



## INCARCERATION: THE HIDDEN SOCIAL DETERMINANT OF HEALTH

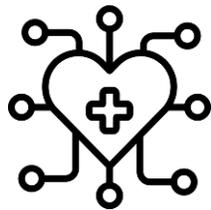
The evolution of healthcare over the last decade has positioned managed care organizations as the pioneers of high-quality, cost-effective, and non-medical interventions that improve individual and community health. These social determinants of health are typically defined as economic stability, built environment, and access to education, which disproportionately impact low-income people of color. Despite the increased attention to these factors that impact health, a major force in the health of low-income communities is overlooked: Incarceration.



Jails and prisons exacerbate underlying health challenges and often do not have the services to support people with mental health needs or substance use disorders—which are often the very conditions that drove an individual to entanglement with the justice system. An individual may leave a carceral setting having received insufficient care for chronic conditions or without health insurance to access necessary community-based services. This often leads to increased utilization of emergency healthcare services and, alarmingly, a higher mortality rate in the first two weeks post-reentry. To find more information about the connection between criminal justice and unmet health needs, please see COCHS’ document “Breaking the Cycle: The Expanding Role of Medicaid in the Criminal-Legal System.”

This white Paper describes upcoming Medicaid policy developments that will impact how healthcare is delivered in carceral settings and opportunities to partner with criminal-legal entities to improve individual health inside and outside of carceral settings.

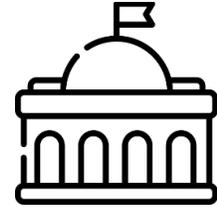
### POLICY BARRIERS TO CARE



Current Medicaid policy plays a significant barrier to collaboration between correctional and community-based healthcare services. 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.

In the meantime, CMS is approving innovations through 1115. These proposed waivers highlight the need for continuity of care and care coordination for individuals with the highest medical and social needs. Health plans should be carefully monitoring their state’s proposed waivers and advocating for increased flexibility in outreach to current or potential neighbors.



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

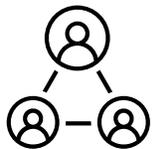
- **Kentucky:** Would provide **SUD treatment** to eligible incarcerated members throughout period of incarceration (including pretrial) and enroll eligible members into a Medicaid program thirty days prior to release.
- **Utah:** Would provide **full set of Medicaid State Plan** benefits to eligible 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](#)

**OPPORTUNITIES TO INCREASE ACCESS TO CARE**

As the industry leader of health strategy for system-involved populations, COCHS has identified ways that managed care organizations can leverage their policy and financial structures to improve the health of individuals and communities:

**Support reentry services with funding and staff:** Many states have received waivers to enroll or re-enroll eligible individuals into Medicaid at least thirty days before release. In states where this is allowable, health plans or partnering navigator organizations may enter the jails to enroll individuals and establish care coordination. Individuals are much more likely to maintain contact with the care coordinator post-release when they have an established relationship with the coordinator to navigate the complicated transition process.



**Example:** UnitedHealthcare Community & State partnered with Washington State Department of Corrections to coordinate care for members who are incarcerated in the thirty days before release. The **Jail Transitions Program** leverages data-sharing agreements between the jail and the health plan to share information about UnitedHealthcare members and their care coordination needs (e.g., history of SUD, high PRISM score, comorbid medical conditions). As a part of this program, the Kitsap County, Washington, behavioral health department has also recently added **peer specialists** to aid individuals transitioning back into the community.

**Invest in criminal-legal partnerships:** While managed care organizations and other healthcare stakeholders are aware of the impact of incarceration on individual health, criminal-legal stakeholders may be less informed about the complexities of Medicaid and

social determinants of health. Health plans can establish relationships with local jails and parole and probation agencies by holding informational meetings and discussing common issues and organizational goals. Once established, there are many options to build on managed care and criminal-legal partnerships:

- Contract with law enforcement agency to share **Medicaid eligibility inquiry information**
- Co-locate Medicaid enrollment programs in parole and probation offices to streamline appointments for clients
- **Reciprocal training** for criminal-legal and MCO staff about each other's infrastructure
- Hire peers with lived experience of incarceration to facilitate reentry process.

## THE FUTURE

Many people who are involved with multiple systems are stuck in a feedback loop of poor health outcomes and frequent incarceration. Health plans play a key role in breaking this cycle by partnering with justice system agencies. 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.

