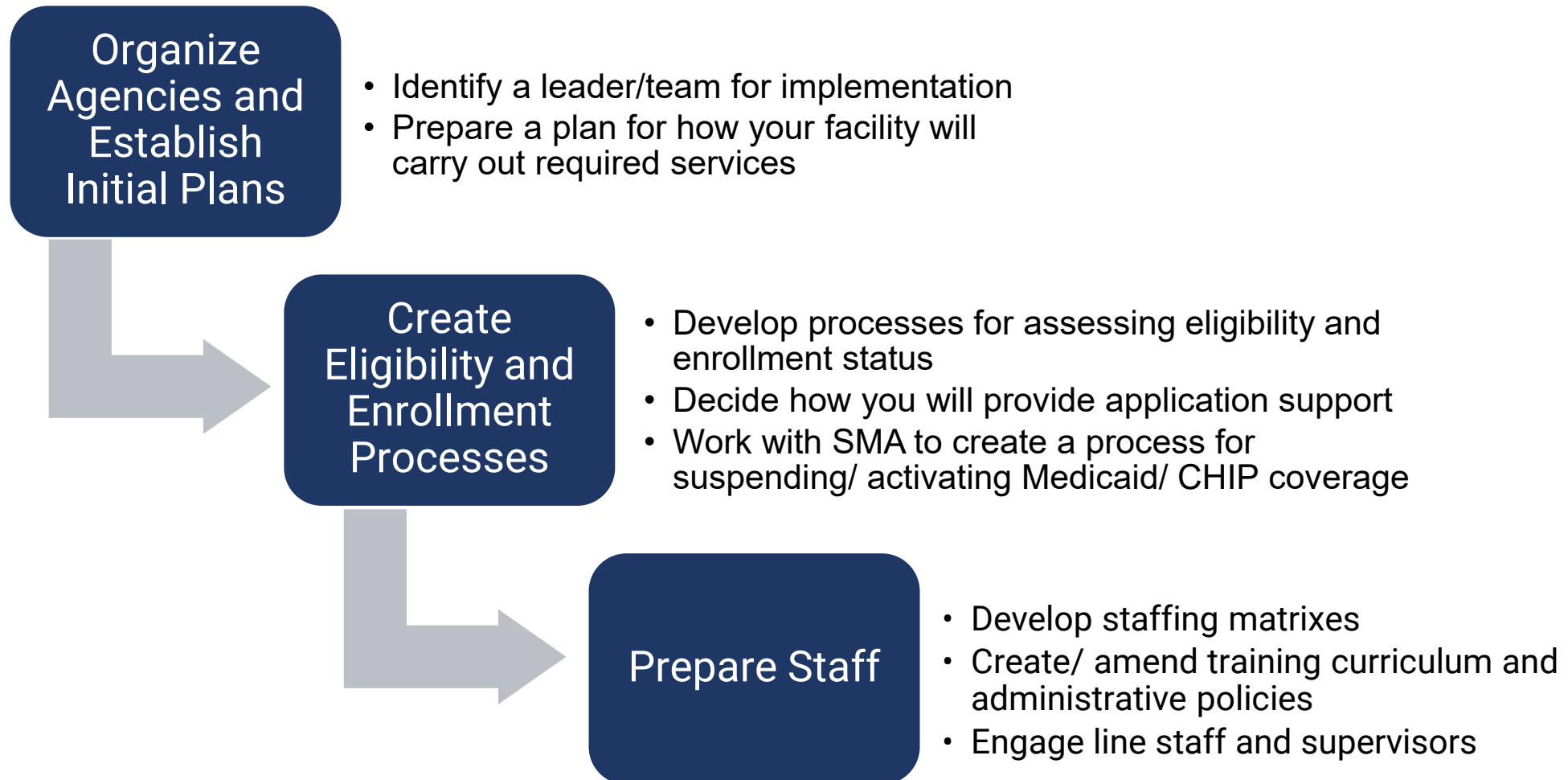
**Talk to your
state Medicaid
office about
the new
policies**

