

Opportunities for Medicaid Coverage in Jails and Prisons

Health Care Policy & Financing

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Considerations During and After Incarceration

Health Needs

- **65%** of prison inmates have a SUD, vs **18%** in general population
- Up to **37%** (prison) and **44%** (jail) have a mental health disorder
- **80%** of returning community members have chronic physical or behavioral health concerns - even if they didn't have them coming in
- Higher rates of incarceration for BIPOC populations compound health disparities

Heightened Risk

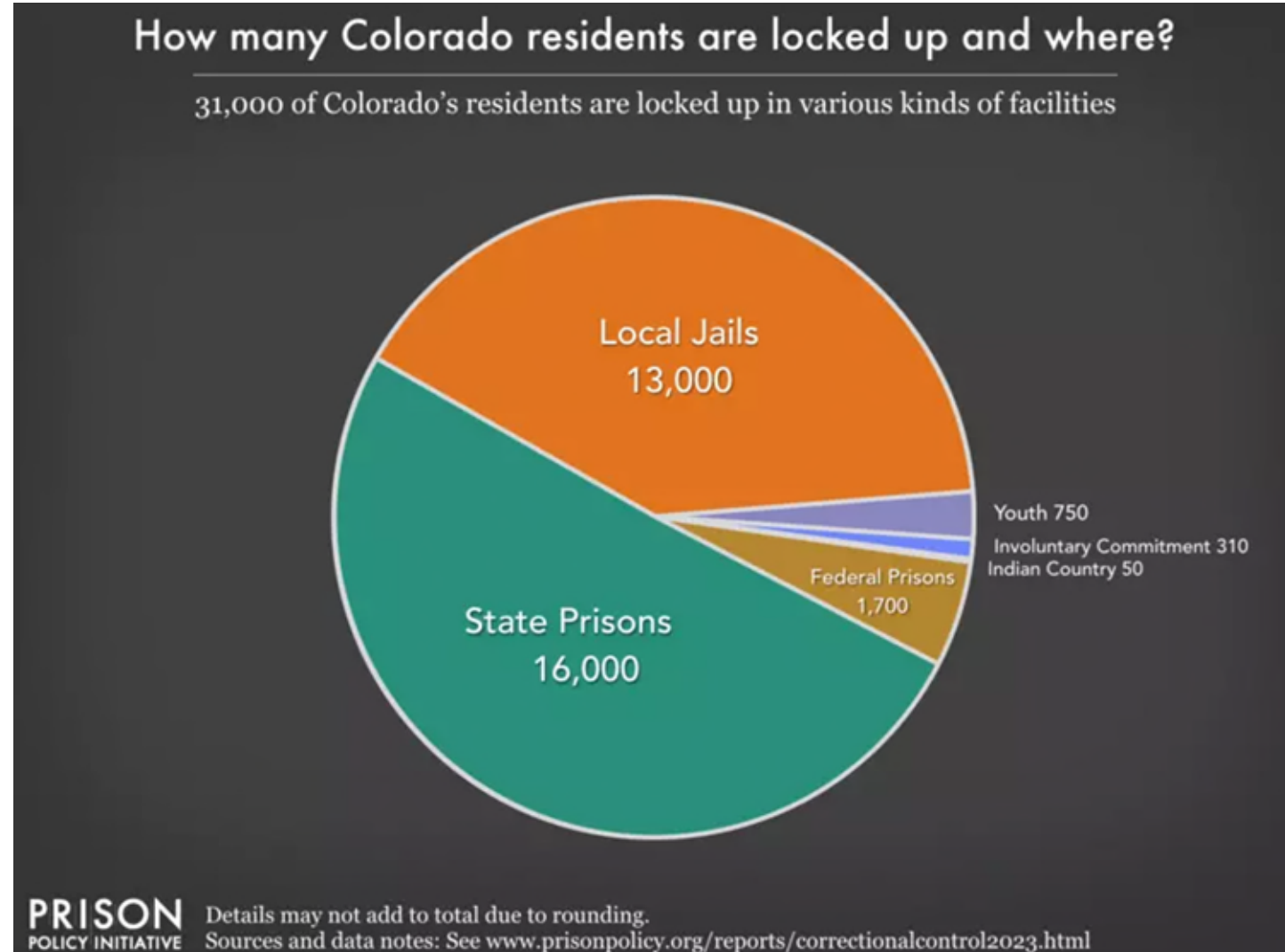
- Risk of death two weeks after release is **12.7 times higher** than general population
- Opioid overdose risk two weeks after release is **40 times higher** than general population
- Significantly increased risk for ED use and hospitalization
- Those with SUD convictions have greater risk of criminal re-involvement and recidivism

