Addressing the Medicaid Coverage Gap for Justice-Involved Youth and Young Adults in NC

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Executive Summary

The Medicaid inmate exclusion policy prohibits the use of federal dollars to cover health care services for Medicaid enrollees during commitment in a correctional facility. Committed individuals maintain their status as Medicaid beneficiaries; however, their benefits are suspended until release. Medicaid can be reinstated, but only at the time of release. The legal guardians of justice-involved youth (JIY) assume responsibility to complete the reinstatement process which can take weeks to months to complete barring no additional barriers. The Medicaid inmate exclusion policy has resulted in a healthcare coverage gap for Medicaid-enrolled JIY, keeping them from accessing necessary medical help, contributing to poor health outcomes, and further perpetuating the cycle of recidivism. The resulting healthcare coverage gap is a significant public health concern that *can* be solved with action at the federal, state, and local level (Scannell et al., 2022).

Justice-involved youth are a vulnerable population that require focused and intentional efforts to aid. JIY have high rates of untreated mental health problems, such as substance use disorders (Scannell et al., 2022). The 2021 Juvenile Justice Annual Report revealed that 100% of youth had at least one mental health diagnosis, 80% had more than one behavioral health diagnosis, and 51% of JIY had at least one substance use diagnosis (NC DPS, 2022, p. 20). Many JIY are already overdue for regular care (medical, dental, and vision) when they *first* engage with the justice system (NC InCK, 2022, p. 6). The Medicaid inmate exclusion policy further delays essential care that is not guaranteed to be provided during commitment, worsening the already complex conditions JIY face. Increasing access to health care coverage for an already vulnerable population is believed to contribute to improvements in their ability to access continuous and consistent care, resulting in greater stability and thus an increase in health status/outcomes and a reduction in the rates of recidivism (Gates et al., 2014).

Medicaid Section 1115 demonstration waivers have been employed across the nation to close the coverage gap between release and Medicaid reinstatement. X states have submitted proposals to address the coverage gap for a subset of the justice-involved population[1], with California being the first to obtain a waiver to reduce the reinstatement gap in March of 2023.

[1] Not all states have targeted their waivers at youth, some are specifically addressing a subset of the adult justice-involved population.

North Carolina Integrated Care for Kids (NC InCK) seeks to ultimately eradicate the coverage gap and is exploring the prospect of using an 1115 waiver to do so, in addition to alternative ways by which the gap can be addressed.

This report aims to provide background information on the JIY population, explain section 1115 waivers, and make the case for North Carolina to employ an 1115 waiver to address the coverage gap. In recognition of feasibility and other relevant criterion, additional avenues by which the Medicaid coverage gap can be addressed will be explored, in hopes of bolstering NC InCK's efforts to improve the well-being of North Carolina's youth and support their needs.

The policy options that will be explored and assessed in this paper include:

- Medicaid Section 1115 Demonstration Waivers
- Ending the inmate exclusion policy
- Delayed suspension policy
- Presumptive eligibility
- Immediate access to health care services for JIY upon entry

The criterion for assessment includes:

- Fiscal impact
- Capacity
- Political feasibility
- Public interest
- Health as a human right
- Wellbeing
- Recidivism

About NC Integrated Care for Kids

NC Integrated Care for Kids (InCK) is "[a model that partners with five] communities – Alamance, Durham, Granville, Orange, and Vance – to support and bridge services where children, youth, and families live, learn, and play" (NC InCK, n.d.-c). The model was established in 2020 and is supported by the Centers for Medicare and Medicaid Services within the U.S. Department of health and Human Services (NC InCK, n.d.-c). A total of nine organizations/groups make up the team responsible for seeing the model through in central North Carolina (NC InCK, n.d.-a). The InCK model aims to address the root causes of poor child health outcomes via 10 core child services (NC InCK, n.d.-b). The core child service of focus for this capstone experience is Juvenile Justice. The Department of Juvenile Justice and Delinquency Prevention with NC InCK addresses juvenile justice as it pertains to the health and well-being of justice-involved youth (J. Hatley, personal communication, February 15, 2023).

Policy Question

NC InCk seeks to address the coverage gap that exists when youth and young adults exit the juvenile justice system. Ultimately, NC InCK wants to know how they might, alongside their partners, further bolster the continuity of care for Medicaid-eligible youth and young adults exiting the juvenile justice system. In answering this question, we seek to explore 1115 waivers as a possible avenue for extending reinstatement of Medicaid; how Medicaid suspension impacts North Carolina's youth; and how additional streams of funding, in conjunction with automated reinstatement, might be used to mitigate said impacts.

Problem Statement

Across the five counties the InCK model operates within, it is estimated that nearly 1,000 youth interact with the Department of Juvenile Justice and Delinquency Prevention in some capacity (NC InCK, 2022, p. 3). Of the nearly 1,000 youth, approximately 50 are in out-of-home placement (NC InCK, 2022, p. 3). YDCs are the "most restrictive and intensive secure facilities for DJJDP-involved youth" (NC InCK, 2022, p. 4). Medicaid coverage for DJJDP-involved youth is suspended upon commitment to a YDC facility (NC InCK, 2022, p. 4). Medicaid coverage can be reinstated upon release, however due to the paperwork and administrivia involved, the current

process creates a coverage gap between youth's release from YDCs and reinstatement of Medicaid (J. Hatley, personal communication, February 1, 2023). This gap in reinstatement of Medicaid coverage leads to delays in necessary behavioral, mental, and physical health appointments, among other services, that negatively affects youth and potentially contributes to recidivism.

Key Acronyms to Know

The following are key terms that are important to know to understand the ensuing information. Additional, related information can be found in Appendices A and B.

TERM	ACRONYM
NC Integrated Care for Kids	NC InCK
Department of Juvenile Justice and Delinquency Prevention	DJJDP
Juvenile Justice	JJ
Juvenile Court Counselor	JCC
Justice-Involved-Youth	JIY
Youth Development Center	YDC
Licensed Mental Health Clinician	LMHC
Juvenile Detention Center	JDC
Justice-Involved-Youth	JIY
Behavioral Health	BH
Serious Emotional Disturbance	SED
Serious Mental Illness	SMI
Substance Use Disorder	SUD
Opioid Use Disorder	OUD
Intellectual or Developmental Disability	I/DD
Social Determinants of Health	SDOH
Medication-Assisted Treatment	MAT

Table 1. Key terms and their respective acronyms. The acronyms have been adapted and/or directly pulled from NC InCK's DJJDP Guide and KFF's table.

