DRAFT - Colorado Medicaid & Criminal Justice Gap Analysis

COLORADO
Department of Health Care Policy & Financing

Contents

I. Executive Summary

In 2023, the Colorado Department of Health Care Policy & Financing (HCPF) engaged with key community partners to identify gaps in enrolling and engaging justice-involved individuals in Health First Colorado (Colorado's Medicaid program). There were over 300 attendees or respondents across 20 stakeholder opportunities representing the following groups: Regional Accountable Entities (RAEs), Judiciary, Department of Corrections (DOC), County Jails, County Departments of Human/Social Services (County DHS/DSS), criminal justice impacted members and families through a survey and listening sessions, and providers. The feedback received and the report that follows is focused primarily on the adult population.

This report summarizes the results of those stakeholder sessions in three categories:

1. Access to Coverage
2. Access to Services
3. Data Collection and Data Sharing Across the System

The barrier most reported in the stakeholder sessions was the ability to enroll and understand enrollment status in both Medicaid and Home and Community Based Services (HCBS) Waiver services prior to release from incarceration. In the first two weeks following release, this population experiences heightened mortality rates and is 129 times more likely to die of an overdose compared to the general population.[1] Gaps in coverage upon release can prevent access to life-saving and life sustaining care during that time frame. Other challenges presented in this report include barriers to accessing trauma-informed providers, access to prescription medications and medication assisted treatment (MAT) services in a timely manner, as well as gaps in data sharing across the system that impact coverage and care coordination.

In addition, these barriers must be addressed according to the type of correctional facility an individual is in. Jails and prisons have unique structures stemming from factors such as variation in resources, average length of stay and predictability of release. For example, 19 of the 21 DOC facilities are run by a single executive state Department and they have the same policies across all facilities. The remaining two facilities are privately run and monitored by DOC. This is different from the 51 jails in Colorado, all of which have their own government policies and procedures. The state's support of criminal justice impacted individuals must recognize the variations between local and state systems, and develop solutions that recognize this difference.

[1]Binswanger, Ingrid A et al. "Release from prison--a high risk of death for former inmates." In *The New England Journal of Medicine,* vol. 356,2 (2007): 157-65. doi:10.1056/NEJMsa064115

Following this analysis, HCPF will be updating government and community practices and policies to address these gaps. These action items include:

1. Creation of the HCPF Criminal Justice Collaborative
2. Development of best practices, resources, and recommendations to address identified gaps along the continuum
3. Creation of the HCPF Criminal Justice Strategic Plan

II. Introduction and Background

This gap analysis serves to highlight current needs and barriers to guide HCPF's efforts to address the needs of criminal justice impacted members. This report is based on statewide stakeholder feedback and supplemented with federal reports and research conducted by Health Management Associates (HMA) on behalf of HCPF. The feedback received and report that follows is focused primarily on the adult population, and does not include information from Division of Youth Services (DYS) facilities. HCPF conducted community engagement activities with the following groups: Regional Accountable Entities (RAEs), Colorado Judicial Branch, Department of Corrections (DOC), County Jails, County Departments of Human/Social Services (County DHS/DSS, criminal justice impacted members and families, and providers. There were over 300 attendees or respondents across 20 stakeholder opportunities throughout 2023. The gaps will be discussed in three categories: (1) Access to Coverage, (2) Access to Services, and (3) Data Collection and Data Sharing Across the System. This Criminal Justice Partnerships project was funded through the American Rescue Plan Act, with the goal of identifying the needs of criminal justice impacted members and addressing those needs through coordination across the criminal justice system, identification of solutions and development of best practice resources.

