NAMD
National Association of Medicaid Directors

Overview

The opportunity to connect individuals being released from prison and jails to the Medicaid program has generated interest and discussion in the past several years. To support states in this arena, NAMD staff worked with a cohort of George Washington University graduate students to identify and detail several promising practices currently in use by individual states. The resulting case studies are intended to identify factors critical to success and describe real-world approaches and practices.

Background

An ample body of evidence links access to health services for recently released inmates to reduced recidivism rates. However, securing access for this population can be a challenge. In general, both current and released inmates have worse health outcomes and greater health needs than the general U.S. population. These health needs fall into three main categories: mental health and substance abuse disorders, other chronic diseases, and communicable diseases. There are several factors which can present barriers to appropriately meeting the health care needs of released inmates, including:

- Diffusion of responsibility (Medicaid agency, Department of Corrections, managed care organizations, transitional programs, providers, community groups, etc.)
- Limited resources and generally high costs of care
- Fragmented systems (in particular differing, non-interoperable IT systems between different state and county agencies)
- Challenges accessing health care services and providers
- Differences between jails and prisons (e.g. shorter-term stays in jails can potentially inhibit active enrollment efforts)

While inmates have a constitutional right to adequate health care under the Eighth Amendment, they are not entitled to certain public, federal programs during incarceration, including Medicaid. The Department of Health and Human Services created an exception to the exclusion in 1997, allowing Medicaid programs—at state option—to cover the expenses of otherwise eligible inmates who left the correctional institution for at least 24 hours to receive care at a hospital or nursing facility. Some prison systems have since implemented programs to identify Medicaid eligible inmates and assist them in the enrollment process as they leave incarceration.

Recent State Actions

Prior to the passage of the Affordable Care Act (ACA), no state had a comprehensive care transition program primarily administered by the Medicaid office for this population. The increase of recently released inmates eligible for Medicaid coupled with the high cost to care for this population is anticipated to put pressure on public budgets. Some state Medicaid agencies have taken steps to begin addressing the challenges posed by the corrections-involved population. NAMD is developing a series of in-depth case studies to highlight the practices and structure of three state programs:

- New York's Health Home Project Criminal Justice Pilot
- Ohio's Medicaid Managed Care for Released Prisoners Program
- North Carolina's Inmate Medicaid Enrollment Program

More detailed case studies of these three programs will be made available on NAMD's website.

Considerations for Medicaid Leadership

The recent programs beginning to take shape in New York, Ohio, North Carolina and elsewhere offer Medicaid leaders a framework of effective approaches to caring for this unique population. The program design and planning considerations, implementation challenges, and lessons learned from these states can help inform states exploring a care transition program. In particular, states may wish to consider three strategic directions when designing a new program in their state. These include:

- Adopting the key components from successful community-based programs (e.g. early initiation of dedicated case management services, robust continuity of care efforts, a targeted focus on behavioral health, communicable diseases, and chronic conditions);
- Addressing the policy design challenges faced by other states (e.g. financing behavioral health interventions, transporting critical patient records due to the lack of health IT interoperability between corrections facilities and health clinics, and navigating the unfamiliar processes and staff of corrections departments) ; and
- Focusing on establishing or improving Medicaid enrollment processes for recently released inmates (e.g. during the discharge process prior to the inmate's release from the correctional facility, or during arraignment).

It is important to recognize that Medicaid-administered programs for this population are still in their infancy. The lessons learned from these programs can provide insights for states as they weight their options around care transition programs for justice-involved populations.