



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

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Welcome and Opening Remarks

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Agenda

Opening Remarks

Overview of New Medicaid Requirements

Implementation Discussion

Q&A



SPEAKERS

Ms. Vikki Wachino

Executive Director

***Health and Reentry Project
(HARP)***

Dr. Michelle Staples-Horne

Medical Director

GA Dept. of Juvenile Justice

***NCCHC Juvenile Health
Committee***

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

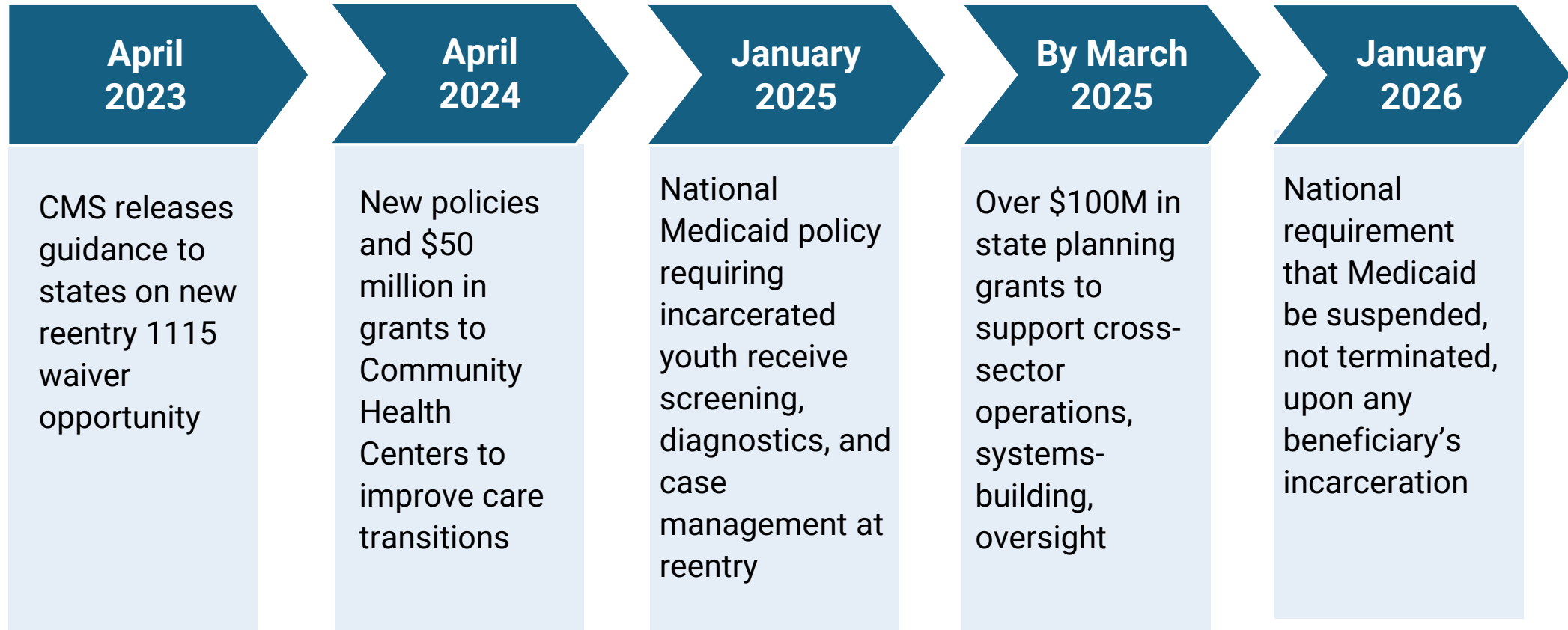
Historically, Medicaid Has Not Covered Services Provided During Incarceration