Background Context and Importance

Medicaid Section 1115 Waivers

Section 1115 of the Social Security Act, also known as 1115 waivers, are powers granted to the Secretary of Health and Human Services enabling them to "approve experimental, pilot, or demonstration projects" that promote Medicaid and Children's Health Insurance Program (CHIP) (ASPE Office of Health Policy, 2021). In essence, 1115 waivers allow the Secretary to waive certain provisions of existing Medicaid law so that states may modify and improve their respective Medicaid (or CHIP) program (ASPE Office of Health Policy, 2021). Some of the provisions cannot be waived, such as the citizenship eligibility requirement (MACPAC, n.d.). Section 1115 is intended to be a vehicle for states to test new approaches in the delivery of federally funded programs, in this case Medicaid specifically, in hopes of finding a better method that could be scaled up to the national level (MACPAC, n.d.). Because of the additional flexibility with provisions offered by 1115 waivers, the application process is lengthy, and approval is based upon secretarial discretion (MACPAC, n.d.).

States' proposals must be budget-neutral – that is Medicaid program costs plus the demonstration cannot exceed what the federal Medicaid costs would have likely been absent demonstration – and document public process and transparency (i.e., proof of a 30-day comment period prior to proposal submission) (Tsai, 2023, p. 22) (MACPAC, n.d.). In recognition of the limitations posed on states by the previous budget neutrality, the Centers for Medicare & Medicaid Services CMS has since moved to update their approach to modify the way the WOW baseline[2] is accounted – as this has the greatest effect on calculating total costs – and broaden the limitations for states to roll over demonstration savings from a prior approval period. Approved waivers are valid for an initial period of five years and can be renewed for three years at a time thereafter (MACPAC, n.d.). States are required to undergo evaluations with independent contractors and regularly provide documentation of implementation and progress (MACPAC, n.d.).

[2] The WOW ("without the waiver") baseline is a projection of a state's Medicaid costs that might have occurred absent the demonstration (Tsai, p. 14, 2023).

Medicaid Suspension for Justice-Involved Youth

Medicaid, under the inmate exclusion policy, prohibits the use of federal Medicaid (matching) funds for health care services while an individual is incarcerated (Haldar & Guth, 2021) (Gates et al., 2014). This excludes the use of Medicaid funds for inpatient care. The inmate exclusion policy means that the costs of care utilized while in commitment are not covered by Medicaid and youth are limited to the health services offered by their respective facility[3]. Though Medicaid does not cover services during this window of time, youth remain enrolled in Medicaid per NC Medicaid policy[4]; their Medicaid becomes suspended until reentry[5]. Suspension of coverage during commitment necessitates reinstatement of Medicaid upon reentry. The suspension of Medicaid has created a gap in coverage between when youth are release and their Medicaid is reinstated. A research study of 28 experts at the intersection of Medicaid and the juvenile justice system noted that this gap in coverage can last from weeks to months due to the logistical challenges posed by youth being legal minors; parents of justice-involved-youth (JIY) are responsible for the process of reinstating their youth into Medicaid (Scannell et al., 2022).

What is provided

All JIY are provided health services during commitment, whether in a detention or development center. The specific health services that JIY receive varies according to the type of facility, size of the facility, and state. Care can be provided via on-site infirmaries or through independent doctors or hospital staff. Correctional facilities are legally required to provide care; however, many committed adults still go without needed care. A study found that roughly 14% of federal inmates, 20% of state inmates, and 68% of local jail inmates went without any medical examinations during their commitment[6] (Gates et al., 2014). In its approval of California's section 1115 demonstration waiver amendment and renewal, CMA openly recognized that many individuals existing the justice system "may not have received sufficient health care to address all of their physical and/or behavioral health care needs while incarcerated" (Tsai, 2023, p.8).

[3] The limitation of services by facility as well as staffing shortages and budget constraints result in many youths going without care for basic and more complex health (physical and behavioral) needs (Gates et al., 2014).

[4] Previously, all states terminated Medicaid coverage during commitment. Many states have been successful in challenging this and moved to suspension of Medicaid during commitment. The degree of disruption of coverage (termination vs suspension) varies state-to-state (Scannell et al., 2022).

[5] Reentry refers to when juveniles are released from a YDC and reenter their communities. See Appendix A for additional key terms and definitions.

[6] These statistics are for incarcerated adults; however, we can infer that the lack of access to care for JIY is similar.

Impact of suspended coverage

Suspension of Medicaid upon commitment is problematic, as many JIY come from lower-income families that either rely on Medicaid for Healthcare or are uninsured (Scannell et al., 2022) (Gates et al., 2014). A survey of Medicaid agencies and juvenile correctional facilities found that more than 50% of JIY have Medicaid (Scannell et al., 2022)[7]. Further, JIY have high rates of untreated mental health problems, such as substance use and behavioral disorders (Scannell et al., 2022). These untreated problems are known risk factors for recidivism that may potentiate a cycle of incarceration and declining health outcomes if left untreated (Scannell et al., 2022). To make matters worse, many JIY are already overdue for regular care (medical, dental, and vision) upon their first engagement with the justice system (NC InCK, 2022). The snowball effect of being behind on basic care, the insufficient health services provided during commitment, and the coverage gap following reentry can lead to long-term consequences for many JIY. Increasing access to health care coverage for this already vulnerable population can contribute to improvements in the ability to access continuous and consistent care, resulting to greater stability and thus a reduction in the rates of recidivism (Gates et al., 2014).

The Juvenile Justice Annual Report showed that in 2021, 100% of youth had at least one mental health diagnosis, 80% had more than one mental health diagnosis, and 51% had at least one substance use diagnosis (NC DPS, 2022, p. 20). The average number of distinct diagnoses by youth committed in 2021 was three, with some youth having as many as nine distinct diagnoses (NC DPS, 2022, p. 20). JIY have complex needs and require continuous access to primary, behavioral, and mental health providers. While adults face the same gap in coverage, youth are even more vulnerable due to their developmental immaturity and the malleability of youth (Scannell et al., 2022). With the recent passing of Medicaid expansion in North Carolina, many previously ineligible young adults in the justice system will gain access to essential health services. While expansion will cover more of the juvenile justice-involved population, the gap in coverage due to the reinstatement process will remain (Gates et al., 2014).

