



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

New Opportunities under Medicaid to Address the Health Needs of Youth Leaving Correctional Facilities

August 16, 2023

Presentation Outline

I. Introductions and Overview

II. New Opportunities with Medicaid and Health Care Partners

III. Juvenile Justice and Health Care Partnerships

IV. Discussion

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

- Break the cycle of incarceration
- Advance health, opportunity, and equity
- Use data to improve safety and justice

Equity and Inclusion Statement



The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.



We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:



Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs.



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



Equitable outcomes for people that improve the overall well-being of populations facing the greatest needs and health disparities.



CHCS Approach to Work

We partner with Medicaid stakeholders—including state and federal agencies, managed care plans, providers, community-based organizations and consumers—to promote innovations in health care delivery where they are needed most.

Through our work, we:



Identify and advance best practices.



Drive policy improvements with evidence and insights.



Develop the capacity and expertise of health care leaders.

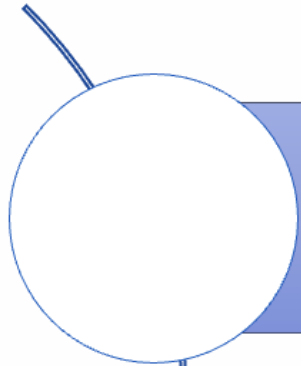


Provide practical training, technical assistance, and tools.

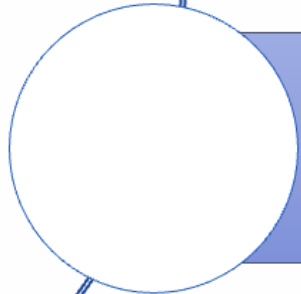


Spread success by connecting peers and experts across sectors.

Youth in the juvenile justice system have significant health care needs.



More than **70 percent of youth** in the juvenile justice system have mental health needs.



Youth in the juvenile justice system have experienced significantly more **adverse childhood experiences than other youth**, which is correlated with poor health and future justice system involvement.

Sources: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, "Intersection between Mental Health and Juvenile Justice System." July 2017 and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, "The Prevalence of Adverse Childhood Experiences (ACEs) in the Lives of Juvenile Offenders." September 2014.

The majority of youth who leave juvenile justice facilities are eligible for Medicaid or CHIP.

From 2015 to 2019, 60 percent of non-institutionalized youth who stayed in jail or juvenile detention were likely to be enrolled in Medicaid.

Medicaid is a joint federal and state-funded health coverage program and one of the largest sources of health coverage in the U.S.

Sources: MACPAC, "Access in Brief: Health Care Needs and Use of Services by Adolescents Involved with the Juvenile Justice System." August 2021 and Congressional Research Service, "Medicaid: An Overview." February 8, 2023

Historically, there have been challenges in coordination between juvenile justice agencies, Medicaid, and other health care partners.

The “inmate exclusion policy” prohibits the use of Medicaid funds for incarcerated people.

- This has contributed to poor connection to care (including appointments and medications) for youth involved in the juvenile justice system.

Ensuring Medicaid coverage upon release has historically varied by state agencies.

- Effective approaches must include partnerships between juvenile justice facilities, Medicaid, and health care providers.

There are new opportunities to improve access to care for youth involved in the juvenile justice system.

SUPPORT Act requires that **states do not terminate Medicaid eligibility** when eligible youth become incarcerated in a public institution.

States must conduct a Medicaid redetermination of eligibility for youth prior to their release, without requiring a new application.

Coverage for incarcerated youth and youth formerly in foster care who are found eligible for Medicaid during the pre-release redetermination must have their Medicaid benefits restored upon release.

Source: Centers for Medicare and Medicaid Services, "All State Medicaid and CHIP Call." March 16, 2021

There are new opportunities to improve access to care for youth involved in the juvenile justice system.

Starting Jan. 1, 2025, the omnibus 2022 bill will mandate state Medicaid and CHIP programs to **require screenings, referrals, and case management** for eligible youth in public institutions. This includes Medicaid covered services:

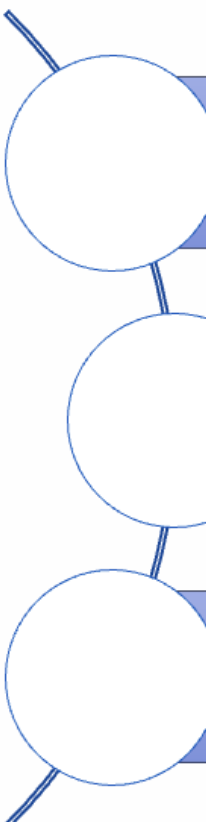
- 30 days prior to release: medically necessary screenings in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.
- 30 days prior to release and 30 days post-release: targeted case management services, including referrals to care.

There are new opportunities to improve access to care for youth involved in the juvenile justice system.

Omnibus legislation 2022:

- Starting Jan. 1, 2025, states would also have the option to provide Medicaid and CHIP coverage to youth in public institutions during the initial period pending disposition of charges.

There are new opportunities to improve access to care for youth involved in the juvenile justice system.



On April 17, 2023, CMS released new guidance to encourage states to apply for 1115 demonstration waivers to increase health care for people leaving carceral settings, including youth.

In January, California was the first state approved to cover a set of services 90 days prior to release for youth and eligible adults, which partially waives the “inmate exclusion policy.” Washington was approved in June 2023 with reentry negotiations still pending final approval.

15 states have applied for similar waivers.

Critical Stakeholders for Success

Medicaid agencies

Managed care organizations

Health care providers (including, but not limited to, behavioral health care services, substance use providers, Federally Qualified Health Centers (FQHCs), pediatric practices)

Additional partners that impact how youth receive health care services: child welfare systems and departments of education (local schools)

Opportunities to Support Youth Leaving Institutions

Summary of provisions related to Medicaid and CHIP included in the Consolidated Appropriations Act, 2022 (“Omnibus Bill”):

- Dwyer, Anne. “Congress Includes Medicaid, CHIP Mental Health Provisions in End of Year Funding Bill.” *Georgetown University, McCourt School of Public Policy, Center for Children and Families*, December 2022. <https://ccf.georgetown.edu/2022/12/20/congress-includes-medicaid-chip-mental-health-provisions-in-end-of-year-funding-bill/>

Centers for Medicare & Medicaid Services guidance on how states can use Section 1115 demonstrations to improve health care and support re-entry for justice-involved individuals:

- U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services, Center for Medicaid & CHIP Services. “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” State Medicaid Director Letter # 23-003, April 2023.
- Serafi, Kinda, Patricia M. Boozang, and Virginia E. Morgan. “CMS Issues Guidance on Section 1115 Demonstrations to Support Reentry for Justice-Involved People.” Manatt Health, April 2023. <https://www.manatt.com/insights/white-papers/2023/cms-issues-guidance-on-section-1115-demonstrations>

Stay up-to-date on the Reentry Section 1115 Demonstration Opportunity:

- “Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State.” *Kaiser Family Foundation*, August 11, 2023, <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>

Next Steps

1. Determine if your state's Medicaid agency has submitted or received approval for Reentry Section 1115 Demonstration Opportunity proposals.
2. Learn more about your state's approach to suspending versus terminating Medicaid eligibility youth in institutions.
3. Engage with local health care providers to improve "in-reach" services and continuity with community-based services upon release.
4. Build relationships with your Medicaid agency and local managed care plans.
5. Assess your facility's readiness to implement pre-release services and measures to improve health care for youth involved in the juvenile justice system.

Thank You!

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For more information, please contact Stephanie Ueberall
at sueberall@csg.org

This project was supported by Grant No 2020-CZ-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice

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