Stakeholder Engagement Overview

The following is a description of the stakeholder engagement that was conducted for the development of this report:

- Jail Medicaid Survey was conducted in Spring 2023, receiving a response rate of 94% for county jails.
- County DHS/DSS Medicaid Survey was conducted in Spring 2023, receiving a response rate of 90% for County DHS/DSS offices in counties with jails.
- Regional Accountable Entities (RAEs) meeting was held in June 2023 with participation from RAE staff members.
- Department of Corrections meeting was held in June 2023 with participation from DOC staff members.
- Colorado Judicial Branch meeting was held in December 2023 with participation from Judicial Branch staff, including probation staff.
- Provider meeting was held in December 2023 with participation from Medicaid providers with experience serving justice impacted members.
- Justice-Impacted Member and Family Listening Sessions were held online and in-person from September to October 2023. The participants in this session were primarily advocates and professionals working with justice-impacted individuals. The Justice-Impacted Member and Family Survey was disseminated following these sessions to get further input from individuals with lived experience themselves.

Justice-Impacted Member and Family Survey closed in December 2023, receiving 22 responses. Responses indicated that the survey reached primarily individuals with lived experience.

Criminal Justice Involved Population Health

Data published in May 2023 shows Colorado correctional institutions reported an inmate population of approximately 30,000 individuals across local jails, state prisons and youth detention centers.[2] Approximately 80% of individuals returning to the community from incarceration have a chronic medical, psychiatric or substance use disorder.[3] In the first two weeks following release, this population experiences heightened mortality rates and is 129 times more likely to die of an overdose compared to the general population.[4] Nationwide, this transitional two-week period after release also is responsible for 7.2% of all hospital expenditures and 8.5% of all emergency room visits.[5] Research indicates that individuals reentering the community with a mental illness are at heightened risk of criminal recidivism and that risk is further heightened for individuals with a co-occurring mental illness and substance use disorder.[6] One study found increased criminal recidivism rates for individuals with a history of using amphetamines, heroin and polysubstance use, highlighting the need to ensure access to appropriate substance use treatment for justice-involved individuals.[7]

A disproportionate number of incarcerated individuals are minorities, specifically Black, Hispanic and American Indian and Alaska Native[8]. Existing health disparities affecting these underserved populations are compounded by the disproportionate number of incarcerated Black individuals. The justice-involved population and the minority populations' healthcare outcomes are interconnected.

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[2] Prison Policy Initiative (PPI). *Colorado profile*. (2023). https://www.prisonpolicy.org/profiles/CO.html

[3] U.S. Department of Health and Human Services (HHS). *Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group*. Office of the Assistant Secretary for Planning and Evaluation. (2023) https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf

[4]Binswanger, et al. "A high risk of death"

[5] Frank, J. W. et al. "Increased hospital and emergency department utilization by individuals with recent criminal justice involvement: results of a national survey." *Journal of general internal medicine*, 29(9), (2014): 1226–1233. https://doi.org/10.1007/s11606-014-2877-y

[6] Baillargeon et al. "Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door." *The American Journal of Psychiatry* 166, no. 1 (2009): 103-109.; Baillargeon et al. Becker. "Risk of Reincarceration among Prisoners with Co-Occurring Severe Mental Illness and Substance Use Disorders." *Administration and Policy in Mental Health and Mental Health Services Research* 37, no. 4 (2010): 367-374.

[7] Håkansson, A., Berglund, M. "Risk factors for criminal recidivism – a prospective follow-up study in prisoners with substance abuse." *BMC Psychiatry* **12**, 111 (2012). https://doi.org/10.1186/1471-244X-12-111

[8] PPI. *Colorado profile*. https://www.prisonpolicy.org/profiles/CO.html

Medicaid Eligibility

Most individuals transitioning from correctional settings to the community qualify for Medicaid: in Colorado, 70-90% of individuals exiting carceral settings may be eligible for Medicaid services,[9] and most of these individuals fall below the federal poverty level.[10] **Given the high risk of overdose and high acuity health needs, continuous health care access is critical following release from incarceration, especially during the weeks immediately following release.** Colorado Medicaid has been working with jails and prisons in the past years to improve eligibility determinations processes to help ensure those going into incarceration retain their eligibility and that those who are eligible for Medicaid have confirmed coverage upon release. Colorado policy (OM23-058 CBMS Limited Medicaid Benefits for Incarcerated Individuals) allows for Medicaid members who become incarcerated to have their benefits paused by being placed on the limited Incarcerated Benefit plan. Upon release, full benefits can be reinstated. Individuals can also apply for Medicaid during incarceration. All applications from incarcerated individuals should be completed, submitted and processed while the applicant is still incarcerated and should not be postponed until release. While connecting people to coverage is a key strategy in supporting this population, Medicaid coverage alone is only part of addressing the health needs of individuals re-entering their communities. Through partnership with DOC and the RAEs, engagement in behavioral health care within 14 days of release from DOC has increased from 10% in January 2020 to over 30% in June 2023. Services that address health conditions, health-related social needs (HRSNs), and the complete continuum of services for addiction and behavioral health conditions provide the most significant opportunities for successful, post-incarceration reentry into our communities. The following gap analysis describes current gaps in enrolling and engaging criminal justice impacted members in services and will serve to focus and guide HCPF's work to improve outcomes for these members.