[7] Other studies and states reveal that more than 60% of JIY have Medicaid upon entry (Scannell et al., 2022).

Current Uses of 1115 Waivers for Justice-Involved Youth

Several states nationwide have called upon 1115 waivers to bypass the inmate exclusion policy[8] (see table 2). Some states have focused on adults, while others on both adults and youth and yet other states have limited their scope to individuals (adults and/or youth) with certain condition(s). For example, Washington's proposal extends to *all* inmates 30 days prior to release, whereas in New York it covers inmates with two or more chronic diseases or one single qualifying condition (Hepatitis C, HIV/AIDS, SMI, I/DD, sick cell disease, or SUD) (Haldar & Guth, 2023). Of the fourteen states seeking to waive the inmate exclusion policy, ten aim to initiate coverage at 30 days prior to release, one at 45 days, one at 60 days, and two at 90 days[9] Haldar & Guth, 2023). Moreover, the waiving of the policy does not mean that eligible individuals will receive complete access to all health care services, but rather an agreed upon package of benefits.

State	Initiation of Coverage (# Days pre-release)	Target Population (JIY or Adults)[10]	Eligibility Criteria for Subset of Population	Proposed Health Services
Arizona	30	JIY & Adults	Must have serious behavioral and physical health conditions and be at high risk of experiencing homelessness upon release	• Housing-related case management • Tenancy supports • Linkages with providers • Medication
Kentucky	30	Unclear	SUD diagnosis	• SUD treatment services • Medication management • MCO[11] selection

[8] Arkansas, Arizona, California, Kentucky, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, South Carolina, Utah, Vermont, Washington, West Virginia
[9] Information on pending 1115 waivers as of February 7, 2023.

Massachusetts	Entire duration	JIY	No specific criteria; for all JIY	• Full set of Medicaid State Plan benefits
	30[12]	Adults	Chronic condition, mental health condition, or SUD	
Montana	30	Unclear	SUD, SMI, or SED	• In-reach care management services • 30-day supply of medication

New Hampshire	45	Unclear	SUD, OUD, or SED	• Care coordination services:
				  ○ MCO Enrollment
				  ○ Peer recovery supports or counseling
				  ○ New prescribing appointments with community BH providers

New Jersey	60	Unclear	BH diagnosis	• Up to 4 BH care management visits
New Mexico	30	JIY & Adults	SMI, SUD, SED, or I/DD	• Enhanced care management and coordination • Medication-assisted treatment (MAT) • 30-day supply of medication • Durable medical equipment

New York	30	Unclear	Two or more chronic diseases, or: One single qualifying condition of Hepatitis C, HIV/AIDS, SMI, I/DD, sickle cell disease, or SUD	• Care management • Discharge planning • Clinical consultant services • Peer services • Sexual and reproductive health information and connectivity • Medication management plan and delivery of certain high-priority medications
Oregon	Entire duration	JIY	No specific criteria; for all inmates	• Care management[13] • Discharge planning • Clinical consultant services • Peer services • Sexual and reproductive health information and connectivity • Medication management plan and delivery of certain high-priority medications
	30[14]	Adults		

Rhode Island	30	JIY & Adults	No specific criteria; for all inmates	• Full set of Medicaid State Plan benefits
				• Pre-release supports:
				  ○ Managed care enrollment
				  ○ Care coordination services
				  ○ Services to target SDOH

Utah	30	Unclear	Chronic physical or BH condition Mental Illness, or OUD	• Full set of Medicaid State Plan benefits
Vermont	90	JIY & Adults	No specific criteria; for all inmates	• Full set of Medicaid State Plan benefits
Washington	30	JIY & Adults	No specific criteria; for all inmates	• Physical and behavioral health assessments • Lab work • Care coordination • Medication
West Virginia	30	JIY & Adults	No specific criteria; for all inmates	• In-reach care management • Consultations • HIV/HCV screening and treatment • Medications

Table 2. Breakdown of the states that are pursuing an 1115 waiver to partially waive the inmate exclusion policy. It is an adaptation of two of Kaiser Family Foundation's (KFF) tables: Pending section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy and Section 1115 Eligibility Changes – Expanded Eligibility Groups – Justice-Involved. It clarifies which states explicitly mention using their waiver for JIY; some states only mention adults and it is unclear if youth are included at mention of "all inmates." Further, some states have eligibility criteria for adults but not for youth, this is depicted in the table where split cells are seen in the row for a particular state, i.e., Massachusetts offers a different coverage period for adults and youth and has different eligibility criteria, however, the same benefits are provided to eligible adults and youth.

Analysis of How Other States are Using 1115 Waivers for the Benefit of JIY

California

On January 26, 2023, California's Section 1115 waiver request for amendment and five-year renewal was approved; the first state propose and obtain approval to partially waive the inmate exclusion policy (Tsai, 2023, p.1) (Newsom, 2021). Through the reentry demonstration initiative waiver, California will cover a package of reentry services for specific subsets of incarcerated adults and *all* youth in correctional facilities beginning 90 days prior release (Haldar & Guth, 2023). California's efforts to better support its incarcerated population are housed within its reentry demonstration initiative. The purpose of the amendment is "to provide short-term Medicaid enrollment assistance and pre-release coverage to certain services for [JIY] to facilitate successful care transitions"[10] (Tsai, 2023, p. 8). The proposal to provide pre-release services is supported by other successful pilot programs carried out within the state of California (Newsom, 2021).

Specificities of waiver

- As a condition of approval, California must make pre-release outreach and eligibility and enrollment support available to all incarcerated individuals in facilities where the waiver is active (Tsai, 2023, p.7). This is intended to facilitate the assessment of who may be eligible for coverage or reinstatement. If an individual does not have Medicaid at the time of entry, the aforementioned requirement will ensure that they are assessed for eligibility and provided with assistance in completing and submitting a Medicaid application in advance of release[11].
- The reentry demonstration initiative "is designed to support the proactive identification of both physical and behavioral health needs" and aims to "address health and health-related social needs for soon-to-be released incarcerated individuals" who meet Medicaid or CHIP eligibility criteria outside of incarceration status[12] (Tsai, 2023, pp.7-8).

[10] And "improve the identification and treatment of certain chronic and other serious conditions to reduce acute care utilization in the period soon after release, and test whether it improves uptake and continuity of MAT and other SUD and behavioral health treatment, as appropriate for the individual, to reduce decompensation, suicide-related death, overdose, and overdose-related death" (Haldar & Guth, 2023).
[11] Assistance with Medicaid application completion and submission may be voluntarily refused (Haldar & Guth, 2023)
[12] Incarcerated adults must also meet demonstration waiver eligibility criteria.