**Reach out to
your facility
medical
providers and
community
partners**

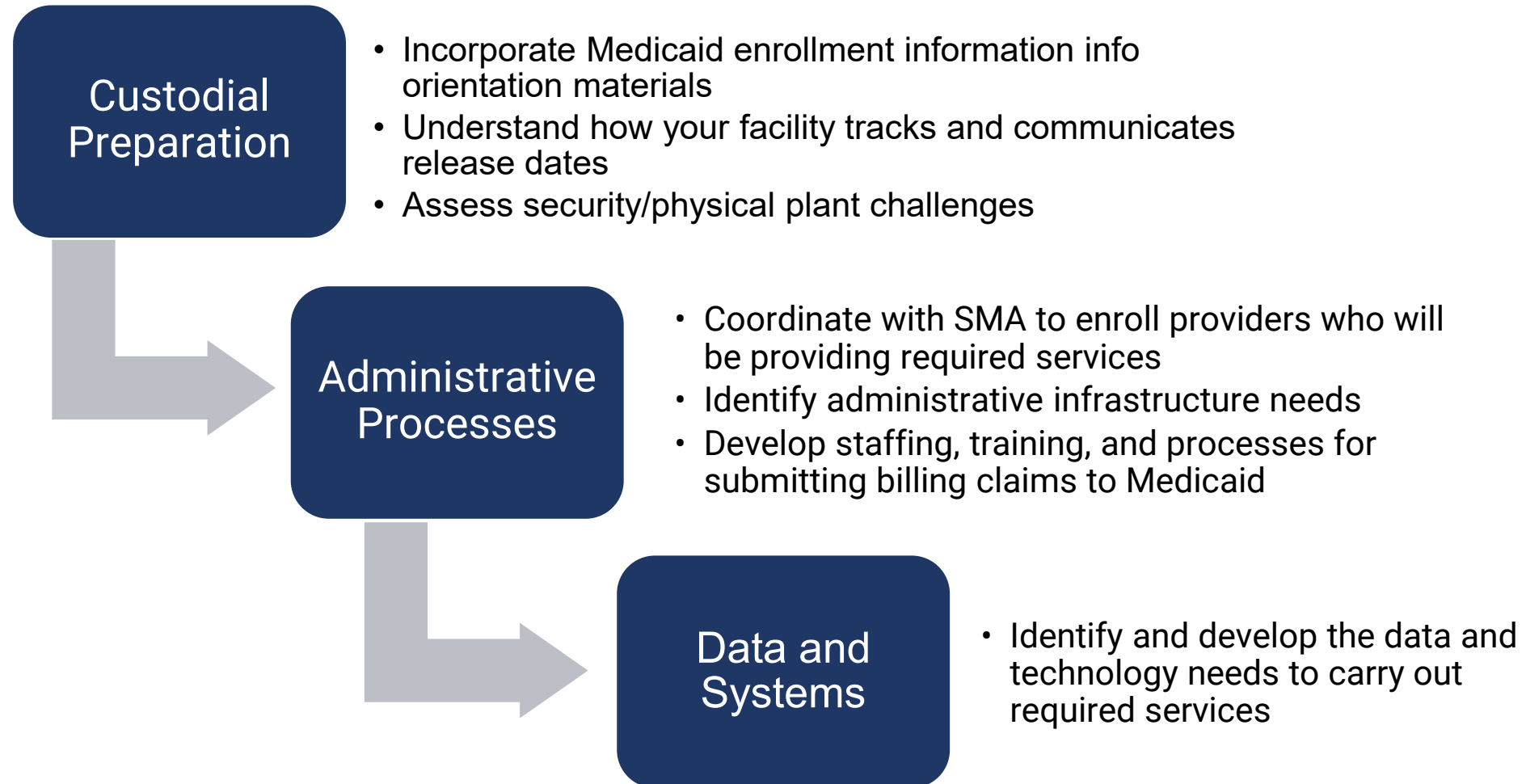
**Connect with
criminal justice
and
corrections
system peers**