III. Gap Analysis

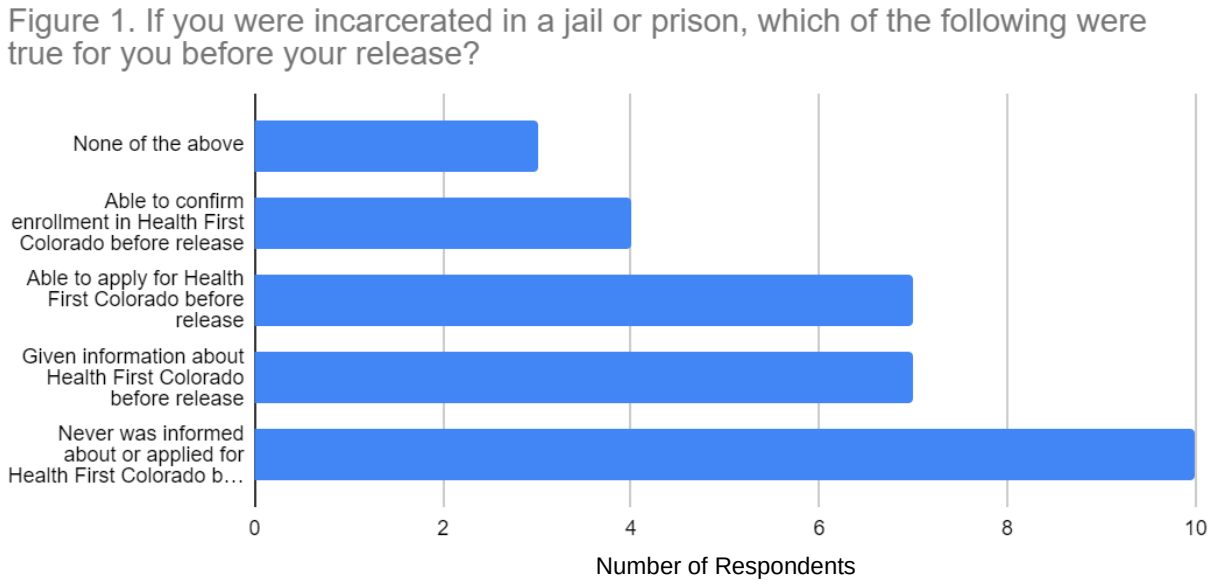
Access to Coverage

One of the most frequently referenced challenges was access to Medicaid enrollment and coverage in carceral settings. Ten out of 22 respondents to the Justice-Impacted Member and Families Survey reported that they were never informed about or applied for Health First Colorado before their release from jail or prison. These responses are summarized in Figure 1. When asked, "What is something we could change to make it easier to get health care?", the most common response was to be able to apply for

[9] Health Management Associates (HMA). *Federal Authority to Support Health-Related Reentry Services for Incarcerated Populations.* (2023). https://hcpf.colorado.gov/sites/hcpf/files/Federal%20Services%20for%20Incarcerated%20Populations%20SB%2022-196-B.pdf

[10] The Pew Charitable Trusts. *Collateral Costs: Incarceration's Effect on Economic Mobility*. https://www.pewtrusts.org/~/media/legacy/uploadedfiles/pcs_assets/2010/collateralcosts1pdf.pdf

Medicaid during incarceration and release with active benefits. Some respondents identified the need for additional well-trained staff to assist in this process. This was echoed in the feedback received in the listening sessions, where individuals with lived experience, as well as advocates, noted challenges with releasing from incarceration without insurance or without knowing that a Medicaid application had been submitted on their behalf. The challenges with pre-release enrollment include completing and submitting the application itself, understanding who can assist with status updates, and having access to case-specific information.