- Pre-release services will be provided at facilities with appropriate transportation and security oversight by the facility according to an agreed-upon phase-in schedule (Tsai, 2023, p. 71). Facilities are subject to DHCS approval of their readiness to participate (Tsai, 2023, p. 71).
- Within 120 days of approval, California must submit a Reentry Demonstration Initiative Reinvestment Plan outlining how coverage and provision of services will be operationalized and how current funding will continue to support access to necessary care and achieve positive health outcomes (Tsai, 2023, p. 78).
- California must also increase and sustain, at the least, base Medicaid payment rates of 80% or more for primary care, behavioral health, and obstetrics (Haldar & Guth, 2023)[13,14].

Health Services Offered

- Qualifying individuals will receive services including, but not limited to:
    - "In-reach case management services[15],
    - physical and behavioral health clinical consultation services provided in-person or via telehealth,
    - laboratory and radiology services,
    - medications and medication administration,
    - Medication Assisted Treatment (MAT) for all types of SUD with accompanying counseling, and
    - services of community health workers and community navigators with lived experiences" (Tsai, 2023, p. 8).
- California will also provide:
    - "Covered outpatient prescribed medications and over-the-counter drugs (minimum of 30-day supply[17]), and
    - durable medical equipment" (Tsai, 2023, p. 8).

[13] This is intended to help ensure access to care for committed individuals upon release while ensuring access to care for existing Medicaid enrollees.
[14] This is consistent with the received approvals for health-related social needs by other states.
[15] In-reach case management services entails individuals working with incarcerated individuals to initiate case management while incarcerated to promote a smooth and stable reintegration.
[17] Medications will be provided as clinically appropriate and consistent with the approved Medicaid State Plan.

Length of time to implement

- California submitted their request for amendment and renewal on June 30th of 2021. It was approved on December 29, 2021; however, the request to obtain partial support costs for the PATH program, which the reentry demonstration initiative falls under, was not approved until January 26, 2023 (Tsai, 2023, p. 3). In essence, the portion of the proposal that pertains to the inmate exclusion policy was not approved until 19 months later, after further review of the proposal.
- Pre-release coverage of health services is expected to begin on April 1, 2024, at which point facilities can engage in the readiness approval process with the Department of Health Care Services (Tsai, 2023, p. 74). The phase-in process will occur between 2024 and 2026 (Haldar & Guth, 2023).
- As part of the waiver, California is given authority to spend $410 million on pre-release application planning and information technology via its Providing Access and Transforming Health (PATH) initiative (Haldar & Guth, 2023); the approval of PATH is vital to the entry demonstration initiative and is the reason why the original request was initially denied (Haldar & Guth, 2023).
- These funds are intended to offer capacity grants and case management services to facilitate the phasing-in of pre-release services (Haldar & Guth, 2023).
- The waiver will expire on December 31 of 2026 barring renewal.

Massachusetts

On December 22[18], 2021, the state of Massachusetts submitted their request to extend their section 1115 demonstration waiver. Their extension includes a request to provide Medicaid-funded health services to eligible justice-involved populations pre-release; they propose to cover youth during their entire commitment and adults 30 days pre-release (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 8; 61). Initially, MassHealth proposed provision of uninterrupted Medicaid coverage during incarceration for all justice-involved individuals-MA-P96. It was determined that a more targeted window of provision of 30 days pre-release for adults would be better suited (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 96).; Massachusetts, through MassHealth, intends to provide health services beginning 30 days prior release to eligible justice-involved adults (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 60).. Services will also be provided to eligible[19] adults.

Specificities of proposed waiver

- Justice-involved youth would receive full Medicaid coverage during the full length of their commitment (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 8; 61).
- In addition to the provision of health services, MassHealth intends to provide continuous eligibility for 12 months to reduce administrative eligibility churn and improve health outcomes during the reentry period (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 60).
- Health services are intended to begin only 30 days pre-release, bearing in mind that Massachusetts is the state with the highest rate of health coverage in the country (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 97).
- In advance of the pre-release offering of services, healthcare navigators will initiate pre-release planning prior to the individual's release date (Commonwealth of Massachusetts

[18] It was updated on December 27, 2021.
[19] Adults must have a chronic condition, mental health condition, or SUD (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 67).

Executive Office of Health and Human Services Office of Medicaid, 2021, p. 67). The individual will then be transitioned to their managed care plan to facilitate the creation of a plan for care upon reintegration into their community (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 67).

- Barring approval, Massachusetts will partner with an independent evaluator to evaluate the demonstration per CMS' requirement (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 87). This evaluation will consist of the following pool of possible metrics (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, pp. 88-89):
    - Avoidable hospitalization and ED visits within first 30 days of release
    - Drug overdoses within first 30 days of release
    - Suicide attempts within first 30 days of release
    - In-office visit with PCP and behavioral health clinician (if needed) within first 30 days of release
    - Completion of Hepatitis C treatment after release[20]
    - Individuals with substance use disorder maintaining medication-assisted treatment (MAT) after incarceration
    - Community tenure[21] after incarceration

Health services offered

- There was support and consideration surrounding the inclusion of oral health care and changes for 340B as it pertains to medication, however they were excluded from the final demonstration extension proposal (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 97).
- Eligible individuals will receive the benefit plan that they would otherwise have access to outside of their conviction status (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 67).

[20] This applies only to individuals that began treatment for Hepatitis C during their incarceration.
[21] The length of time a youth remains in the community following reentry. For youth that reoffend, the length of time they remain in the community between release and reentry.

- Committed youth will receive "comprehensive health services, including – and in particular – behavioral health services to support any mental health and addition recovery needs" (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
- During a youth's commitment, facility staff will work with the youth and their family to connect them to a primary care and behavioral health provider in their community (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 67).
- Coordination will take place between the JJ facility staff and the youth's MassHealth managed care plan to ensure follow-up after release (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).

Length of time to implement

- Massachusetts submitted their initial demonstration waiver extension request on August 18 of 2021. This version proposed continuous Medicaid during incarceration, along with other proposals related to the coverage of additional health services. Despite support, and with Massachusetts's current health coverage statistics in mind, at the advisement of CMS, MassHealth moved to target coverage/services 30 days pre-release. As a result, the request was modified and updated on December 27, 2021.
- Massachusetts request is still pending as of February 7, 2023 (Haldar & Guth, 2023).
- The proposed timeline for implementation of pre-release health services, in the event of approval, has not been made available at the time of this report's completion.

