

Recommendations for Medicaid Coverage of Opioid Use Disorder Services in Jails and Prisons

January 2024

This presentation contains key findings from three reports:

- *Recommendations for Medicaid Coverage of Opioid Use Disorder Services in Jails and Prisons (October 2023)*
- *Recommendations for Medicaid Performance Measures for Opioid Use Disorder In Jails and Prisons (November 2023)*
- *Recommendations for Medicaid Payment Models for Opioid Use Disorder Services in Jails and Prisons (January 2024)*

Acknowledgements

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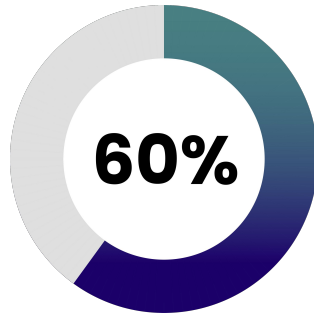
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The case for MOUD during incarceration

110K 

Deaths from drug overdose in the U.S. are at an all-time high — more than 110,000 people died from an overdose in 2022 alone.¹



An estimated 60% of incarcerated individuals have substance use disorder.²

 **40x**

In the U.S., formerly incarcerated individuals are 40x more likely to die from an overdose in the two-weeks after release than the public.³

1. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

2. NIDA. 2020, June 1. Criminal Justice DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/criminal-justice> on 2023, November 13

3. Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., Jr, & Marshall, S. W. (2018). Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. American journal of public health, 108(9), 1207–1213. <https://doi.org/10.2105/AJPH.2018.304514>

The case for MOUD during incarceration

- A Bureau of Justice Statistics report on local jails indicated that fatal drug overdoses are the fastest growing cause of death amongst incarcerated individuals.¹
- Risk of overdose death is particularly high in the weeks immediately following release from incarceration.²
- Offering buprenorphine or methadone – FDA-approved medications for opioid use disorder (MOUD) – during incarceration greatly reduces the risk of overdose death upon release.³
- Currently, only an estimated 32% of jails are known to offer any form of MOUD.⁴
- Historically, financing of MOUD has been state and local responsibility.

1. E. Ann Carson. 2021. Mortality in Local Jails, 2000-2018 – Statistical Tables. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/mlj0018st.pdf>

2. Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D., Jr., & Marshall, S. W. (2018). Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. *American journal of public health*, 108(9), 1207–1213. <https://doi.org/10.2105/AJPH.2018.304514>

3. Lim, S., Cherian, T., Katyal, M., Goldfield, K. S., McDonald, R., Wiewel, E., Khan, M., Krawczyk, N., Braunstein, S., Murphy, S. M., Jalali, A., Jeng, P. J., MacDonald, R., & Lee, J. D. (2023). Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011-17. *Addiction (Abingdon, England)*, 118(3), 459–467. <https://doi.org/10.1111/add.16071>

4. Sufin, C., Kramer, C., Terplan, M., Fiscella, K., Olson, S., Voegtline, K., & Latkin, C. (2022). Availability of Medications for Opioid Use Disorder in U.S. Jails. *Journal of general internal medicine*, 10.1007/s11606-022-07812-x. Advance online publication. <https://doi.org/10.1007/s11606-022-07812-x>

Health Care Payment in Correctional Facilities

- The Medicaid Inmate Exclusion Policy (MIEP) has barred Medicaid from covering services in prisons and jails
- April 2023 guidance from the Centers for Medicare & Medicaid Services on Medicaid reentry 1115 waivers encourages states to implement a delivery system to facilitate successful reentry transitions for Medicaid-eligible individuals leaving prisons and jails and returning to the community
 - Waiver includes flexibility for states to offer coverage for certain pre-release services for up to 90 days before the incarcerated individual's expected date of release
- Recent statutory change allows for Medicaid coverage of youth in public institutions, effective January 1, 2025
- Some additional legislative proposals would allow Medicaid to cover services during an entire prison or jail stay





Harnessing Medicaid to Prevent Overdoses

- Medicaid's financing power and program standards would advance access to evidence-based OUD services in prisons and jails and improve health outcomes for
- This requires developing services, standards, measures and payment models for Medicaid coverage of OUD services in prisons and jails comparable to those for Medicaid-covered OUD services in the community, taking into account unique features of correctional health care settings

Our Work

We have developed three reports that recommend:

1

Medicaid services and standards of care for OUD in correctional facilities.

2

Performance measures that align with the standards of care for OUD in correctional facilities.