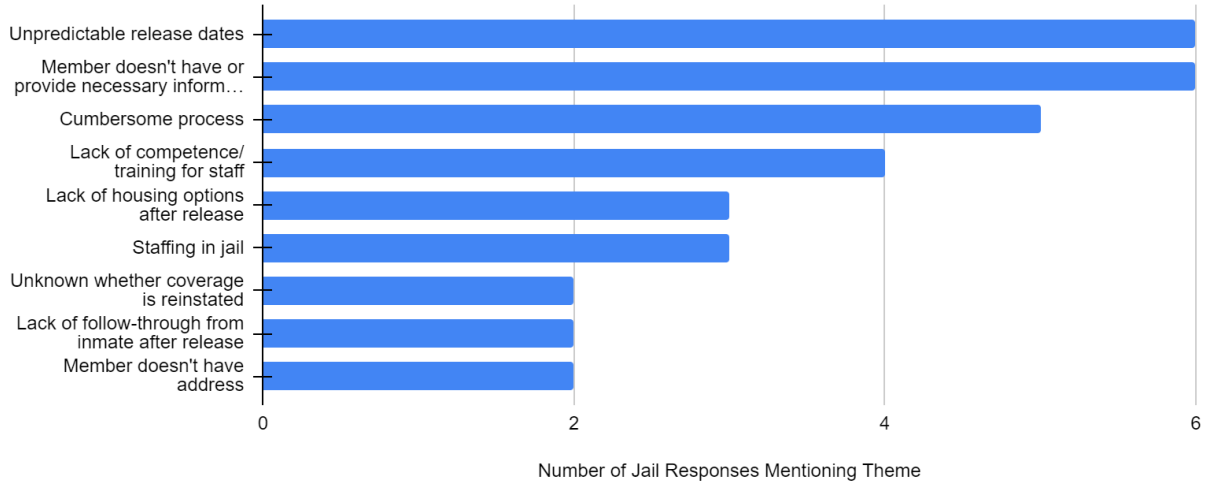
Federally, the Medicaid Inmate Exclusion Policy (MIEP) limits Medicaid coverage for individuals who are inmates of a public institution[11]. The MIEP was established in the Social Security Act of 1965, the original authorizing legislation of Medicaid. Due to this policy, incarcerated Medicaid members and individuals eligible for Medicaid have been unable to access Medicaid benefits aside from in-patient hospitalization of 24 hours or more. While this policy limits Medicaid coverage during incarceration, it does not restrict Medicaid eligibility, which means that it is coverage of the care setting that is restricted, not the individual's enrollment status. In accordance with CMS guidance, Colorado has developed a policy to suspend rather than terminate coverage during incarceration to improve continual access to coverage. Despite enacting a policy to suspend and reinstate Medicaid coverage, members may still face gaps in coverage when suspension and reinstatement do not happen in a coordinated, timely manner. This is not an automated system in Colorado. The next two sections explore processes and gaps in determining Medicaid eligibility in carceral settings. This is further explored in the section titled "Data Collection and Data Sharing."

[11]HHS. *Health Care Transitions.* https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf

Jail Medicaid Enrollment

The Jail Medicaid Survey and County DHS/DSS Medicaid Survey explored Medicaid enrollment processes in jails across the state. A majority of responding jails (78.7%) reported a regular process is in place for completing and submitting Health First Colorado applications for incarcerated individuals, yet responding jail staff and county DHS/DSS staff in 16 counties disagree on whether a partnership is currently in place. Medicaid enrollment processes in jails vary due to factors including submission timelines and type of partnership with the county DHS office. Figure 2 highlights the most commonly reported barriers to enrollment by staff responding to the Jail Medicaid Survey. An additional challenge identified in the survey, as well as interviews conducted by HMA, is that there is unclear ownership of the Medicaid enrollment process. These barriers were echoed by participants in the Provider stakeholder session and the Justice-Impacted Community Listening Sessions.