New Mexico

On December 9, 2022 New Mexico (NM) submitted their five-year 1115 waiver renewal for Turquoise Care, effective January 2024. New Mexico's current waiver does not expire until December 31 of this year (2023). As part of their proposal, NM is requesting to provide Medicaid services for high-need justice-involved populations 30 days prior release, this includes both adults and youth (Scrase & Comeaux, 2021, p. 37). Turquoise Care would combine its existing 1915(b), 1915(c) and 1115 waiver into a comprehensive demonstration.

Specificities of proposed waiver

- Youth (and adults) must have high needs, including (but not limited to) (Scrase & Comeaux, 2021, p. 113):
    - SMI,
    - SED, or
    - SUD
- In addition to the requirement of having high needs, as defined above, these individuals must be in "state prisons, local jails, youth correctional facilities, Department of Health forensic unit state hospitals, tribal holding facilities, or tribal jails" (Scrase & Comeaux, 2021, p. 113).

Health services offered

- Eligible individuals will receive Medicaid coverage and a "targeted set of benefits" beginning 30 days pre-release (Scrase & Comeaux, 2021, p. 113).
- The proposed benefits would be "commensurate to the population's needs" (Scrase & Comeaux, 2021, p. 113).
- "Proposed benefits include:
    - Enhanced care management and coordination
    - Medication assisted treatment
    - 30-day supplies of medication and durable medical equipment"[22](Scrase & Comeaux, 2021, p. 113).

[22] As appropriate.

- The proposed benefits would be "commensurate to the population's needs" (Scrase & Comeaux, 2021, p. 113).

Length of time to implement

- New Mexico's proposal was submitted on December 9 of 2022. It currently pending.
- Barring approval, Turquoise Care, and its coverage for high-needs justice-involved populations is anticipated to begin January 1, 2024.
- The waiver would expire on December 31, 2028.

Impact of the Provision of Pre-Release Medicaid Coverage for Juvenile Justice-Involved Youth

At present, youth do not receive Medicaid-funded care during incarceration. NC InCK wishes to explore the prospect of employing a section 1115 waiver, as other states have, to waive the Medicaid inmate exclusion policy to provide services to justice-involved youth pre-release. The ideal goal is for youth to maintain Medicaid coverage throughout their commitment; however, this is not feasible at present. Efforts are focused on a more targeted pre-release period. Nonetheless, it is important to consider the many benefits that may occur if Medicaid coverage is maintained rather than suspended. Seeing as how this has yet to be piloted, the following information will speak to the impact of Medicaid suspension and the forecasting of benefits for pre-release services. In tandem, this information will speak to the potential, greater benefits of maintenance of coverage throughout.

Health and Well-being

- The state of Massachusetts strongly believes that initiating Medicaid services prior to release will increase youth's engagement with primary and behavioral health care upon reentry[23] (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
- It is expected that avoidable hospitalizations and emergency department visits will decrease because of restoration of continuity of care[24] (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
- Youth health outcomes will improve, as well as their relationship with their primary care provider (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
- Youth's quality of life and well-being will be positively impacted as a result of access to continuous care (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p.68).

[23] These results are informed by Massachusetts's BH-JI demonstration.
[24] See footnote 13.

- Medicaid coverage pre-release will help to smooth the transition from a facility to the community whilst improving access to care post-release. This is vital as the JIY population is vulnerable as previously mentioned (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 62).

Recidivism

- Via reinstatement of Medicaid near the end of commitment, it is anticipated that engagement in necessary care will lead to a decrease in recidivism as youth will have connected with primary and behavioral health providers pre-release and have established appointments for immediately after release[25] (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
    - There is a growing body of evidence that recidivism can be reduced via the provision of health care coverage access (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).

Family and Community

- Providing access to health services is believed to decrease recidivism, which will in turn facilitate and increase reunification with family and reintegration into their community.
    - When youth are committed to a YDC or other facility, they are separated from their families. Upon reentry, youth are reunified with their family and readjust to living at home, after living in a highly structured environment (Center on Juvenile and Criminal Justice et al., 2019, p. 3).
        - Consistent cycling in and out of justice facilities complicates this process and further de-stabilizes youth.
    - Returning home is not always an option depending on the case; however, the same idea of cycling in and out of whatever form of housing a youth is in

[25] See footnote 13.

disrupts their readjustment process and negatively impacts the stabilization process (Center on Juvenile and Criminal Justice et al., 2019, p. 13).
    - Disconnection from family during incarceration is a disruption to their life and negatively impacts their wellbeing. Efforts to prevent this disconnection are of utmost importance, given the variety of implications (Center on Juvenile and Criminal Justice et al., 2019, p. 3).
- The process of reintegrating into the community can be exceptionally difficult depending on the living environment, duration of commitment, and whether they have been committed more than once. Many proposals to offer pre-release services include efforts to facilitate reintegration into the community and have the potential to positively impact the long-term outcomes of JIY (Center on Juvenile and Criminal Justice et al., 2019, p. 4).

Educational

- Pre-pandemic (2011-2019), 41-45% of Juvenile offenses were school-based; school-based offenses are those that occur on school grounds, buses, bus stops, school-sanctioned events, or the victim is the school (NC DPS, 2022, p. 12).
    - Consistent coverage and behavioral health appointments can help to reduce the number of offenses as a whole, namely those that occur in educational settings, as they work closely with behavioral health providers to address their mental health condition(s).
- Pre-release services, namely mental health services, may increase success in youth enrolling in school and obtaining employment later in life, or sooner for older youths (Barnert et al., 2020).
- When youth enter the justice system, they are disconnected from their school, which often leads to them falling further behind academically (Center on Juvenile and Criminal Justice et al., 2019, p. 3).

Impacts on other systems

- JIY on average have more reproductive health needs, including pregnancy (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 64).

- Recidivism negatively affects various systems – justice, education, and communities – as youth cycle in and out of facilities. Addressing the gap in coverage and beginning coverage pre-release is expected to decrease rates of recidivism via continuous care and access to appropriate providers (Gates et al., 2014).