Higher Medical Costs

- \$6,641 spent per person in prison in CO for health-related services
- 4.2 % of the U.S. adult population has recent CJ involvement, but account for an estimated 7.2 % of hospital expenditures and 8.5 % of ED expenditures

Justice-Involved Population in Colorado

- Data from other states shows ~80% of people leaving incarceration are Medicaid eligible
- RAEs have data sharing agreements with DOC and Judicial to better support members as they transition to the community
- Engagement in behavioral health services within 14 days of release from DOC has increased from 9% to 20% since implementation of data sharing in 2019



Medicaid Coverage in Jails & Prisons

Medicaid Inmate Exclusion Policy (MIEP) - a federal prohibition on Medicaid covering services while an individual is an inmate of a public institution

Pre-release Coverage for Better Care Transitions

In April 2023, CMS sent [letter to the states](#) providing a roadmap to waive this exclusion through an 1115 waiver.

- Coverage up to 90 days pre-release and must include:
 - Case management,
 - MAT services and accompanying counseling, and
 - 30-day supply of all meds
- Eligible Facilities: jails, state prisons and youth detention facilities. States may take a phased approach to adding facilities.

Goals of Pre-Release Coverage through Medicaid

- Reducing recidivism, health disparities, hospitalization, death
- Better connection to care, better health outcomes
- Expanding total access to physical and behavioral health care

SB 22-196: HCPF Studies a CJ Waiver

Requires HCPF to determine whether the state should seek a CMS waiver to provide a set of benefits immediately prior to release from incarceration

- Review of carceral setting care costs “immediately prior to release”
- Report due to legislature October 1, 2023 to include findings, fiscal analysis, recommendations and budget neutrality assessment.
- Looking at the CMS minimum coverage + care coordination and screening