**Engage with
membership
organizations,
including
leadership at
the national
and state level**

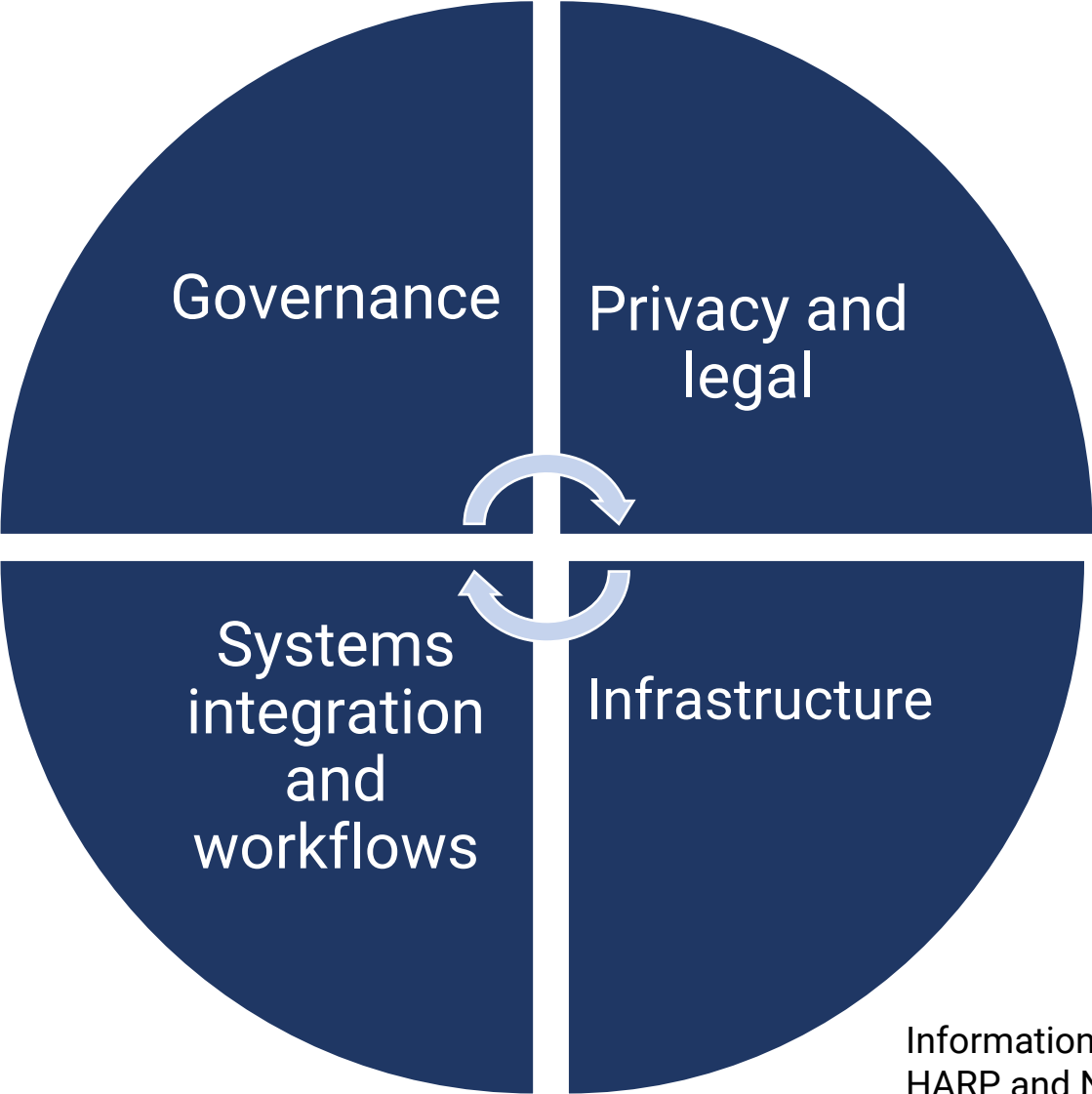
Where to Start: Getting Ready



Where to Start: Getting Ready

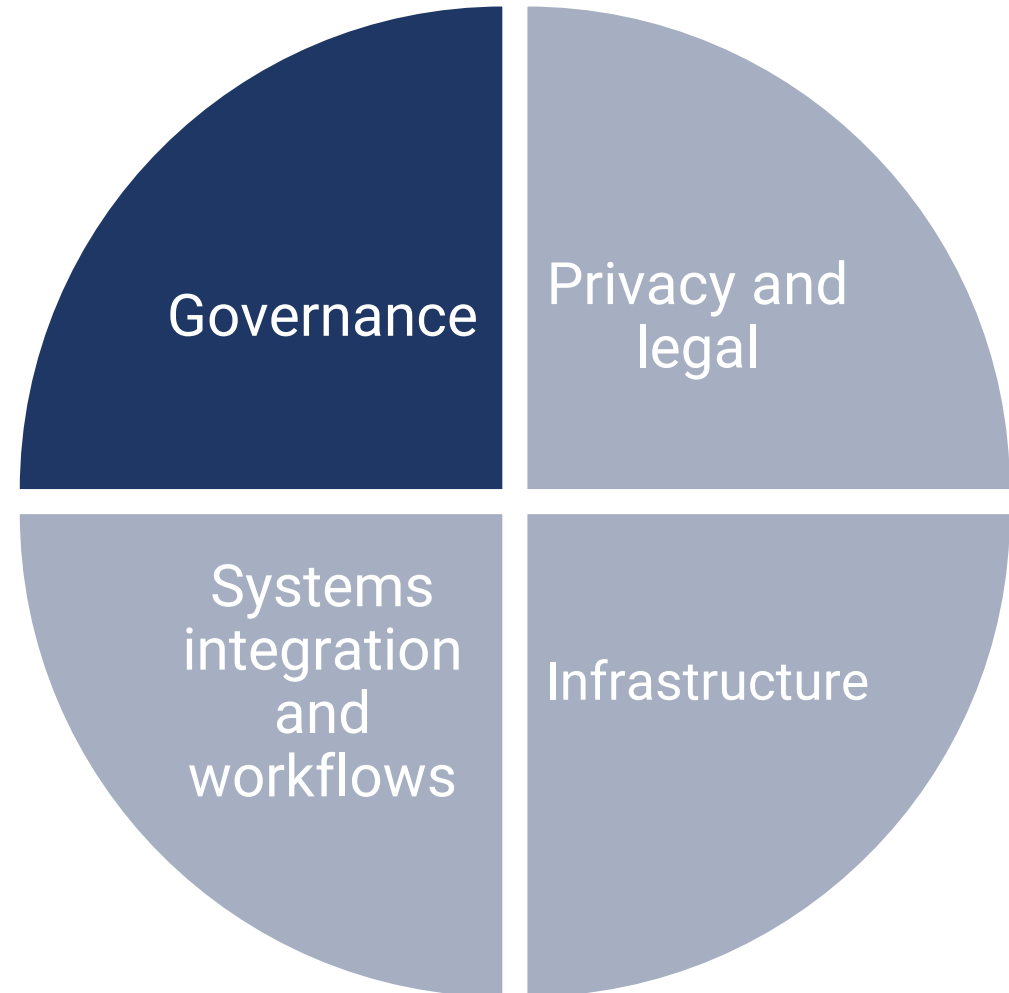