Financial

- By decreasing avoidable hospitalizations and emergency department visits, the early reinstatement of Medicaid services will contribute to alleviation of the burden on hospitals and families (Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, 2021, p. 68).
- Because 1115 waivers must remain budget neutral, relying on rollover funds as needed, it is not expected that waiving of the inmate exclusion policy will have a negative effect on North Carolina's budget.

The Case for and Assessment of Section 1115 Waivers

As alluded to and addressed thus far, JIY are a vulnerable population with complex needs. JIY are still developing as individuals and are especially susceptible to outside pressures. Many committed youths do not receive care, or sufficient care while incarcerated due to limitations in the offering of health services between facilities, budget constraints, and higher rates of committed youth at any given time. Together, this further widens the coverage gap and contributes to the worsening of their physical and behavioral health. The time immediately following release is especially challenging and historically has resulted in many overdoses and deaths among youth. One in 10 JIY had prior suicide attempts and one-third of incarcerated youth report having recent suicidal thoughts (Barnert et al., 2020). Moreover, the risk of death via homicide or suicide is four times higher for JIY than their non-justice-involved peers (Barnert et al., 2020).

Pre-release services have profound impacts on the health and well-being of youth, especially during the period immediately after release (Barnert et al., 2020). Access during commitment is not sufficient alone; access following release is of utmost importance. The six-month period following reentry, the "reentry period," is a critical period of JIY (Barnert et al., 2020). During this period, recidivism rates are high, youth with behavioral health conditions (80% of NC's JIY in 2021) have the highest risk of re-arrest and lowest attendance at school or work (Barnert et al., 2020) (NC DPS, 2022, p. 20). The physical and behavioral health benefits that could be achieved by access to health care are contingent upon consistent connection and access to care (Barnert et al., 2020). Further, the sustaining of any gains made during commitment can likely only be sustained to the extent that they have access to care following release (Barnert et al., 2020). A 2013 study discovered that up to 90% of JIY reported exposure to a traumatic event during their life (Center on Juvenile and Criminal Justice et al., 2019, p. 33); one third reported experiencing traumatic events multiple times each year (Center on Juvenile and Criminal Justice et al., 2019, p. 33). These traumatic events lead to mental and behavioral health conditions for youth that end up in the justice system. Unfortunately, the trauma JIY bring with them tends to be exacerbated by experiences during commitment (Center on Juvenile and Criminal Justice et al., 2019, p. 33).

Early (pre-release) access to Medicaid health services is vital to addressing and alleviating mental, behavioral, and physical health problems. There is great potential for pre-release services to "improve health and justice outcomes and developmental trajectories" for JIY (Scannell et al.,

2022). Successful reforms in adult correctional settings can serve as templates for similar reforms for JIY and may be less costly and easier to implement given that the JIY population is smaller than the population of incarcerated adults *and* there is more sympathy towards youth; sympathy could be advantageous in pushing for the reduction of coverage in Medicaid coverage (Scannell et al., 2022). Finally, it is possible for North Carolina to provide these pre-release services without affecting the budget, due to the requirement that 1115 waivers be budget neutral or produce savings for use in later years.

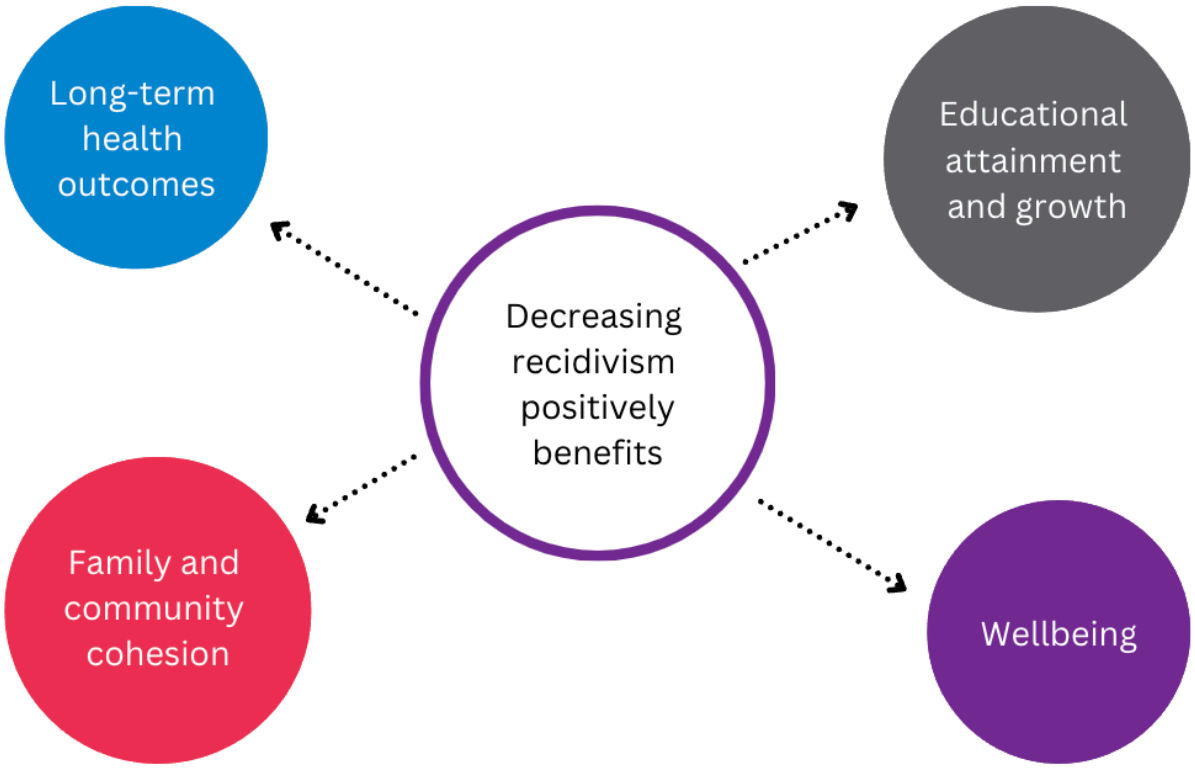

Figure 1 Positive long-term benefits of reductions in rates of recidivism

Alternate Policy Assessment Criteria

California is the only state that has successfully waived the inmate exclusion policy. Many other states are awaiting the decision regarding their proposed waivers. It is important to consider other ways by which the gap in Medicaid (healthcare) coverage can be addressed, in the event an 1115 waiver is not approved, or as a means of addressing the root or a more upstream cause of the resultant gap in coverage. A total of four alternate policy solutions will be introduced and explored here: ending the inmate exclusion policy, delayed suspension policy, presumptive eligibility, and immediate access to health care services for JIY upon entry[26]. These options will be assessed based on their ability to meet the outlined criteria. It is important to note that the degree to which they meet the criteria is not being assessed, but rather, whether they meet it or not in a broader sense.

