Advocate Guide: Top 10 Questions for Your State Health Officials About the Medicaid/CHIP Youth Reentry Services Requirements

Starting January 1, 2025, through their Medicaid/CHIP programs, all states need to be able to provide medical, dental, mental health, and substance use disorders screening and diagnostic services to youth 30 days before release from incarceration. States must also provide targeted case management and referrals in the 30 days before and after release. In this context, youth refers to Medicaid-eligible individuals under age 21, and former foster youth under 26, post-adjudication. This means the requirement applies in the juvenile justice system and also to eligible individuals in jails and prisons. There is also an option for states to provide these services while an eligible youth is awaiting trial/charges. To learn more about the specifics, check out the July 2024 CMS letter to State Health Officials, and this helpful Policy Cheat Sheet from the Center for Health Care Strategies.

- **Why this is a big deal:** Historically, inmates of public institutions—including youth in correctional facilities—have been excluded from Medicaid coverage of services they receive. Youth in correctional facilities have serious health needs—two-thirds of them have diagnosable mental illness or substance use disorder, and there are high rates of unmet dental needs and sexually transmitted diseases. Linkage to care in the period up to and following release is essential for their successful return to the community, reducing recidivism/further involvement in the juvenile justice system, and for promoting community health and safety overall.
- **The problem:** Health services in carceral settings are hard to access and historically disconnected from health care in the community. There is already a shortage of community providers serving Medicaid-eligible populations, let alone those who are culturally/identify affirming, trauma-informed, and youth-serving. If these youth reentry services are not successfully rolled out across states—meaning all stakeholders are coordinated so that youth are seamlessly connected to the Medicaid/CHIP reentry services they need— it will also be very hard to push for other critical policy changes like the Reentry Act, which would ensure adults also have access to these life-saving services.

What State Advocates Can Do Now:

- **Contact your state health officials—if you have a close contact in the State Medicaid Office, even better—to make sure the new requirements are on their radar, and ask how they are planning for successful implementation. Top 10 questions on next page, and also in an email template here.**
- Find out where your state is at regarding reentry services overall – for example, is there a pending or approved 1115 reentry waiver in place and if yes, how can the groundwork from that process inform implementing youth reentry services?
- If you get a response that your state is struggling to prepare and plan for these requirements, let us know at Community Catalyst and we will support you as best we can! Contact Orla Kennedy okennedy@communitycatalyst.org

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Top 10 questions to ask State Health Officials:

1. Is the state going to apply for the federal funding to support planning and implementation of youth reentry services and other continuity of care improvements? (two deadlines: Cohort 1 November 26th and Cohort 2 March 17th; NOFO here and State Medicaid or CHIP agencies may apply for either or both cohorts)
2. How will the state align these requirements for screening and diagnostic services during reentry with the existing state EPSDT requirements?
3. What is the state's plan for engaging the multiple stakeholders—state and local corrections leaders and staff, public health, state Medicaid, community health workers/providers (for medical, mental health, substance use disorders, and oral health services), formerly incarcerated individuals, managed care plans, and others?
4. How are State Health Officials engaging with correctional facilities (including youth correctional facilities, state prisons AND local jails) specifically to coordinate with them around the requirements for providing reentry services, and ensure that this diagnostic and screening provided 30 days prior to release does not impede necessary screening provided upon entry?
5. What payment/coding/data sharing mechanisms is the state planning to implement across institutions and providers?
6. What is the plan for identifying eligible populations, and managing circumstances of short stays and uncertain release dates?
7. Who will be providing the screening, diagnostic, case management, and referral services, and how will those entities be able to bill Medicaid? More specifically, what community providers across the state are currently able to provide in-reach services, either in person or through telehealth?
8. How is the state preparing to ensure that all provider referral lists for dental, mental health, substance use disorders, and physical health are up to date to include providers that accept Medicaid and are currently taking new patients?
9. How will the state leverage this opportunity to connect youth to housing services and other health related social needs that Medicaid covers in many states?
10. How will the state know the implementation has been successful, and that youth remain connected to the care/services they need even after 30 days post-release?

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