Figure 2. Jail Response Themes: Barriers to Enrollment



Opportunities exist to improve unclear processes and provide additional guidance to correctional facility staff and DHS staff to address the barriers to enrollment caused by confusion or lack of information. For example, one response reported a county DHS office not accepting applications prior to an individual's release. As described above, HCPF policy supports the completion and processing of Medicaid applications during incarceration. The memo (OM23-058 CBMS Limited Medicaid Benefits for Incarcerated Individuals) clarifying this policy was published in September 2023, yet confusion persists. These challenges cause unnecessary lapses in coverage for Medicaid-eligible individuals during the re-entry process, already at high risk of negative health outcomes.

Improving the Medicaid enrollment process in local jails across the state can significantly support access to medical coverage and subsequent services. Based on

the feedback from the jails and county partners, addressing this gap has the potential for significant positive impact due to the number of individuals who are incarcerated in jails each year. While there are more individuals in state prisons at any given point in time, a greater number of individuals pass through local jails due to shorter lengths of stay.

Prison Medicaid Enrollment

Since 19 of the 21 DOC facilities are all run by a single Department, they have the same policies across all facilities. The remaining two facilities are privately run and monitored by DOC. This is different from the 51 jails in Colorado, all of which have their own government policies and procedures. The state's support of criminal justice impacted individuals must recognize the variations between local and state systems, and develop solutions that recognize this difference. The Colorado Department of Corrections (DOC) has an established process for Medicaid enrollment prior to release, where the DOC Benefits Acquisition Team (BAT) support individuals with applying for coverage prior to release. This process is part of the workflow for implementation of a data-sharing agreement between HCPF, the RAEs, and DOC that was established in 2019. Individuals entering prison are asked to sign a consent to release information, and facility staff submit the consent form into an electronic internal storage system. Forty days before release, if the individual has consented, the facility staff reviews Medicaid status online and works with a designated Medical Assistance site to determine Medicaid eligibility. While there is greater consistency with the Medicaid enrollment process in prisons than in jails, there are still opportunities for improvement. Individuals with lived experience, community providers and community organizations reported that eligible individuals releasing from DOC often did not have an opportunity to apply for Medicaid prior to release, or it was done on behalf of the individual without their involvement. Individuals may be released with Medicaid benefits, but without sufficient information to understand the status of their benefits and how to begin utilizing them.

Home and Community-Based Services (HCBS) Waiver Enrollment

In addition to the standard Medicaid application, stakeholders reported confusion and difficulty around the HCBS waiver enrollment process while incarcerated. An HCBS waiver permits a state to "waive" certain Medicaid requirements, such as state-wideness, to furnish services that promote community living for Medicaid beneficiaries and, thereby, avoid institutionalization. The HCBS waiver process poses additional challenges beyond applying for standard Medicaid benefits as members not only need to meet financial requirements, they also are required to complete a Functional Level of Care (LOC) assessment to determine that without these services and supports, they would reside in a nursing facility, hospital, or Institutional Care Facility for Individuals with Intellectual and Developmental Disability. The Functional LOC is completed by case management agencies who are contracted with the state Medicaid agency, whereas the Financial assessment is completed by the county

department. As this is a multi-agency process, coordination is paramount and any delay with one agency may delay another aspect of enrollment. Access to HCBS waiver services is of particular importance to the justice-involved population, as they present with concerns such as brain injuries and disabilities at a disproportionately high rate [12]

In addition, timing is more challenging for these applications. Individuals are encouraged to begin the process as soon as possible prior to their release due to the length of time it takes, but they must also ensure that they do not receive approval more than 30 days prior to release. All individuals who receive HCBS services must utilize those services at least once every 30 days or risk losing those services.