Deep Dive: Data and Systems Planning



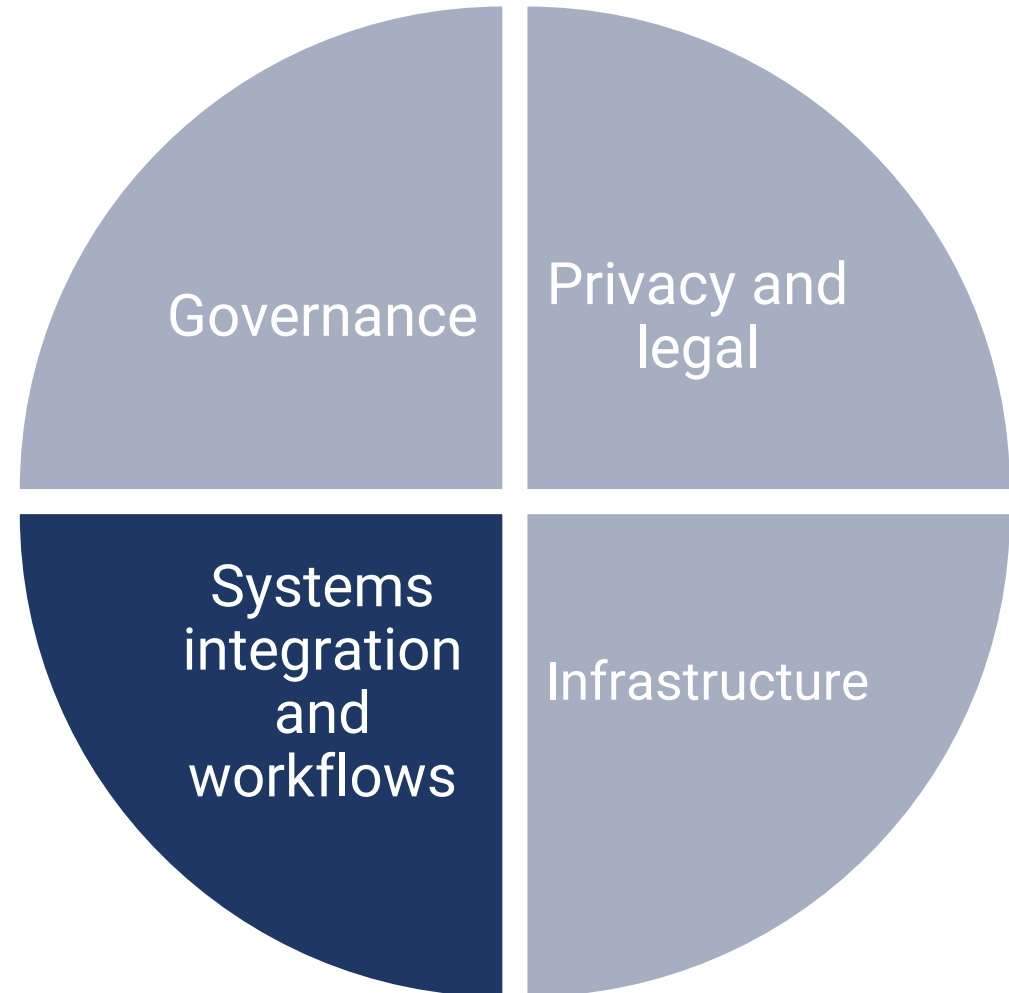
Deep Dive: Data and Systems Planning

- Data sharing agreements, memoranda of understanding, and other governance documents
