

HARP

THE HEALTH AND REENTRY PROJECT

Health and Reentry: State and Local Innovations and Insights

January 21, 2026

The Health and Reentry Project (HARP)

- HARP was established to improve the **health and safety of people and communities**
- Through education and analysis, HARP **strengthens policies to expand access to health care** for people directly impacted by the justice system
- HARP **advances implementation** to help new policies become a reality that improves peoples' lives
- HARP **brings together diverse stakeholders** across health care and criminal justice, including people who are directly impacted

Improving Reentry Holds Potential to Improve Health, Safety, and Spending

Mortality

People leaving prison are:

12x

MORE LIKELY TO DIE
in the 2 weeks after
release than the general
population and

129x

MORE LIKELY TO DIE
of an opioid overdose

Public Safety



Not having Medicaid
coverage correlates
with higher rates of
criminal activity and
incarceration

Costs

Poor access to coverage and
care at reentry can result in
costly:



ER visits



Hospitalizations



Reincarceration

SOURCES: [Release from Prison — A High Risk of Death for Former Inmates](#); [Nowhere to Go: Homelessness among formerly incarcerated people](#); [Mental Health and Criminal Involvement: Evidence from Losing Medicaid Eligibility](#); [2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period \(2005-2014\)](#)

Historically, Medicaid Has Not Covered Services Provided During Incarceration

Federal law prevents Medicaid from paying for any services for people who are “inmate[s] of a public institution,” except for inpatient community hospital stays

- Medicaid beneficiaries who are incarcerated can remain enrolled
- The “inmate exclusion” was established when Medicaid was created in 1965

The “**inmate exclusion**” is being re-examined at both the federal and state level

Recent changes to the exclusion aim to create continuity of health, mental health, and substance use care to improve health and public safety outcomes

Medicaid: A Lever to Drive Change



Ability to Scale

State and national reach and resources to drive change at scale



Sustainability

Sustainability: Predictable, ongoing financing source, once implemented



Ripe for Change

Ripe for change: Changing Medicaid's inmate exclusion can expand access to health care for millions of people



Quality and Accountability

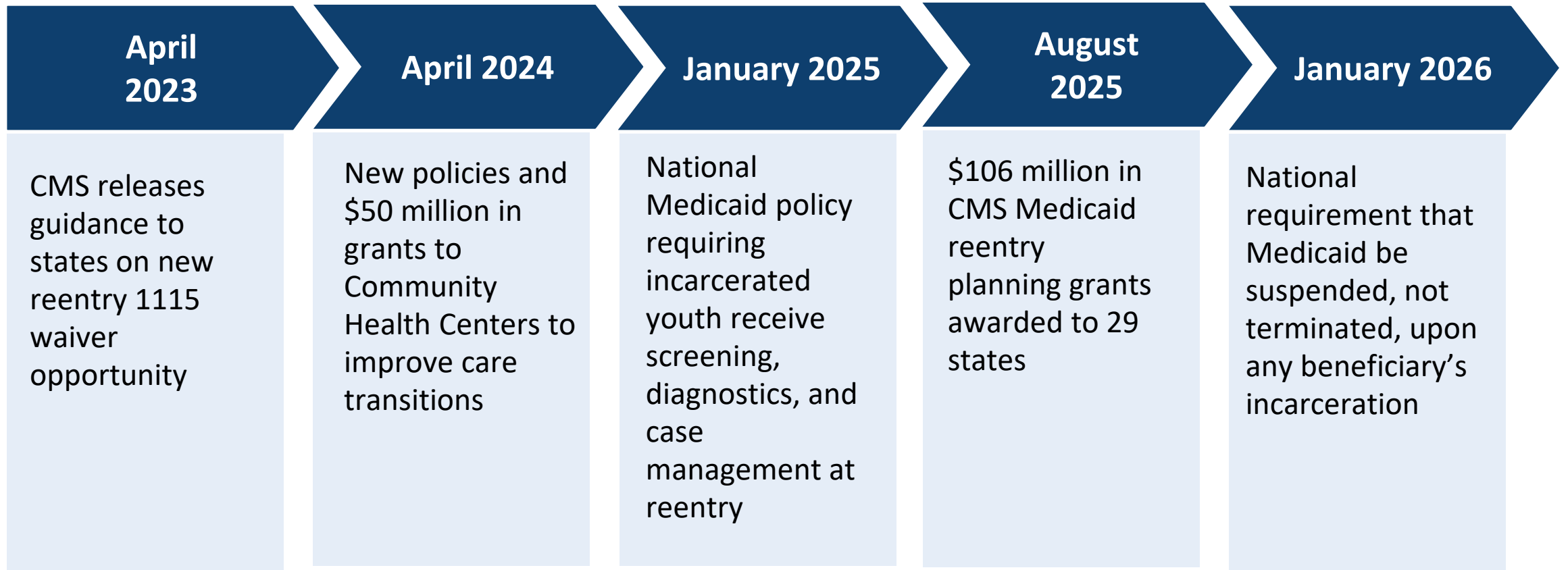
Quality and Accountability: Standards and processes to drive quality, access, and oversight



