



Eight Key Considerations for Successful Implementation of New Medicaid Reentry Policies



The first policies allowing Medicaid to cover some pre-release reentry services are starting to be implemented this year. These changes are taking place in individual states through Medicaid section 1115 reentry demonstrations and through new nationwide requirements to connect youth and young adults to specific services at reentry. For the first time, state health leaders are working with prisons, jails, and youth correctional facilities to use Medicaid to cover important health and behavioral health services for people who are incarcerated before their release. These new policies will increase access to and continuity of post-release care, providing an essential resource to support peoples' successful return to their families and communities. Access to health care during reentry can promote public safety, reduce mortality, and avoid some spending in emergency rooms, prisons, and jails.

Realizing the potential of these new policies rests on successful implementation, including bridging the health and criminal justice systems, which often have not interacted before. To do this, state and local governments need to address these eight key Medicaid reentry implementation success factors:

1. **Build active, ongoing collaboration across sectors and stakeholders.**

States and local governments must bring together the broad set of stakeholders that are involved in implementing new policies and leverage existing programs and policies. This includes Medicaid; behavioral health; human services; public health; community health providers; Medicaid managed care plans; correctional leaders, officers, staff, and health professionals; probation and parole officers; court officials; law enforcement; reentry service providers; and directly impacted people, among others. Ongoing engagement in implementation is needed at both the leadership and the staff levels to support strategic decision-making and implementation. Engagement requires bridging state and local governments and being attentive to the extensive variation across criminal justice settings. Collaboration should begin with developing relationships that transcend differences in mission and culture, identifying goals and challenges, developing common terminology, and ensuring access to information and visibility into correctional and community systems. From there, cross-sector stakeholders should proactively develop aligned strategies and systems and create clear guidance to providers and correctional facilities on implementing new Medicaid policies. Collaboration should continue through and past implementation and become part of oversight and governance processes. Governments and correctional facilities must develop approaches that minimize administrative burdens while promoting accountability and effective service provision.

2. Invest in data and systems.

Successful implementation of these policies requires that correctional facilities have data and IT systems that can share eligibility, enrollment, and pertinent patient clinical information across community and correctional systems. These systems should share data between prisons, jails, and state agencies that administer Medicaid to facilitate timely enrollment, suspension, and reactivation of full Medicaid coverage. They should also share clinical and service use information across community and correctional providers and with managed care organizations (MCOs). Using Medicaid in correctional settings will also require systems for billing, coding, and documentation that may not currently exist in correctional facilities. An electronic health records system can streamline tasks such as submitting claims for payment and can be integrated with billing systems. It is also crucial that these systems protect privacy of information in accordance with state and federal policies. State and local governments can help remove barriers to developing systems by clarifying data sharing policy and supporting the costs of systems development.

3. Navigate operational issues to strengthen health services in criminal justice settings.

New Medicaid reentry policies will expand access to health care within settings that were not designed or developed for health care service provision. The layout of the physical structures of jails and prisons are developed with security considerations, not delivery of health care, in mind. They are run using operating procedures, staffing approaches, and organizational culture that prioritize security. State and local governments will need to work with correctional facilities to navigate these conditions as they develop the logistics to support provision of care to Medicaid beneficiaries.

4. Assess and resolve differences in health care quality and access standards.

Medicaid, like other health insurers, has a set of established programmatic, service, and coverage standards that align with clinical standards. Applying these standards to some services in a correctional setting has the potential to increase their quality, broaden access, and improve accountability. This will involve developing approaches to provider standards and accreditation, clinical decision-making and authority, monitoring, and governance. In addition, Medicaid, like other health insurance programs, makes all beneficiaries who meet eligibility, clinical, or medical necessity criteria eligible to receive services. Implementing Medicaid coverage may therefore require expanding currently provided services to more people, since service availability in most correctional settings is currently limited by resources.