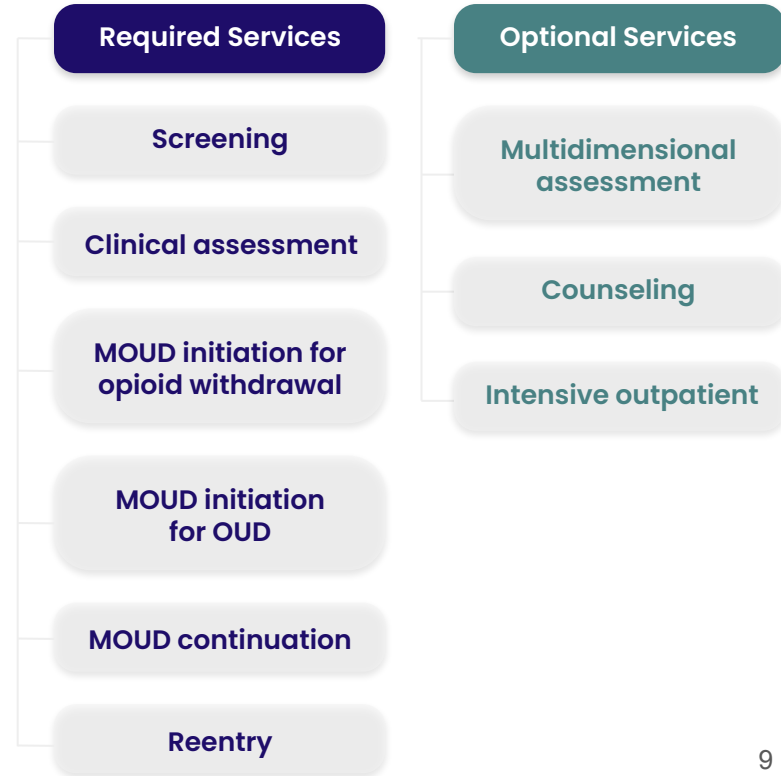
3

Reimbursement and payment models for OUD services in correctional facilities.

Standards of Care

Recommended Medicaid-Covered OUD Services in Jails and Prisons

- “Required” services are defined as those that jails and prisons should be required to provide for Medicaid to cover OUD services within that facility.
- “Optional” services are those that jails and prisons should have the option to provide but are not required to provide for Medicaid to cover OUD services within that facility.



Standards of Care

For each category of service, the recommended standards address the following criteria:

Who receives the service?

- Defines criteria jails and prisons can apply to identify individuals to receive service.
- Establishes clinical criteria for Medicaid to use to define medical necessity.

What is included in the service?

- Defines the components and processes of the service.
- Provides Medicaid with standards to set for jails and prisons to be reimbursed for services.

When should the service be rendered?

- Defines expected timeframes for individuals to access services in a timely manner.
- Provides guidance on when services should be provided to meet medical needs.

Who should provide the service?

- Defines provider types, credentialing, and licensing requirements for service delivery.
- Identifies roles, expectations, and training to ensure provider competency.

Performance Measures

Recommended performance measures for different stages of incarceration

During Admission

1

- Screened for OUD
- Diagnosed with an OUD
- Initiated MOUD
- Continued MOUD

During Incarceration

2

- Prescribed and continued to receive MOUD
- Changed MOUD medication**
- Overdose mortality

During Reentry

3

- Dispensed MOUD upon reentry into the community
- Left incarceration with Medicaid coverage

Post Reentry

4

- Had a follow-up OUD service visit
- Overdose mortality
- Returned to jails and prisons**
- Continued to receive MOUD
- Reported positive recovery-related outcomes**

Other Measures:

Number and percent of jails and prisons that participate as Medicaid providers in the state's Medicaid program during the 1115 demonstration period

**indicates that measure is not required, but encouraged.

Payment Models

Identified two payment models for reimbursing Medicaid-funded OUD services in carceral settings

Summary of Payment Model Options for OUD in Jails and Prisons

Model 1

Fee for Service

Model 1 reimburses for each required or optional service provided to an individual

Model 1A

Fee for Service + Quality Incentive Achievement

Model 1A includes all elements of Model 1 and provides financial incentives for achieving performance or reporting measures

Model 2

Prospective Bundled Day/Week/Month Rate

Model 2 establishes a pre-determined bundled reimbursement rate for the correctional provider to provide all required services on a day, week, or monthly reimbursement schedule

Model 2A

Prospective Bundled Day/Week/Month Rate + Quality Incentive Achievement

Model 2A includes all elements of the bundle in Model 2 and provides financial incentives for achieving performance or reporting measure

Conclusion

- These three reports identify services and standards, measures, and payment strategies to advance provision of quality, evidence-based OUD services that could be covered by Medicaid in prisons and jails. They are written to apply during an entire prison or jail stay.
- In states with approved 1115 reentry waivers, these reports can be used to guide the implementation of Medicaid in jails in prisons, with modifications to reflect an up-to-90-day reentry timeframe.





Thank you.