- Bring in outside expertise as needed

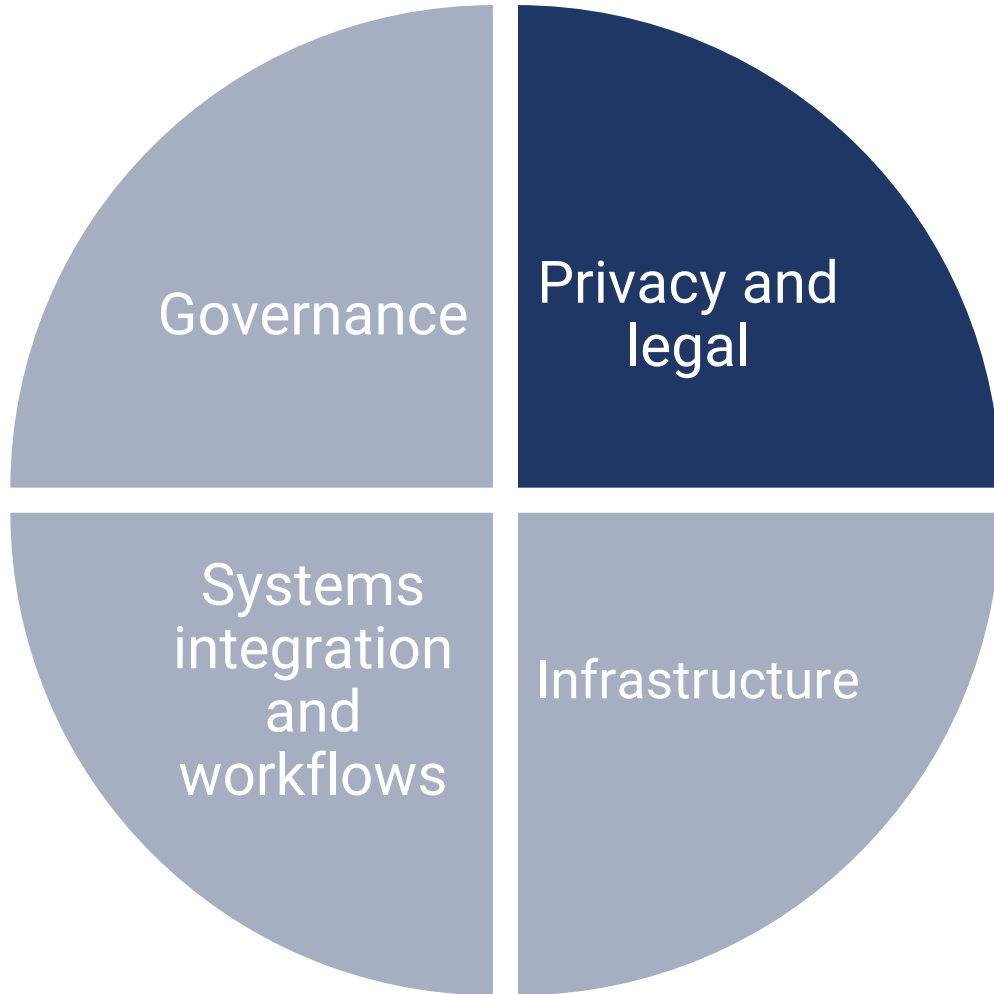


Deep Dive: Data and Systems Planning

- Process and timing for data sharing
- Training and education on workflows, privacy, and technology