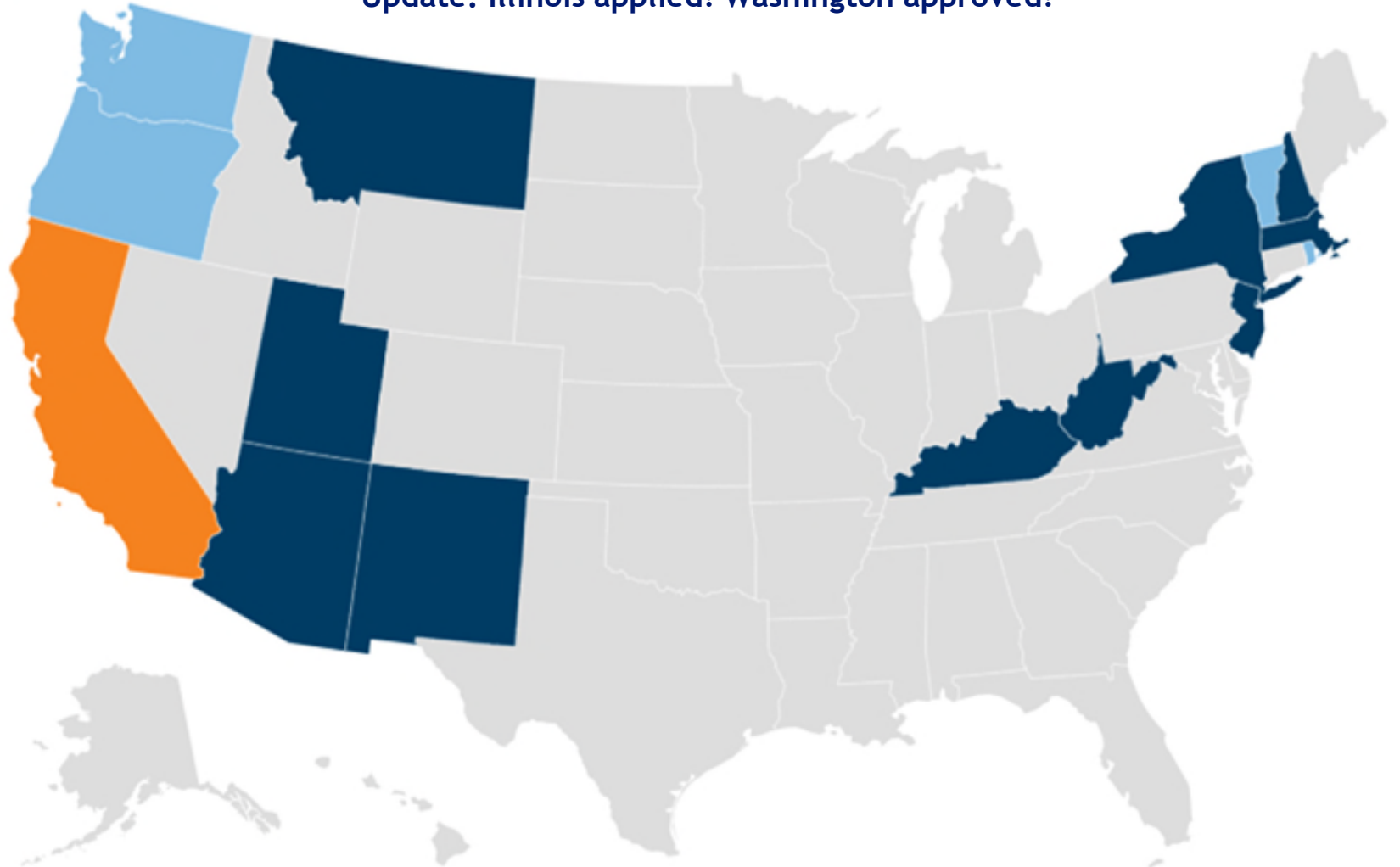
Report will include recommendations and financing analysis: what is the best way to pay for this expansion?

- 1115 waiver for CJ allows us to draw federal match for covered services in jails and prisons, should supplement not supplant
- Designated State Health Programs potential for even more matching funds for existing programs that aren’t otherwise able to be covered by Medicaid but expand coverage and access, improve quality, reduce disparities, and improve efficiency
- Potential to offset total program costs by through other state-only funded programs

Section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy, as of June 5, 2023

Approved (inmates that meet health criteria) Pending (all Medicaid-eligible inmates) Pending (inmates that meet health criteria)

Update: Illinois applied! Washington approved!



- 15 states have applied or been approved
- Variation in benefits, institutions, population
- Bi-partisan support in expansion and non-expansion states

Learning from Other States

California (approved)

- Covers adults with chronic conditions, mental illness, SUD, Intellectual or developmental disability, traumatic brain injury, HIV/AIDS, pregnant and postpartum and all Medicaid and CHP eligible youth
- Included IT and data sharing infrastructure needed for a successful re-entry initiatives

Washington (approved)

- 30 days prior to release all Medicaid benefits offered to those adult and youth eligible for services.
- Budget neutrality reached through the reduction of ER visits, hospitalizations, overdose, death and recidivism.

Illinois (applied)

- Plans to implement a phased approach to the inmate exclusion waiver starting only within the jail system.
- Services include connections to housing and employment programs, lab/radiology, care management, screening, navigation, MAT and counseling

Increasing Total Available Service Funding

Any new funds must be used to

- Increase access to or improve the quality of health care services for individuals who are incarcerated (including individuals who are soon-to-be released) or were recently released from incarceration,
- For health-related social services that may help divert individuals from criminal justice involvement

Other related programs that could benefit this population and connected financing

- Permanent supportive housing
- Expanding IMD for mental health services (report available now)
- JBBS and DOC funds
- Diversion and prevention programs

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