DOC staff reported having insufficient information on navigating the HCBS waiver application process. Advocacy organizations identified that individuals in need of a Developmental Disabilities (DD) or comprehensive waiver struggle with the timeliness of the application process, even with access to an emergency application. Inability to access HCBS services in a timely manner impacts the ability of staff at both correctional facilities and community organizations to support members in reentry to the appropriate setting. Recipients of HCBS waivers receive additional services such as in-home support services that the members need to maintain their health and safety while living in the community. Members without access to necessary services have experienced prolonged, unnecessary incarceration due to an inability to release to the proper setting.

Continuous Eligibility Coverage and Access to Services

Members with lived experience highlighted the challenges that come with losing coverage too quickly after release from incarceration. Members explained how they struggled during reentry due to balancing a desire and need for income with a fear of quickly losing medical coverage for significant health needs. In 2023, the Colorado General Assembly passed HB23-1300[13], expanding continuous coverage for 12 months for adults releasing from DOC and mandating a feasibility study of more expansive continuous coverage. Members expressed concern that 12 months of coverage would not be sufficient to become stabilized in the community following release.

> "[You're] being trapped to be poor. If you try to get a job you lose benefits. If you stay on benefits, you can never get ahead and better yourself." - Stakeholder

[12] Centers for Disease Control and Prevention (CDC) & HHS. *Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem*. https://www.cdc.gov/traumaticbraininjury/pdf/prisoner_tbi_prof-a.pdf; PPI. *Disability*. https://www.prisonpolicy.org/research/disability/

[13] Colorado General Assembly. *Continuous Eligibility Medical Coverage*, HB23-1300. https://leg.colorado.gov/sites/default/files/2023a_1300_signed.pdf

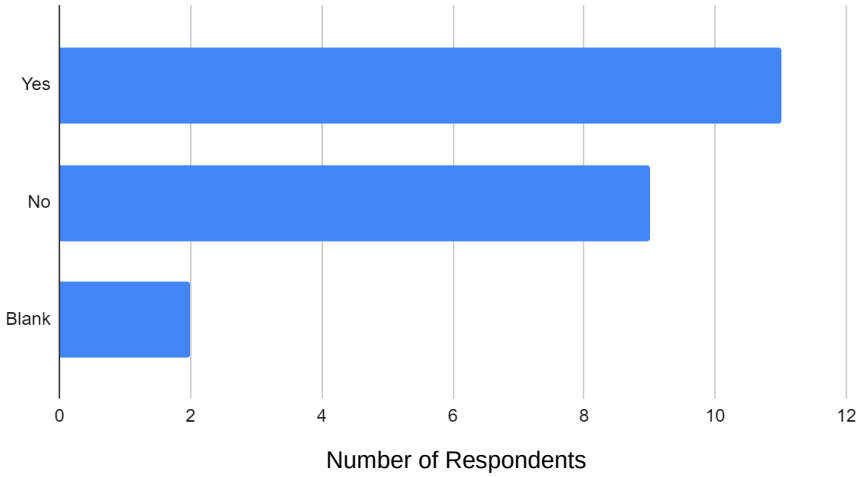
The MIEP limits the ability of Medicaid to provide coverage to individuals during incarceration. A desire to expand Medicaid coverage during this timeframe was voiced by correctional facility staff, providers, members and advocacy groups. Due to the federal policy restrictions of the MIEP, we focus our discussion of access to services on the reentry period and in the community.

Stakeholders described challenges with reentry planning and care coordination in the jail setting. Factors impacting the ability to successfully plan for reentry include lack of care coordination staff in jails, lack of or delays in establishing release plans or having supports in place for individuals with disabilities, and unpredictable release dates and times.

Barriers with Providers

Feedback received during the Justice-Impacted Community Listening Sessions identified the following key challenges to receiving care through Medicaid providers: limited providers (including specialty providers), long waitlists, and stigma. Fifty percent of respondents to the Justice-Involved Member and Families survey reported issues accessing health care (Figure 3). A slim majority of that group reported being unable to access mental health treatment, while a slim majority of the same group reported that they were able to access substance use treatment services. These responses indicate that access to services is not consistently available for substance use disorder, mental health care and physical health care.

Figure 3. Have you had issues accessing health care from a physical health, mental health, or substance use provider?



