



## MEDICAID AND THE CRIMINAL-LEGAL SYSTEM: COMMUNITY CORRECTIONS

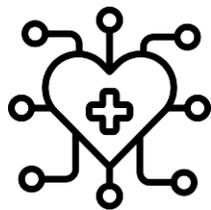
Every day, probation and parole professionals make critical decisions that have a significant impact on individual and community health and safety. This role is particularly challenging given the lack of coordination between safety-net systems and correctional health systems.



While health and public safety systems have historically been siloed, both systems increasingly recognize that cross-sector collaboration can improve individual and community health and well-being. Healthcare partners can support the critical work that community corrections staff perform every day. Together, community corrections and healthcare partnerships can strengthen communities and families that are disproportionately impacted by the criminal-legal system.

This white paper describes upcoming Medicaid policy developments and presents opportunities that will affect justice-involved individuals' access to healthcare and offers opportunities for partnerships that can help improve individual lives and community safety.

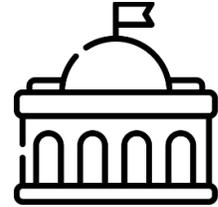
### MEDICAID'S ROLE IN THE CRIMINAL-LEGAL SYSTEM



**Medicaid** is the health insurance program for low-income individuals and individuals who qualify based on certain financial or medical conditions. However, the Social Security Act forbids Medicaid from paying for most services while an individual is an “inmate of a public institution,” including jails, prisons, and juvenile justice facilities. This means that people lose access to Medicaid with every booking. Upon release, it can take weeks or months for Medicaid agencies to reinstate medical and pharmacy benefits which impedes timely access to care.

The Consolidated Appropriations Act of 2023 made substantial changes to how Medicaid operates for incarcerated juveniles. Beginning in 2025, states must provide Medicaid's screening and diagnostic benefits to sentenced juveniles thirty days before release from a jail, prison, juvenile justice facility or other “public institution.” It also requires thirty days of targeted case management before and after release. The law also allows states to opt to maintain Medicaid benefits for pretrial juveniles.

At the same time, the federal government is approving state plans to extend Medicaid benefits into carceral settings before release. California will offer eligible beneficiaries targeted services 90 days before release from a jail, prison or juvenile justice facility. This could provide community corrections with a significant head start toward supporting the health needs of people before they leave incarceration and support planning that will keep people from remand or revocation. Many states have submitted similar waivers to change their state Medicaid plan to cover services for people during incarceration. These waivers will improve access to services that impact health and justice needs. State- and federal-level Medicaid policies can improve your opportunities for collaborating with health partners, and your input is crucial to ensure that you can rely on Medicaid systems to sustainably screen and treat people in your programs.



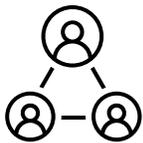
**Examples of submitted waivers pending federal approval:**

- **Kentucky:** Would provide **SUD treatment** to eligible incarcerated members throughout period of incarceration (including pretrial) and enroll eligible members into a Medicaid program thirty days prior to release.
- **Utah:** Would provide **full set of Medicaid State Plan** benefits to eligible members thirty days prior to release. Eligibility criteria includes chronic physical or behavioral health condition, mental illness, or opioid use disorder.
- **Arizona:** Focused on members at **high risk of experiencing homelessness**, waiver would provide Medicaid-reimbursable reentry services (case management, coordinating housing, linkages to physical and behavioral providers) to members thirty days prior to release.

Source: [State Policies Connecting Justice-Involved to Medicaid Coverage and Care, Kaiser Family Foundation](#)

**RESOURCES FOR COMMUNITY CORRECTIONS**

As the industry leader of health strategy for systems-involved populations, COCHS has identified ways that community corrections can take advantage of these opportunities and prepare for collaboration with Medicaid as policies change.



**Ensure Medicaid enrollment prerelease:** Medicaid coverage is **associated** with reduced recidivism and improved employment outcomes. However, the inmate exclusion means that even if a person enters incarceration with Medicaid coverage and established community providers, they are stripped of their coverage and unable to access healthcare and SUD services upon release until reenrollment.

- **Action item:** Confirm the status of prerelease Medicaid enrollment or eligibility with your local jurisdiction. If individuals are not released with Medicaid coverage, consider embedding specialized enrollment navigators into the physical community corrections office or as part of the reentry workflow. Enrollment navigators can be supported through various funding streams, depending on your state’s Medicaid plan. Contact your **state Medicaid agency** to determine the process for potential Medicaid reimbursement for navigation services.

**Secure funding for existing services:** Community corrections programs may be eligible for funding from Medicaid for services you already provide. Targeted Case Management (TCM) is a Medicaid benefit that could reimburse organizations for costs incurred by developing a case plan and helping clients connect to services.

- **Example:** California’s Kern County probation has leveraged the state’s TCM program to receive federal funding for day-to-day activities that coordinate connections to community resources. Partner with your state Medicaid agency to explore creating a TCM benefit that may support or expand your current case management efforts.

**Refer to Medicaid providers for improved stewardship of public funds:** Community corrections staff are often in the position of referring clients to an external organization without knowing the quality of services provided. One way to ensure that organizations are meeting rigorous standards is to prioritize Medicaid providers of medical, behavioral health, and social services. Medicaid-covered organizations are required to **demonstrate** continuous compliance with federal requirements, including recertification surveys and quality assurance. In addition, the federal government directly pays for Medicaid-provided services instead of the county being responsible for the cost.

- **Action Item:** Think about the core services that your clients need, such as substance use providers, and identify opportunities to coordinate with Medicaid providers offering these services. If you are contracting with non-Medicaid providers, ensure that you are not paying more than the Medicaid reimbursement rate.

## THE FUTURE

Many people are stuck in a feedback loop of poor health outcomes and frequent incarceration. Community corrections can play a key role in breaking this cycle by partnering with the healthcare sector and incorporating approved Medicaid programs. COCHS is ready to help you prepare for these important conversations. As criminal-legal and healthcare systems come together to meet this challenge, we aim for a future where everyone can be healthy and safe.

