



MEDICAID AND THE CRIMINAL-LEGAL SYSTEM: HEALTH INFORMATION TECHNOLOGY

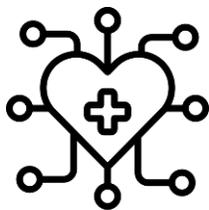
It is commonplace for individuals to see different health providers in different settings. This can include one's primary care provider, psychologist, specialist, care manager, emergency department hospitalist, and (if one is involved with criminal-legal systems) correctional health provider. Community-based providers often have data and legal infrastructure to allow data sharing across providers, care settings, and even sectors like housing. This communication improves individual outcomes and increases the efficiency of care delivery.



However, most criminal-legal information systems do not participate in such data-sharing with community providers. This leads to a lack of comprehensive data that inhibits health and corrections partners from working together and prevents individuals from receiving consistent care. A main driver of this lack of connectivity is longstanding Medicaid law that separate correctional health systems from community health systems. This provision, however, is changing across the country.

This white paper describes upcoming Medicaid policy developments that will affect how healthcare is delivered in the context of correctional health systems and offers opportunities for innovation that can help improve individuals' lives and community safety.

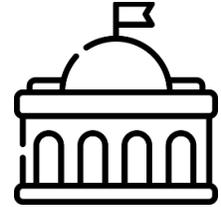
MEDICAID'S ROLE IN THE CRIMINAL-LEGAL SYSTEM



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 into a jail. 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 will require substantial investment in health information technology across the state. Many other states have submitted similar waivers to change their state Medicaid plan to cover services.



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](#)

IMPLICATIONS FOR CORRECTIONAL-BASED INFORMATION TECHNOLOGY

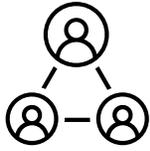
Updating information systems to take advantage of Medicaid funding may impact jails and prisons differently. For the most part, jails are managed on a local level with financial and operational decisions left up to county sheriffs. As a result, jails within one state may have completely different information systems across counties. Prisons, however, are more likely to have a unified system across state institutions. In some instances, both jails and prisons may operate with outdated or analog paper data storage systems limited to information that directly applies to day-to-day operations.

Such a disparity between information systems prevents jails and prisons from sharing or receiving information electronically with community-based providers. The lack of access to an individual's health records are a significant barrier to appropriate medical and behavioral health care and increases the risk to staff and incarcerated people. As Medicaid funding becomes available in correctional facilities, jails and prisons will need to adapt their IT infrastructure to maximize the opportunities ahead.

As the industry leader of health strategy for justice-involved populations, COCHS has identified ways that correctional systems can prepare for the eventual collaboration with Medicaid and community health systems:

Develop systems that support Medicaid enrollment and eligibility programs:

Correctional institutions are crucial settings to connect eligible people with benefits, including Medicaid. As correctional institutions begin to provide Medicaid services to beneficiaries, they will need the ability to access state information systems to identify whether an individual is eligible for or already enrolled in Medicaid and to provide validated demographic and income data to state Medicaid agencies.



Example: Colorado’s Department of Corrections (DOC) works closely with Colorado’s Health Care Policy & Financing (HCPF) which manages Colorado Health First, Colorado’s Medicaid program to facilitate a seamless transition to a medical home upon release. DOC initiates enrolling in Medicaid or identifies individuals whose Medicaid has been suspended due to incarceration. The process requires a signed paper

permission form from the individual. Eligibility data comes from worksheets completed by incarcerated individuals and, if needed, demographic data from DOC database for omitted information. All DOC applications are processed by CMAP, a specific eligibility site contracted by HCPF.

Adopt an electronic health record (EHR) that will support clinical care and information sharing:

The vast majority of the country’s healthcare systems have transitioned to interoperable electronic health records due to federal mandates and incentive programs. These information systems allow for clinics, hospitals, and even social service organizations to view and edit shared patient information. As a result, providers can deliver care based on a comprehensive understanding of the individual’s medical needs, regardless of care setting. Meeting Medicaid standards of care will require adopting EHR systems that can capture necessary Medicaid data and connect to shared data systems. Several jurisdictions have begun or are beginning to transition to interoperable EHR systems to document care delivery and connect with community systems.

- **Examples:** The **North Carolina Department of Adult Correction** have joined NC HealthConnex, North Carolina’s state-designated health information exchange (HIE). NC HealthConnex will provide Adult Correction with a more complete view of an individual’s health records across providers, as well as their lab results, diagnostics, allergies, and medications. In **Georgia**, the Morehouse School of Medicine and the HI-BRIDGE HIE will electronically share real-time correctional patient health information for care delivery throughout 70 facilities in Georgia. **New Mexico’s** HIE, Synchronys captures patient summary data elements and status tracking from the New Mexico Department of Corrections. In 2017, **Colorado** lawmakers passed a bill that led to advances in improving medication solutions in county and municipal jails through a partnership with their HIE. Multiple jails employ Colorado’s CORHIO HIE to improve data sharing.

Prepare for new reporting requirements: The modernization of correctional information systems is not only beneficial to outcomes and day-to-day operations but will also be required for ongoing collaboration with Medicaid agencies. Medicaid providers, healthcare and otherwise, are required to maintain and provide immediate access to original and electronic medical records and abide by state and federal regulations. Approved providers are required to meet these standards both to demonstrate data availability, bill for services, and to report out directly to regulators.

THE FUTURE

Many people are stuck in a feedback loop of poor health outcomes and frequent incarceration. Health information technology will play a key role in breaking this cycle by meeting reporting requirements and enabling data transfers across partners. 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.