Evidence

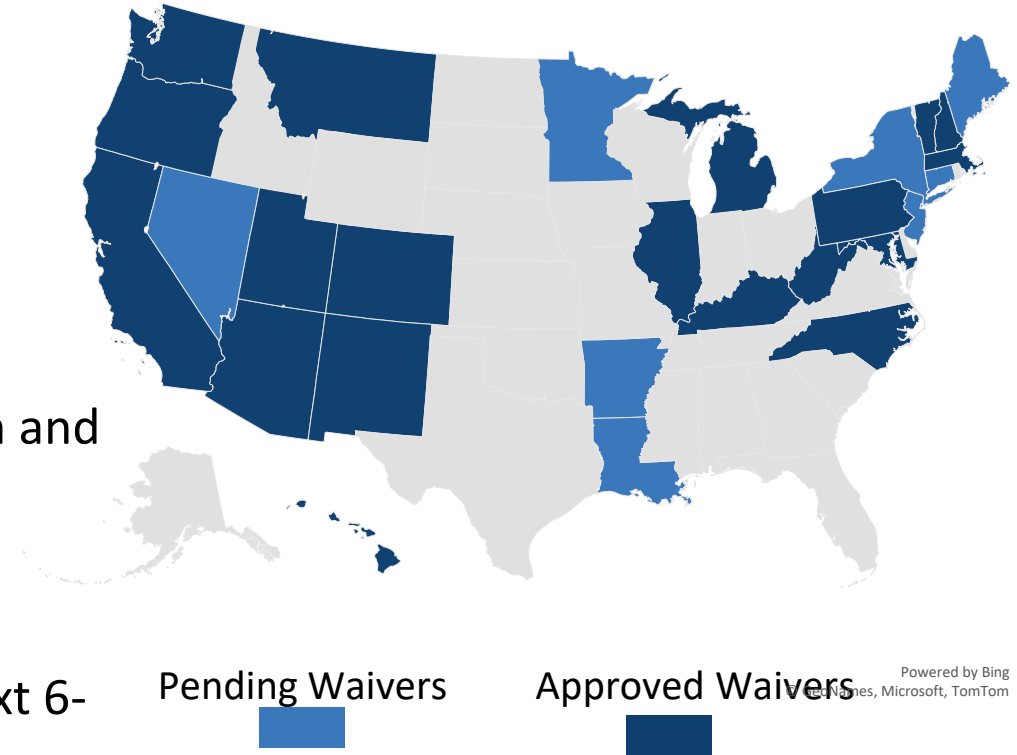
Evidence: Data and evaluation tools to drive continuous improvement

Federal Policies are Strengthening Access to Health Care at Reentry



State Reentry Waiver Implementation: Current Status

- 19 states have approved reentry waivers; 8 states and DC have waivers pending at CMS
 - ME is the first state to submit during this administration
 - RI has withdrawn its reentry waiver proposal
 - OR has reportedly decided to pause implementation of its reentry waiver
- States are starting to go live with pre-release services
 - CA has initiated pre-release services in their prison system and certain counties
 - WA and NM went live in some facilities 7/1/25
 - MA implementation plan approved 5/29/25
 - Additional states plan to start providing services in the next 6-12 months
- States have their “sleeves rolled up,” are making progress, and value cross-state learning and TA
- State reentry TA is essential to helping states navigate new federal requirements as they build continuity of care



Medicaid and CHIP Policies for Youth Who Are Incarcerated

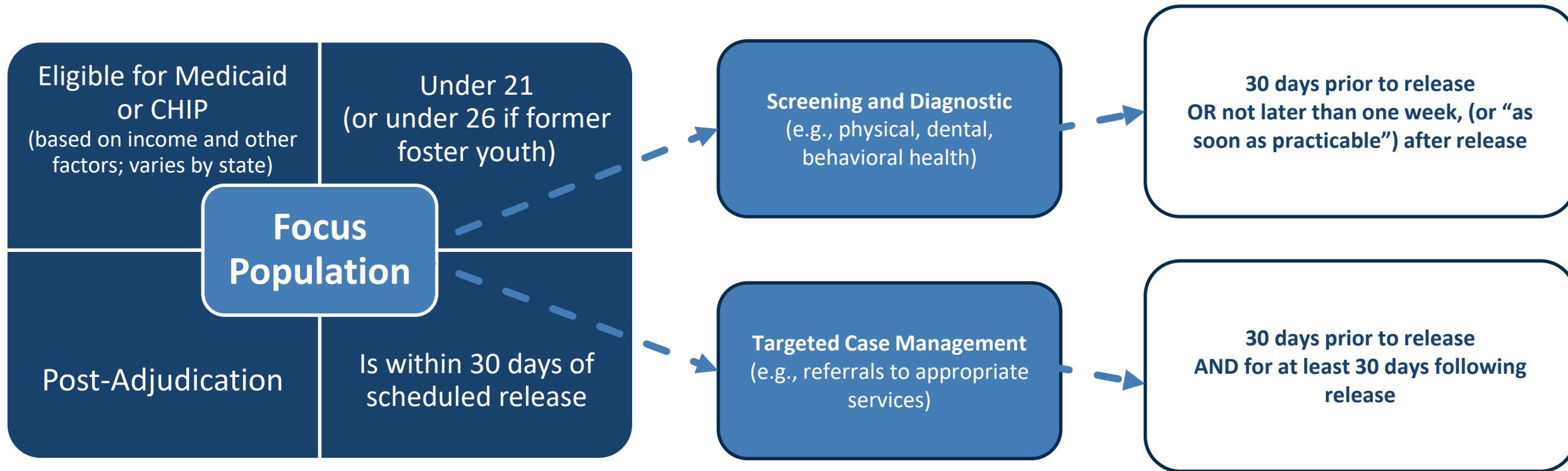
- As of January 1, 2025, states are required to use Medicaid and the Children's Health Insurance Program (CHIP) to cover limited services for incarcerated youth who are soon to be released
- This applies to all Medicaid beneficiaries in custody following adjudication who:
 - **Are under age 21**
 - **Are former foster youth under age 26**
- As written, the policy requires all states:
 - To provide screenings and diagnoses and service referrals for youth in 30 days before OR shortly after release
 - To provide case management in the 30 days before AND at least 30 days following release
- This applies to all state, local and tribal facilities where youth are incarcerated post-adjudication (prisons, jails, juvenile justice, and youth corrections)
- Additional state **option** to use Medicaid to cover comprehensive services for youth pending disposition of charges