5. Tackle the challenge of unpredictable release dates and short stays.

New Medicaid policies establish specific pre-release service coverage time periods, such as allowing Medicaid coverage 30 or 90 days prior to a person's expected release. Setting or anticipating release dates is not common in jails, where most stays will be shorter than 30 or 90 days. Anticipating release dates is easier in prisons, but other factors, such as distance from the community a person is releasing to, present different challenges. State officials

implementing new policies will need to develop feasible approaches to align community-based services with anticipated release dates that accommodate the circumstances and needs of different settings, ensure that people are released in a timely manner, that eligible people receive services, and maintain program integrity.

6. Prioritize building community capacity to provide services after release.

For successful implementation, it is essential to coordinate targeted pre-release services within prisons and jails with comprehensive Medicaid services post-release. Pre-release services that Medicaid covers in prisons and jails must connect people to community health, behavioral health, and social services that are available there when people need them. Making sure that all eligible people are enrolled in Medicaid and that their coverage is immediately reactivated post-release underpins post-release access to care. Clear hand-offs to MCOs in states that use managed care will also be essential. State Medicaid agencies and MCOs will need to develop, oversee and support networks of trusted, experienced providers, and ensure that they are paid appropriately. Building connections to care for people who are released far from the communities to which they will ultimately return is a particular challenge, especially for people leaving prison.

7. Prepare the correctional and community workforce.

Delivering Medicaid-covered care in correctional facilities will require hiring, training, and retaining staff to meet the needs of people who have been incarcerated. Within prisons and jails, both clinical staff and correctional staff have roles to play in helping people access quality services. In particular, reentry case managers, who may be corrections staff or in-reach providers, and community health workers, including those with lived experience of incarceration, will play key roles connecting individuals to services in the community. However, the ability to establish these connections at reentry requires an effective, trained, and trusted workforce of community-based providers ready to support health and health related social needs (HRSNs) in the community. This means that state and local officials must overcome staffing shortfalls in the health care, behavioral health and social supports, and corrections systems for successful implementation.

8. Build accountability for service provision across sectors.

Given that these new policies are only just beginning to take effect, state and local health and criminal justice officials will need to create an accountability framework that measures progress and holds actors accountable for upholding standards, quality of care, and outcomes. This framework can include active and ongoing performance measurement, transparent reporting protocols, third-party evaluations, stakeholder feedback systems and periodic audits. Systems and data need to support oversight, quality and performance measurement, program monitoring, and program integrity.

Full Implementation of these changes will take time and building infrastructure and capacity to achieve the key success factors described here will likely require additional resources.

States that are implementing Medicaid 1115 reentry waivers can access federal Medicaid transitional implementation resources, which are optional for states. Additionally, in March 2025 CMS will award \$113.5 million in planning grants to states to support efforts to promote continuity of care at reentry; those funds are expected to be available to all states, regardless of whether they have a reentry waiver. State and local funding, other federal grants, philanthropic support, and opioid settlement funds are additional avenues of support for state and local governments that are strengthening continuity of care for people who are returning to communities. These investments in capacity development are needed for states to be able to successfully implement these changes and to put facilities on a path to sustainable financing for service provision through Medicaid.

The key success factors described in this fact sheet synthesize information in the following Health and Reentry Project reports:

- [Meeting the Moment: Opportunities to Improve Health and Safety by Changing Medicaid's Role When People are Incarcerated](#)
- [Policy to Practice: Seizing the Moment to Transform Health and Reentry](#)
- [Recommendations for Medicaid Coverage of Opioid Use Disorder Services in Jails and Prisons](#)
- [Recommendations for Medicaid Performance Measures for Opioid Use Disorder Services in Jails and Prisons](#)
- [Recommendations for Medicaid Payment Models for Opioid Use Disorder Services in Jails and Prisons](#)
- [Redesigning Reentry: How Medicaid Can Improve Health and Safety by Smoothing Transitions from Incarceration to Community](#)

Readers can consult those publications for additional explanation and detail. Readers can find more information on opioid settlement funds by visiting [How Are States Using Opioid Settlement Funds?](#)