The following table defines the criteria used for assessment and defines and operationalizes them. It is important to note that the degree to which policy options meet the criteria is not being assessed, but rather, whether they meet it or not in a broader sense. The criteria have been defined by both the author, April Peck, and the client, North Carolina Integrated Care for Kids.

Criteria	Definition	How Operationalized (Question Asked to Assess)
Capacity	Are there enough resources and capacity, at this time, to drive the implementation of this change, especially given Medicaid expansion, the switch to tailored plans and tailored care management etc.?	Does North Carolina have the personnel to successfully carry out the provision of pre-release services and coordinate care during this time and immediately after release?
Fiscal Impact	There is no clear estimate of the fiscal impact of these policies in NC. Thus, we want to know more so if Medicaid and North Carolina have the ability or interest in the policy, such that they would explore and consider making it work in the budget.	Do we perceive that there would be interest in the policy, by CMS and NC, such that making room in the budget would be considered?

[26] These policy options are inspired by Scannell et al., 2022 and discussions within NC InCK.

Health as a Human Right[32]	The concept of health as a human right is concerned with whether individuals have equal access to a tier of services – primary, urgent, and emergency care.	Does this policy ensure access to a tier of services comparable to their non-justice-involved counterparts?
Political Feasibility	The likelihood that the policy would be accepted and supported by decisionmakers.	Is the policy likely to be supported by key decisionmakers?
Public Interest[33]	The likelihood that the policy would be in the best interest of the population, meeting and addressing its needs.	Does the policy meet the needs of the population and is it in its best interest?
Recidivism	The anticipated/expected of the policy on current rates of recidivism amongst JIY.	Is the policy expected to decrease recidivism among North Carolina's justice-involved youth?
Wellbeing	The difference in health status between the present and what is expected to occur with the policy.	Does this policy ensure comparable to their non-justice-involved counterparts?

Table 3. The seven criteria used to assess alternate policies. This table describes the seven criteria used to assess each policy option, as well as how each criterion is defined and operationalized.

Alternate Policy Options

This section will introduce and briefly assess each of the four policy alternatives against the outlined criteria listed in the table above. It is meant to be a brief synopsis and discussion of each policy option in light of the criteria.

End the inmate exclusion policy

The root cause of the coverage gap as it pertains to Medicaid enrolled and Medicaid eligible justice involved youth is the inmate exclusion policy (Scannell et al., 2022). Medicaid funded health services are suspended[27] at the point of entry into a carceral setting and do not resume until applications are submitted, reviewed, and approved. It is perceived, at present, to be more politically feasible to partially waive the inmate exclusion policy to reinstate/begin Medicaid coverage up to 90 days pre-release than to completely end the policy. It is also at present less financially feasible as there is no data on the financial implications of providing federally funded care during commitment. However, a more effective way of addressing the coverage gap and meeting and alleviating the complex needs of justice-involved youth, and incarcerated adults, would be completely eliminating the policy. Removal of the policy would enable youth, and adults, to be screened for eligibility, and if approved, gain access to consistent and continuous health care during and after commitment. This would likely significantly improve the rates of recidivism, thus increasing overall stability; decrease the rates of avoidable hospitalization, homicide, and suicide; and so on.

Assessment[28]

Ending the inmate exclusion policy for Medicaid-eligible JIY has the potential to produce a myriad of benefits across the seven criteria. Seeing as how this policy would change the way services are provided to JIY and the number of providers accepting Medicaid has continued increasing in North Carolina, there is reason to believe that it would not be significantly difficult or impossible to reconfigure how medical services are provided; the number of JIY that would gain access would not be large enough to generate large concern for staffing. Based on the number

[27] Or terminated, depending on the state

[28] Assessment of policies are based upon the researchers review of literature and existing knowledge of the healthcare space, common knowledge, and inferences and assumptions made by the author. Statements for some criterion are not fully supported by a robust body of evidence and are not expected to be taken as fact, but rather as an inference.

of JIY committed to a YDC in 2021, the number of JIY that would be added to the pool of patients would likely be less than 200 (NC DPS, 2022, p. 18). Including other providers outside of the facility to offer care would relieve some of the burden on already short-staffed correctional facility staff [29,30]. It is unclear as to how ending the inmate exclusion policy would impact both state and federal budgets. Evidence from pilot programs and studies suggests that having continuous access to care reduces rates of recidivism and decreases avoidable hospitalizations which would alleviate the financial burden on correctional facilities and hospitals, families, and Medicaid.

By ending the inmate exclusion policy, youth would have the same access to Medicaid benefits – the full tier of services – not only following commitment, but while in a facility. This option would eradicate the coverage gap for Medicaid eligible and Medicaid enrolled JIY and adults. This is profound as more than 50%[31] of JIY have Medicaid at their time of entry (Scannell et al., 2022). Termination of this policy would reduce recidivism as studies show that access to healthcare decreases rates of recidivism. No state has yet to attempt to end the policy, rather, many are attempting to partially waive it. As such, it is likely that the political feasibility here is low, especially in North Carolina given the length of time it has taken to approve the expansion of Medicaid in general. Finally, as addressed in the section on family and community, keeping youth out of correctional facilities (preventing recidivism) is vital to their long-term outcomes and to the stability of their family and community. Investing in JIY now will increase their ability to be successful later in life in ways that benefit society and allow their skills and assets to be utilized (i.e., being employed and contributing their talents and skills).