In multiple sessions, stakeholders shared that access to providers was especially challenging when looking for specialty providers to serve criminal justice impacted members who also have intellectual and developmental disabilities (ID & DD), those who need access to skilled nursing facilities (SNF), and those who need access to

assisted living facilities (ALF). One stakeholder shared that they have trouble finding beds for individuals who need SNF or ALF support to be successful in the community, due in part to restrictions facilities have placed on accepting individuals directly from incarceration. Respondents in both the Justice-Impacted Member Listening Session and the Provider stakeholder session requested greater access to Peer Support Services. Waitlists for providers who are available can be long and make it challenging to coordinate care for individuals who may be released from incarceration with limited notice and are in need of timely access to care. Upon accessing treatment, criminal justice impacted members have experienced stigma about their substance use and/or criminal justice involvement.

> "I'm simply asking for a trauma informed provider, asking for someone who sees me as a whole person. You just don't want to feel like your provider is looking at you in a way that is anything less than caring and compassionate. [It] deterred me from accessing MAT and buying it off the street for a number of years." - Stakeholder

Prescription Medications

One challenge that begins during incarceration and was reported during the Justice-Impacted Member Listening Series and the Judicial Stakeholder Session is medication consistency. Stakeholders reported that in jail the cost of some prescription medications, which could include MAT specific medications, may be deducted from the individual's commissary account. The stakeholder expressed concern that the cost can serve as a disincentive for individuals to engage in MAT services during incarceration. Colorado's Behavioral Health Administration (BHA) confirmed that an individual's commissary account may be charged for medications, but jails cannot deny care due to inability to pay. In addition, medications are sometimes modified while an individual is in custody because not all jails have access to certain medications, and, depending on the medical provider, the formulary may look different and some medications may not be provided.

Upon release, some individuals experience a gap in medication when released with no medication supply or a limited supply. The long waitlists mentioned in the previous section mean that even if released with a supply of medications, individuals struggle to refill prescriptions before they run out.

Medication Assisted Treatment (MAT) Services

Access to MAT services was called out in the sections on "Barriers with Providers" and "Prescription Medications" and is highlighted here due to the disproportionate rates at which justice-impacted individuals experience SUD. Timely access to quality MAT and accompanying services is necessary to address the alarming rates at which

justice-involved individuals die from opioid overdose - 129 times more likely during the first two weeks after release from incarceration than the general population.[14] Access to MAT services is a concern both during incarceration and upon release. Passed in 2022, HB22-1326 requires jails to assess individual for substance-use disorder and provide MAT services.[15] Despite these requirements, individuals may not be offered MAT services during incarceration, or may be charged for services provided during incarceration when they are unable to utilize Medicaid benefits. Services offered during incarceration have been reported to be offered in relation to the timing of an individual's case or release, rather than medical necessity. One stakeholder reported that a youth in her program needed withdrawal management (a.k.a. detox) and SUD treatment while incarcerated and was told he could not have access to services until after sentencing. Another stakeholder shared her experience of overdosing on multiple occasions upon leaving jail due to limited access to MAT. Once in the community, members reported experiencing bullying and stigma when seeking MAT services and struggling to find trauma-informed providers.

Health-Related Social Needs (HRSN)

As described in a 2023 U.S. Department of Health and Human Services (HHS) Call to Action, "health-related social needs are social and economic needs that individuals experience that affect their ability to maintain their health and well-being. These include needs such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities."[16] In addition to accessing health care, individuals have competing priorities when releasing from incarceration such as ensuring access to food and shelter. Criminal justice impacted members face additional barriers related to HRSN, particularly housing, as their justice involvement may be used as a reason to deny them from both private housing or placement in an ALF or SNF if needed. Some individuals experience prolonged incarceration or cycle in and out of incarceration because appropriate settings for transfer are not available when needed. One stakeholder reported waiting 6-9 months after release to be able to place individuals they work with into a nursing home. In addition to housing, stakeholders highlighted limited access to transportation as a barrier to care. This can be particularly challenging for individuals who are released unexpectedly from jail during unpredictable times of day.

