

March 2, 2023

# Considerations for Providing Pre-Release Medicaid Services to Adults Leaving Incarceration

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Medicaid and CHIP Payment and Access Commission



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# Overview

- Background
- California's Section 1115 demonstration
- Implementation considerations
- Next steps



# Background

- Medicaid's role in covering individuals with justice-involvement
  - Inmate payment exclusion prevents Medicaid payment for services delivered to incarcerated enrollees
  - Important source of coverage in the community
- State efforts to improve outcomes for justice-involved populations
  - Examples: suspending instead of terminating Medicaid benefits upon incarceration, providing state-funded in-reach services
  - Section 1115 requests to provide pre-release services
- Administrative actions
  - Assistant Secretary for Planning and Evaluation (ASPE) report
  - Forthcoming Centers for Medicare & Medicaid Services (CMS) guidance

# California Section 1115 Demonstration

- California to receive federal matching funds for a targeted set of pre-release services provided up to 90 days pre-release
  - Examples: in-reach case management, peer navigator services, medications for opioid use disorder (MOUD)
  - Services provided by carceral or community providers, do not have to be Medicaid-enrolled
- Eligibility limited to adults and youth in state prisons and local jails who meet health-related criteria
  - All youth in juvenile justice facilities
- Funding for one-time transitional investments to support healthcare infrastructure and capacity building (e.g., data systems updates, cross-sector collaboration)

# California Section 1115 Demonstration con't

- Implementation plan
  - Describes how the state will operationalize Medicaid coverage and delivery of pre-release services and meet specified milestones
  - Federal match for demonstration services contingent on implementation plan approval
- Reinvestment plan
  - Details how the state will reinvest federal Medicaid matching funds for pre-release services already provided by state or local correctional authorities
- Monitoring and evaluation
  - Quarterly and annual monitoring reports
  - Independently conducted mid-point assessment plus interim and summative evaluations

# Implementation Considerations

# Cross-Agency Collaboration

- Coordination between Medicaid and corrections authorities
  - Includes engaging state departments of corrections as well as many local authorities who oversee jails
  - Can be challenging because of siloed organizational structures and competing priorities across departments
- Promoting cross-agency collaboration and promising approaches
  - Examples: convenings, technical assistance, support for administrative capacity

# Data-Sharing and Infrastructure

- Exchanging information between Medicaid and state and local corrections authorities
  - Can be costly, time-consuming, and particularly challenging to set up with local jails
- Sharing patient information between corrections and community health providers
  - Adoption of electronic health records and use of health information exchanges
  - Often limited or no current capacity to share information between corrections and community providers
- Establishing systems for Medicaid billing
  - May require additional support and staff resources



# Providers

- Determining who will provide pre-release services
  - California: community-based or carceral providers, do not have to be Medicaid-enrolled
- Considering policies that limit use of peer supports
  - Opportunity to promote culturally competent care and help individuals access needed services
- Considering the capacity of community-based providers to support individuals post-release

# Maintenance of Effort

- Considering the role of Medicaid versus state and local correctional authorities
  - State and local correctional authorities must provide health care services to incarcerated individuals
  - California required to reinvest Medicaid matching funds when services are already provided by a carceral authority

# Monitoring and Evaluation

- Strengthening monitoring and evaluation
  - Particularly important for pre-release services given their novelty and significant needs of the population affected
  - Potential for enhanced monitoring and policy-specific guidance
- Incorporating perspectives of people with lived experience
  - Examples: beneficiary surveys and interviews

# Next Steps

- Continue watching for CMS guidance and additional Section 1115 approvals
- In April, staff will return with a draft descriptive chapter for the June report, which will include:
  - Characteristics of justice-involved adults (demographics, health status)
  - State strategies for improving access to Medicaid coverage and care upon reentry
  - Considerations for implementing pre-release Medicaid services

# Discussion

- Staff welcome your reactions to the implementation considerations discussed today:
  - Cross-agency collaboration
  - Data-sharing
  - Providers
  - Maintenance of effort
  - Monitoring and evaluation
- Are there particular implementation considerations the Commission would like to underscore in the chapter?

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