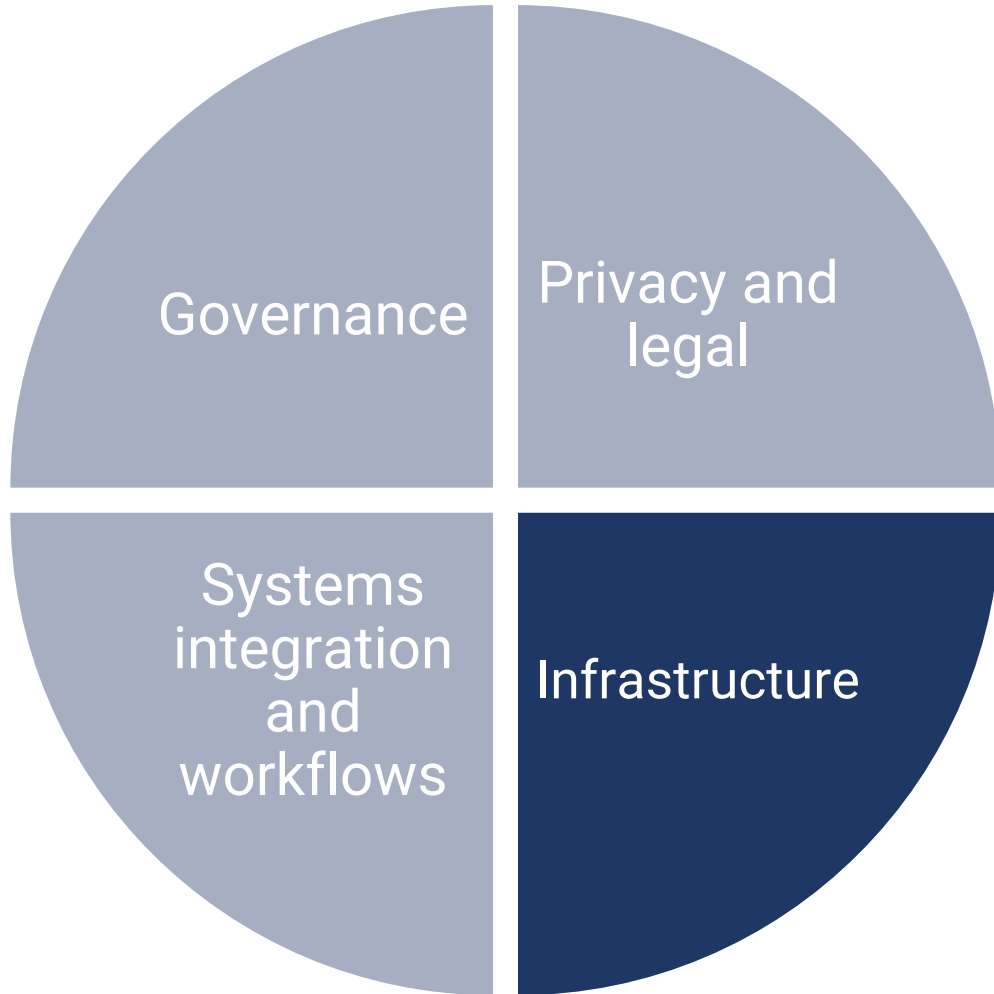


Deep Dive: Data and Systems Planning



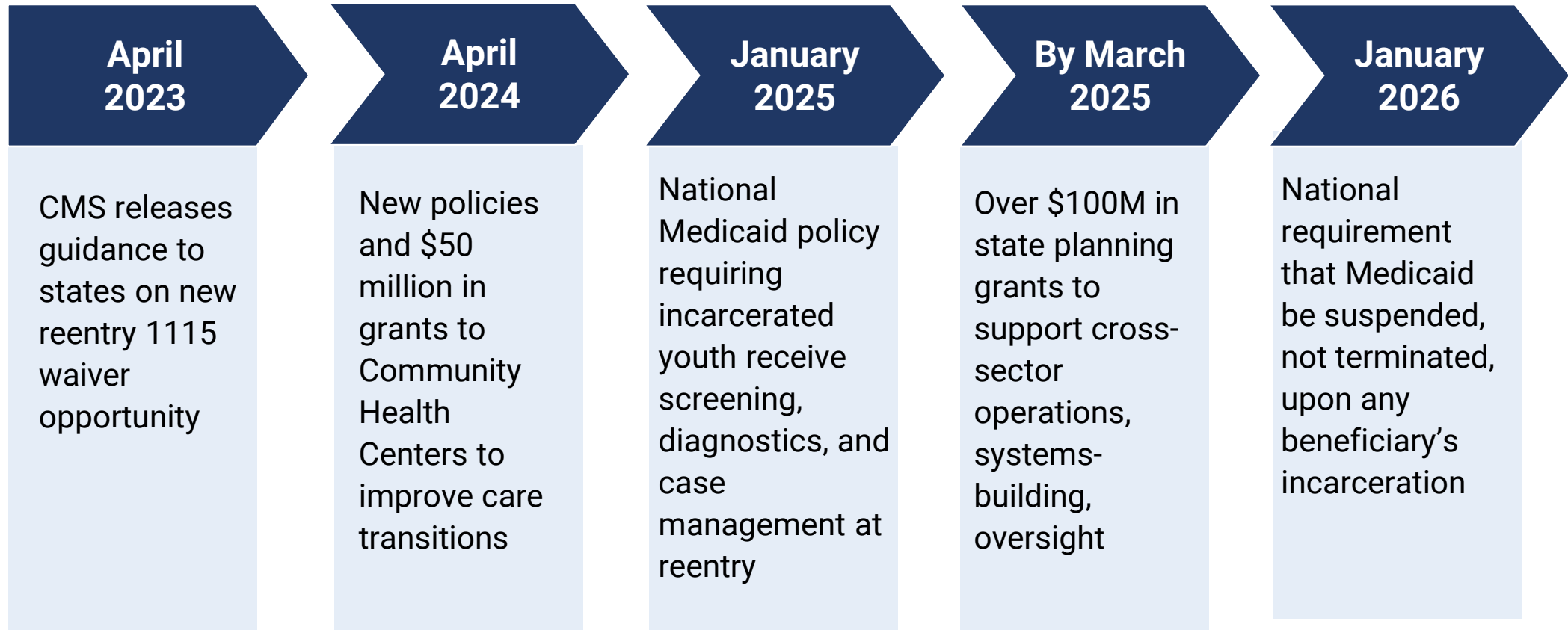
- Healthcare Insurance Portability and Accountability Act (HIPAA)
- 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records
- Family Educational Rights and Privacy Act (FERPA)
- State laws (e.g.: Criminal Offender Record Information laws)
- Release of information

Deep Dive: Data and Systems Planning



- Technology based:
 - Electronic Health Records (EHR)
 - Health information Exchange (HIE)
 - Community Information Exchange (CIE)
 - Data warehouses
 - Interoperability
- Manual:
 - File shares
 - Matched files
 - Case conferencing

An Unprecedented Opportunity: New National Health and Criminal Justice Policies



The Future of Medicaid and Reentry: Looking Ahead



Reentry waivers and new youth requirements are becoming be a **major vehicle for improving health and safety.**



Implementation is complex, will require **dedicated investment and attention,** and will **take time.**



Bringing together health and criminal justice government agencies, as well as external stakeholders, **is essential to success.**



People who have been directly impacted and community-based organizations should be **at the table.**



The impact on people and communities will **build over time.** So will opportunities for learning and improvement, which could drive additional reforms.

Implementation Support: State Planning Grants

In October, CMS released a notice of funding opportunity for over \$100M in planning grants to support implementation of new youth requirements. Funds will be awarded to state Medicaid and CHIP agencies.

Deadlines to apply:

Cohort 1: November 26, 2024

Cohort 2: March 17, 2025