Data Collection and Data Sharing Across the System

[14]Binswanger, et al. "A high risk of death"

[15] Colorado General Assembly. *Fentanyl Accountability and Prevention.* HB22-1326.https://leg.colorado.gov/sites/default/files/2022a_1326_signed.pdf

[16]HHS. *Addressing HealthRelated Social Needs in Communities Across the Nation.* (2023) https://aspe.hhs.gov/sites/default/files/documents/3e2f6140d0

Communication for Care Coordination

In 2019, HCPF, DOC and the RAEs established a data sharing agreement to share information with each RAE about which of their members will be released from a DOC facility to plan for timely care coordination. However, lack of communication between the criminal justice system, community, and HCPF was identified as a barrier. Specifically, stakeholders identified it could be difficult to coordinate care and maintain consistent care for individuals transitioning between incarceration and the community. Individuals may be working with professionals in the correctional system such as a reentry specialist, as well as professionals in the community such as a RAE case manager. Lack of communication and role delineation among the various professionals serving criminal justice impacted members creates inefficiencies and makes it difficult to maintain contact with members in need of care.

Stakeholders from the criminal justice system requested access to information on RAE responsibilities and referral processes to better understand the role they play and how to engage with them, which could improve connections during reentry. Stakeholders from RAEs requested information to better understand processes and programs for juvenile offenders, jails and community corrections. In addition, RAEs reported challenges maintaining care coordination for members who are in jail because they may not be notified when an individual they are working with goes into or releases from jail facilities. One significant opportunity is to support developing a state-wide process to share information between jails and RAEs for care coordination.

Communication for Coverage

Due to limited connectivity between data systems used in correctional facilities, or lack of local data systems entirely, there is limited information to identify the extent to which Medicaid members are justice-involved. Not all individuals who pass through a carceral facility have their Medicaid benefits properly suspended and reinstated. While HCPF systems have the functionality to suspend rather than terminate coverage during incarceration, the process to do so is manual and suspension and reinstatement of coverage does not happen consistently across the state. This is particularly challenging for jails, as individuals in jails have shorter lengths of stay and are often released on short notice. Across the country, 23 states have reported they have electronic, automated data exchange processes in place for prisons or jails to facilitate the suspension and reinstatement of Medicaid benefits.[17] Opportunities exist to establish and improved infrastructure and processes for sharing information between correctional facilities, HCPF and the community. Doing so will help support members' ability to more successfully maintain care and transition from incarceration to the community.

[17] KFF. *States Reporting Corrections-Related Medicaid Enrollment Policies In Place for Prisons or Jails*. (2019). https://www.kff.org/medicaid/state-indicator/states-reporting-corrections-related-medicaid-enrollment-policies-in-place-for-prisons-or-jails

IV. Next Steps

The gaps and barriers identified in this report will help guide HCPF's efforts to improve health care outcomes for criminal justice impacted members. Below is an overview of the action items that HCPF will pursue over the next year. This work will build on current federal, state and local efforts to improve health care services and outcomes.

Winter 2023
The HCPF Criminal Justice Collaborative was created to provide ongoing feedback from key stakeholders as HCPF moves forward with improving its ability to serve criminal justice impacted members.

Spring 2024
HCPF will develop best practices, resources and recommendations to address the gaps identified in this report. Throughout the remainder of the year, HCPF will work with partners in the community and criminal justice system to implement those best practices and disseminate resources.

As directed by SB22-196 and HB24-1045 HCPF will submit an 1115 waiver amendment application to the Centers for Medicare & Medicaid Services (CMS) in April 2024 to expand reentry services.

Summer 2024
HCPF will publish a Criminal Justice Strategic Plan that is reflective of the gaps identified in this report.

HCPF staff members contributing to this report:

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Acknowledgements:

Thank you to our members, community partners, and state and local government partners who engaged in stakeholder opportunities for the development of this report and who are working each day to improve our systems.

HCPF recognizes that the greatest experts are those with lived experience. Thank you for your openness and candor in sharing your stories so that we may learn from your experiences and improve our policies and practices to better serve criminal justice impacted members.