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

An Unprecedented Opportunity: New National Health and Criminal Justice Policies



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

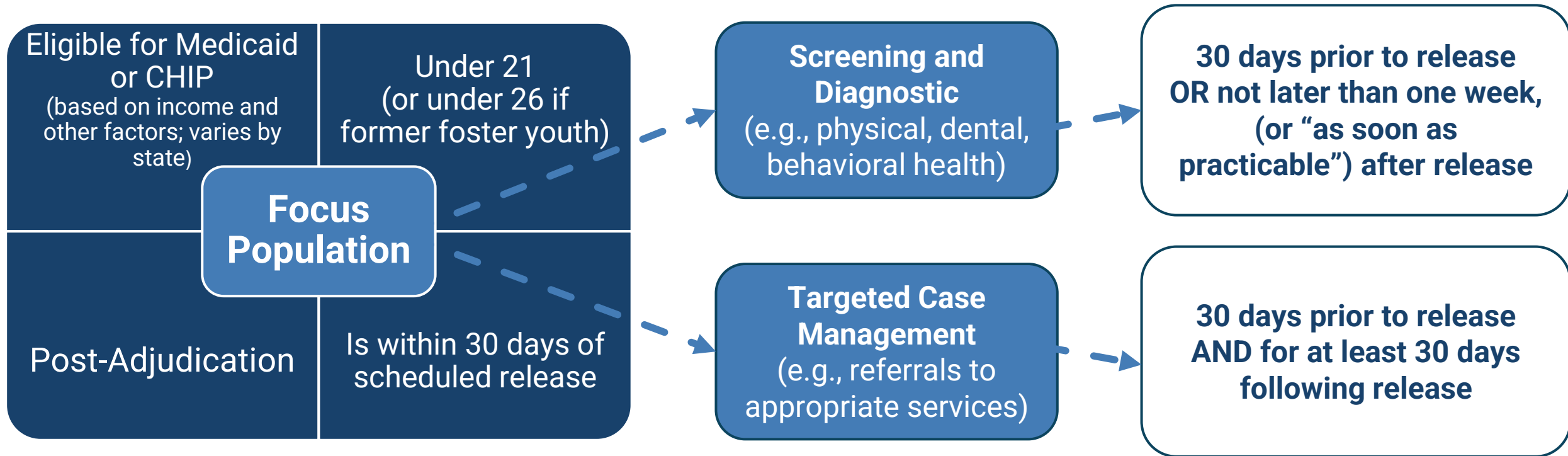
- Starting in **January 2025**, states are required to use Medicaid and the Children's Health Insurance Program (CHIP) to cover limited services for incarcerated youth who are soon to be released
- **This applies to all Medicaid beneficiaries in custody following adjudication who:**
 - Are under age 21 or former foster youth under age 26
- **The policy requires all states:**
 - **To provide screenings and diagnoses and service referrals for youth in 30 days before OR shortly after release**
 - **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
- Policies cannot delay release or increase justice involvement

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 youth population than the required pre-release services, which pertain only to youth post-adjudication

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.

Implementing New Medicaid and CHIP Requirements

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 detention, 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



Understand how your facility tracks and communicates expected release dates



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



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**

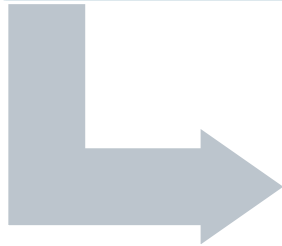
**Connect with
your peers**

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

Where to Start: Getting Ready

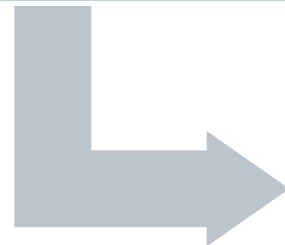
Organize Agencies and Establish Initial Plans

- Identify a leader/team for implementation
- Prepare a plan for how your facility will carry out required services



Create Eligibility and Enrollment Processes

- Develop processes for assessing eligibility and enrollment status
- Decide how you will provide application support
- Work with SMA to create a process for suspending/activating Medicaid/CHIP coverage



Prepare Staff

- Develop staffing matrixes
- Create/ amend training curriculum and administrative policies
- Engage line staff and supervisors

Where to Start: Getting Ready

Custodial Preparation

- Incorporate Medicaid enrollment information into orientation materials
- Understand how your facility tracks and communicates release dates
- Assess security/physical plant challenges



Administrative Processes

- Coordinate with SMA to enroll providers who will be providing required services
- Identify administrative infrastructure needs
- Develop staffing, training, and processes for submitting billing claims to Medicaid



Data and Systems

- Identify and develop the data and technology needs to carry out required services

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

Question & Answer

