



MEDICAID AND THE CRIMINAL-LEGAL SYSTEM: JAILS

Health providers in carceral settings have a significant impact community health and safety. Healthcare providers in jails and prisons are often tasked with caring for people who have much greater physical and behavioral health needs than those on the outside. People who are incarcerated have much higher rates of chronic and infectious diseases as well as unmet mental health and substance use disorder needs. Without sufficiently funded safety net services and diversion programs, jail staff are faced with the overwhelming task of maintaining the health and safety of an ever-increasing number of systems-involved people. This combination of factors causes major challenges for correctional staff and exacerbates a mental health crisis on both sides of the bars.



Much of the challenges with connecting these discrete systems comes from the fact that public health and public safety have historically been separate, siloed systems. Both systems increasingly recognize that cross-sector collaboration is necessary to improve individual and community health and well-being. Policymakers across the country are also taking action to improve connections between care inside and outside of carceral facilities.

This white paper describes upcoming policy developments and current opportunities that will affect justice-involved individuals’ access to healthcare and offers opportunities for partnerships that can help improve individuals’ lives and communities’ safety.

MEDICAID’S ROLE IN THE CRIMINAL-LEGAL SYSTEM

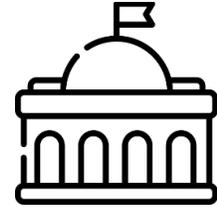


Medicaid is the health insurance program for low-income individuals and individuals who qualify based on certain financial or medical conditions. However, the Social Security Act forbids Medicaid from paying for most services while an individual is an “inmate of a public institution,” including jails, 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 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 jails with significant insights into the health needs of people before they enter and leave incarceration and support planning that will keep people healthy. Many states have submitted waivers to change their state Medicaid plan to cover services.



Examples of submitted waivers pending federal approval:

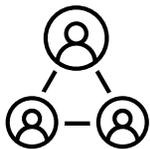
- **Kentucky:** Would provide **SUD treatment** to eligible incarcerated members throughout period of incarceration (including pretrial) and enroll eligible members into a Medicaid program thirty days prior to release.
- **Utah:** Would provide **full set of Medicaid State Plan** benefits to eligible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

RESOURCES FOR JAILS

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

Ensuring Medicaid enrollment pre-release: Correctional health providers are deeply aware of the difficulties individuals face when trying to access services after incarceration. 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.



Action Item: Confirm the status of pre-release Medicaid enrollment or eligibility with your state. If individuals are not released with Medicaid coverage, consider embedding specialized enrollment navigators into the jail or prison as part of the reentry workflow. Depending on your state’s Medicaid plan, enrollment navigators can be supported through a variety of funding strategies. **Medicaid Administrative Claiming** funds

may also be available to reimburse organizations for time spent helping clients enroll in Medicaid and access healthcare. Contact your **state Medicaid agency** to determine the process for Medicaid Administrative Claiming.

Connect jail electronic health records community information systems: Many correctional systems use old electronic health records (EHRs) that are unable to record or share the information needed for successful reentry. As Medicaid services become integrated into criminal justice operations, facilities will be required to use EHRs that can share data with community systems and can meet Medicaid’s billing requirements.

- **Action item:** Identify whether you use paper or electronic health records in your facility. If you are considering switching to a new electronic health record, ensure that the EHR has the capacity to connect with other electronic systems and has the capability to bill for Medicaid services once Medicaid services become billable. For more information see “Medicaid and the Criminal-Legal System: Health Information Technology”.

Contract with community providers or use the public health system to provide

services: Most correctional health vendors solely practice within the jails. However, individuals greatly benefit from having continuity of care as they go from incarceration to community reentry. Your local community-based healthcare providers are equally able to deliver care in both the carceral setting and in the community, and they can easily provide continuous care during a time of significant transition.

- **Action Item:** Connect with local healthcare providers to identify opportunities for them to delivery services inside your facility. Many clinics defined specialize in patient populations with substantial health and social needs. If you are searching for new healthcare vendors, consider eliciting proposals from these organizations to leverage their deep expertise.

THE FUTURE

Many people who are involved with multiple systems are stuck in a feedback loop of poor health outcomes and frequent incarceration. Jails can play a key role in breaking this cycle by partnering with the healthcare sector and incorporating Medicaid programs when they are approved. 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.