\$1 million to \$5 million

“Funds may be used for addressing operational barriers and improving systems for continuity of care following incarceration in state-operated prisons, local, tribal, and county jails, and youth correctional or detention facilities.”

For more information and to view slides from a recent informational webinar, visit the [grant page on Medicaid.gov](#)

New Resources!

Getting Ready: Key Elements for the Implementation of Section 5121 Youth Requirements in Adult Correctional Facilities

To prepare to implement Section 5121 of the Consolidated Appropriations Act (CAA) of 2023, state corrections and/or local jails should take actions in seven key areas:

1. Engaging Stakeholders

- Contact their state Medicaid agency (SMA) to discuss implementing the new CAA 2023 provisions and share corrections' perspectives.
- Connect with peers (e.g., state sheriffs' association, state department of corrections) to share promising implementation practices and highlight potential challenges.
- Engage community providers, correctional medical providers, courts, probation and parole, juvenile justice administrators, advocates, people with lived experience, community leaders, membership organizations, and state and national trade associations to identify opportunities and challenges.
- Possible engagement activities include sequential intercept mappings, reentry simulations, and focus groups for individuals with lived experience.

State Medicaid Agency—Key Roles & Responsibilities

It is crucial that correctional administrators and leaders collaborate with their state Medicaid agency (SMA) during decision-making processes to ensure a successful implementation of Section 5121 of the Consolidated Appropriations Act (CAA) of 2023.

