



# Community Reentry

Utilizing Medicaid 1115 Demonstrations to Navigate the Barriers of the Inmate Exclusion Policy and Improve Care Transitions for Justice-involved Populations

## The Challenge

Individuals released from carceral settings like jails and prisons have higher rates of cardiac conditions, diabetes, Hepatitis C, mood, and anxiety disorders as well as severe and persistent mental illness and are more likely to die from an overdose than their peers in the community. State funding alone is insufficient to provide the necessary resources to facilitate successful care transitions when people are released and return to the community.

## The Opportunity

How can states improve care transitions for justice-involved individuals? Community reentry demonstrations provide a partial waiver of the Medicaid Inmate Exclusion Policy, allowing states to utilize federal Medicaid funding for pre-release services such as comprehensive Medicaid outreach and enrollment, enhanced case management, peer support services, advanced supply of prescription medications, and behavioral health linkages with community providers.

## How A&M Can Help?

- Support discussions with CMS to define the specifics of the community reentry demonstration authority.
- Compare approved demonstration program designs and summarize similarities and differences relative to the Department's proposal.
- Evaluate State Medicaid alignment with core CMS-required elements, including intensive case management, Medicaid outreach and enrollment, and in-reach services from community-based providers.
- Facilitate cross-agency planning workgroups to assess current operations and outline necessary and/or desired future changes.
- Build out process-flows and identify resource requirements associated with future state system changes.
- Convene advisory committees with a focus on including individuals with lived community reentry experience.
- Train state personnel involved with community reentry activities to ensure they have the knowledge and skills to support implementation.
- Project manage the community reentry implementation requirements, including adequate data sharing between facilities and Medicaid, electronic health record readiness, increased Medicaid outreach and eligibility support, and robust case management pre- and post-release.

## Six Ways Community Reentry Demonstrations Are Effective

### Positive Outcomes Tied to Community Reentry Demonstrations

How pursuing a community reentry demonstration can help states improve outcomes



**Increase Coverage Continuity**



**Improve Service Access**



**Reduce Morbidity/Mortality**



**Lower the Risk of Relapse and Recidivism**



**Improves Quality of Life**



**Reduces Repeat Emergency Visits**

### Case Study: Using Medicaid to Support Successful Community Reentry

A&M partnered with a State Department of Health and Human Services to identify opportunities to strengthen behavioral health. This work highlighted community reentry demonstrations as a key mechanism for improving behavioral health outcomes for justice-involved individuals with Serious Mental Illness (SMI) and Substance Use Disorder (SUD). A&M assisted the State with pursuing federal Medicaid funding in support of community reentry services for people with behavioral health needs.

### As part of this work, A&M:

- Evaluated State Medicaid alignment with core CMS-required elements, including intensive case management, Medicaid outreach and enrollment, and in-reach services from community-based providers
- Supported discussions with CMS to define the specifics of the State's community reentry demonstration authority
- Facilitated cross-agency planning workgroups to assess current operations and outline necessary and/or desired future changes
- Built process-flows identifying resource requirements associated with future state system changes and mapping the path to implementation

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