New Medicaid and CHIP Policies for Youth Who Are Incarcerated: Required in All States, January 2025

Who

What

When



Medicaid Suspension Requirements

- As a result of Medicaid's longstanding prohibition on paying for services for individuals who are incarcerated, corrections has historically **terminated** Medicaid coverage for individuals entering custody.
- With provisions applying **January 1, 2026**, state plans are prohibited from terminating enrollment due to incarceration.
- Moving forward, states must **suspend, rather than terminate Medicaid**. This change can help correctional facilities take fuller advantage of Medicaid-covered services.

OBBBA's Posture on Efforts to Build Continuity of Care at Release

- **No direct changes to Medicaid reentry** law or initiatives (waivers, youth provisions, and suspension requirements all remain in effect)
- There is an **indirect impact on reentry and public safety**:
 - *Primary issue*: New eligibility policies (i.e., community engagement requirements and more frequent renewals) will reduce number of people with Medicaid coverage, diminishing access to community health, behavioral health, and reentry services
 - *Secondary issue*: Policy ripple effects from Medicaid financing provisions (i.e., provider taxes and state directed payments)
- OBBBA contains **key exemptions from the community engagement requirements** impacting the reentry community:
 - People who are incarcerated or were incarcerated at any time in the three-month period prior to the first day of the month in which they are verifying community engagement
 - People with SUD, “disabling” mental illness, enrolled in treatment program

Implementation Challenges

Workforce

- Many corrections agencies are running 30% staff vacancy rates
- Health care and behavioral health fields also face high vacancy rates

Navigating Corrections' Operational Realities

- Ensuring safety and security
- Unpredictable release dates & short stays
- Making sure that the physical plant supports health care delivery

Developing and Sustaining New Partnerships

- Partnerships with corrections custody, correctional health care, behavioral health, pharmacy, community providers, and managed care plans
- Corrections has asked for ongoing support from health agencies

Resolving Differences in Health Care Standards

- Aligning with programmatic, service, and coverage standards that come with health insurance, while addressing the operational conditions in corrections

IT Systems Development & Data Sharing

- Medicaid enrollment/suspension/reinstatement
- Medicaid billing
- Sharing medical records/care plans securely

HARP Resources for the Field

At the request of sheriffs, jails and prison systems, HARP recently produced resources and supported trainings on operations and continuity of care issues to educate the field of correctional leaders about these opportunities. Materials include:

- **Consolidated Appropriations Act of 2023 Youth Requirements: Frequently Asked Questions For Prisons and Jails**
- **Brief Operational Checklist for Post-Adjudicated Youth:** A two-page resource with quick, concrete considerations to guide initial implementation of new requirements
- **Getting Ready: Key Elements for the Implementation of Section 5121 Youth Requirements in Adult Correctional Facilities:** A deeper dive, highlighting seven key elements jurisdictions need to think about to be ready to implement the new requirements



Technical Assistance

- HARP aims to support sheriffs, jail administrators, and leaders of state corrections agencies to address health-related factors that contribute to crime for reentering individuals, support the development of operations-responsive reentry partnerships in the health sector, and strengthen continuity of care.
- Through this TA, HARP has held **more than 30** individualized technical assistance sessions with jails/prisons in Louisiana, Michigan, Minnesota, New Mexico, Rhode Island and Texas.
- **Our TA sessions are flexible** and have covered a range of topics, including Medicaid suspension/reinstatement, 1115 reentry waiver basics, how to bill Medicaid, understanding case management, and implementation of CAA 2023, among others
- This technical assistance comes at **no cost** to participants and can begin quickly.

Scan the QR Code to Request TA from HARP:

Visit HARP at:
www.HealthandReentryProject.org

**Scan the QR code to sign
up for HARP's newsletter:**