SMA's operate state Medicaid programs within federal guidelines established by the Centers for Medicare & Medicaid Services (CMS). They are accountable to the federal government for program operations and integrity. SMA's make decisions about who is eligible for Medicaid, how people enroll, what services are offered, and how much service providers are paid. As a result, state Medicaid programs vary from one another.



Key Elements • 1

Section 5121 Brief Operational Checklist for Post-Adjudicated Youth

This operational checklist provides adult correctional administrators with concrete steps for initial implementation of Section 5121. Utilize this checklist when working with post-adjudicated youth between the ages of 18-21 and former foster care youth up to age 26.

Step 1: Intake/ Booking	Step 2: During Incarceration, 30 Days Before Release	Step 3: Post-Release, Within 30 Days After Release
<input type="checkbox"/> Complete initial medical, dental, and behavioral health screening with validated tools.	<input type="checkbox"/> Work with the state Medicaid agency to reactivate suspended benefits for eligible youth.	<input type="checkbox"/> Provide post-release TCM services, if designated to do so.
<input type="checkbox"/> Screen for Medicaid and Children's Health Insurance Program (CHIP) enrollment and eligibility status.	<input type="checkbox"/> Provide physical, dental, and behavioral health screening and diagnostic services.	<input type="checkbox"/> If not designated to provide post-release TCM services, conduct a warm handoff between correctional staff and community providers to ensure continuity of care.
<ul style="list-style-type: none"> • If the individual is already enrolled in Medicaid/CHIP, facilitate the suspension of benefits, and reactivate benefits within 30 days of release. • If the individual is not already enrolled in Medicaid/CHIP, begin the enrollment process and then suspend benefits. Reactivate benefits within 30 days of release. • Aim to submit the application no later than 90 days before the individual's expected release date. 	<ul style="list-style-type: none"> • Services should be provided 30 days before release or no later than 1 week or as soon as practicable after release. 	<ul style="list-style-type: none"> • The warm handoff should include a meeting of the pre-release case manager, the post-release case manager, and the impacted youth to discuss the individual service plan and next steps. • Care coordination planning may include Medicaid managed care organizations.
<input type="checkbox"/> Screen for eligibility for required screening, diagnostic, and case management services.	<input type="checkbox"/> Provide pre-release targeted case management (TCM).	<input type="checkbox"/> If not provided during incarceration, physical, dental, and behavioral health screening and diagnostic services must be provided within 1 week after release or as soon as practicable.
<ul style="list-style-type: none"> • Eligible individuals are post-adjudication, ages 18-21 or former foster care youth up to age 26. 		
<input type="checkbox"/> Collect performance data, including the number of individuals enrolled in Medicaid/CHIP, number of individuals ages 18-21 in custody, number of former foster care youth up to age 26 in custody, and physical and behavioral health needs.	<input type="checkbox"/> Collect performance data for TCM and screening and diagnostic services provided.	<input type="checkbox"/> Gather performance data from case managers.



Section 5121 of the Consolidated Appropriations Act:

Frequently Asked Questions for Jails

Contents

- Q1. What is Section 5121?
- Q2. When do the changes go into effect?
- Q3. For Section 5121 of the Consolidated Appropriations Act of 2023, what population will these changes impact?
- Q4. What correctional facilities are subject to these new policies?
- Q5. What actions/plans are required for implementation? How does it go into effect?
- Q6. Are federal resources available to support implementation?
- Q7. How do the required youth provisions intersect with the Medicaid 1115 Reentry Demonstration Opportunity?
- Q8. Who will make decisions about how these new services are implemented, including screening and diagnostic services and targeted case management?
- Q9. How will youth in adult correctional facilities be enrolled in Medicaid?
- Q10. Do facilities need a process to suspend benefits for youth enrolled in Medicaid and the Children's Health Insurance Program when they enter custody?
- Q11. Who is responsible for identifying former foster age youth up to age 26?
- Q12. What screening and diagnostic services are required under the new provisions?
- Q13. What is targeted case management?
- Q14. How does the guidance address warm handoffs for individuals transitioning to the community?
- Q15. What options are available for delivering these new services?
- Q16. Are all correctional facilities required to enroll as Medicaid providers?
- Q17. What should be considered regarding data sharing and systems when implementing the youth provisions?
- Q18. Do facilities need to hold an individual in custody until the required services are delivered?
- Q19. Will facilities be responsible for ensuring any post-release services (case management, screening, diagnosis, and referrals) are delivered?
- Q20. As a jail, what are the potential next steps?
- Q21. What key terms should jails be aware of?



FAQs Jails • 1

State and Local Panel Discussion

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Question & Answer



Thank you

For more information visit
HealthandReentryProject.org