Delayed suspension policy

When a youth is committed, regardless of the duration of their sentence, their Medicaid is suspended. Upon release, their family or guardian must then engage in the reinstatement process. The length of a youth's commitment varies depending on many factors: the offense, whether it is a repeat offense, etc. Some youth only spend a short period of time in a facility, while others spend longer periods of time (NC DPS, 2022, p. 15). In 2021, the average length of detention in a YDC

[29] It is common knowledge that NC has been facing a healthcare worker shortage. This is not to say that there isn't concern of how this would affect care for non JIY or non-justice-involved adults; the shortages experiences within correctional facilities are believed to be worse.
[30] Work is being done to address healthcare workforce shortages that would likely be beneficial to this policy option and the shifting of how services are provided and to whom.
[31] See footnote 6.

for JIY was 11.8 months (NC DPS, 2022, p. 18). Regardless of a youth's length of stay, commitment results in suspension which necessitates the reinstatement process if they wish to regain coverage. A delayed suspension would, as its name states, delay the suspension of Medicaid for JIY. Suspension can be delayed from weeks to months after commitment (the start of detention) (Scannell et al., 2022). A delayed suspension policy in NC could be implemented and tailored to the average length of stay for NC's JIY, such that that youth committed for shorter periods of time will not experience a gap in coverage. This policy option will be assessed assuming that suspension is delayed until 12 months.

Assessment

Given the average length of commitment of North Carolina's JIY, implementing a delayed suspension policy many not prove considerably beneficial for JIY whose length of stay is longer than the established cut-off. To be effective, the cut-off would need to be set at a later point, i.e., 9 -12 months in. Delayed suspension would eliminate the coverage gap for eligible JIY, thus granting them access to the full tier of Medicaid services and positively impacting their wellbeing. Because they would have access to uninterrupted healthcare, we can infer that recidivism would consequently decrease. The demands on personnel and resources would be minimal as suspension could be automized; it would likely not require much adjustment to the current budget. Work would still need to be done for JIY who would still experience suspension of their coverage. However, delayed suspension would only be in the interest of only those youth and family that would make the suspension "cut-off." In North Carolina, this might look like delaying suspension until 12 months. Given that this is a longer period and for some youth is equivalent to having access to Medicaid during their entire commitment period, it can be inferred that there would be low to no political feasibility.

Presumptive eligibility

Part of the delay in Medicaid reinstatement is ensuring that individuals are eligible for Medicaid, beyond the basic eligibility criteria. A proposed solution to the coverage gap is to enact presumptive eligibility policies that would allow individuals that meet the basic Medicaid eligibility criteria to access Medicaid-funded services immediately upon release (Scannell et al., 2022). They would be able to fill their prescriptions and attend doctors' appointments in the more immediate post-release period until formal reinstatement (Scannell et al., 2022). Once the lengthier

eligibility confirmation process is completed and Medicaid has been reinstated, Medicaid would be billed retroactively for any services provided.

Assessment

Presumptive eligibility is another viable option; however, due to the retroactive billing, there may be hesitancy among decision-makers. Regarding resources, retroactive billing would necessitate administrative work to ensure the bills are sent out and paid for the host of medications and appointments. However, *youth would not experience a gap in coverage*. North Carolina may not have the capacity for this given Medicaid expansion is forthcoming and the switch to tailored plans and tailored care management. Presumptive eligibility would likely lead to an improvement in health status in the short and potentially long-term. Seeing as how more than 50% of JIY have Medicaid when they enter the justice system; this ensures Medicaid that they would not be losing money as the majority of JIY are eligible and even more will become eligible following expansion. This policy would positively impact access to health, recidivism, and the health status of many JIY. In the immediate post-release period, it would meet their needs and be beneficial to the families of JIY as relieves some of the worry and stress that a coverage gap would cause. *Presumptive eligibility may not necessarily cover all JIY*; there might be individuals that meet the basic criteria, are given the card and access to health and medications, and later find out they are not actually eligible. In such a case, this would be problematic as the medications and provider visits will need to be covered by someone. This is not of grave concern as it would affect a very small population of JIY, if any at all; screening might result in JIY that previously had not enrolled in Medicaid, enrolling in Medicaid. Moreover, North Carolina recently voted to expand Medicaid. It is likely that any individuals that would have been deemed ineligible pre-expansion, will be deemed eligible in light of expansion.

Temporary Medicaid Card

A final, similar, policy option would provide all JIY with a temporary Medicaid card upon reentry. This care would enable them to access a short-term supply of their Medications during the immediate post-release period and allow them to attend appointments with their providers without fear of affording the visit(s) (Scannell et al., 2022). As part of this policy, JIY would also be given assistance with scheduling appointments with providers in their community (Scannell et al., 2022). This solution specifically addresses the agreed-upon window of time following release (i.e., 30

days); it would guarantee access to care for a fixed amount of time in the immediate post-release period and not beyond.

Assessment

Immediate access upon reentry would meet many of the criteria of concern, but only in the short-term. JIY would not face a coverage gap in the immediate post-release period, thus they would have access to a tier of services and their health status would be positively affected. It is a short-term Band-Aid-like solution, as it only concerns the immediate post-release period. Additional Medicaid funding may be required, which would likely not be politically feasible nor gain support among decision-makers. In the short-term, JIY and their families' needs would be met and even some provision of healthcare may positively impact recidivism. While this policy option meets many of the criteria, it is important to note that its benefits would likely only be experienced in the short-term, or shorter-term than other proposed policy alternatives. Immediate access via a temporary Medicaid card would serve as a bridge between reentry and Medicaid reinstatement, rather than a firm solution.

CRITERIA		POLICY OPTIONS			
Criterion	How Operationalized	End inmate exclusion policy	Delayed Suspension	Presumptive Eligibility	Temporary Medicaid Card
Fiscal Impact	Do we perceive that there would be interest in the policy, by CMS and NC, such that making room in the budget would be considered?	~	✗	✗	✗
Capacity	Does North Carolina have the personnel to successfully carry out the provision of pre-release services and coordinate care during this time and for immediately after release?	✓	✗	✗	✗
Political Feasibility	The likelihood that the policy would be accepted and supported by decisionmakers.	✗	✗	✗	✗
Public Interest	Does the policy meet the needs of the population and is it in its best interest?	✓	✓	✓	✓*
Wellbeing	Is there reason to believe that the policy would improve the health status of JIY	✓	✓	✓	✓*
Ability to Reduce Recidivism	Is the policy expected to decrease recidivism among North Carolina's justice-involved youth?	✓	✓	✓	✓*
Health as a Human Right	Does this policy ensure access to a tier of services comparable to their non-justice-involved counterparts?	✓	✓	✓	✓*

Table 4. This table visually depicts the assessment of policy options based on whether they meet the criteria or not. It does not address the degree to which it meets the criteria. It does not address the degree to which it meets the criteria. A check (✓)indicates that it would, an x (✗) indicates it would not, and a squiggle (~) indicates that further research is required to determine whether it would or would not. Finally, an asterisk (*) indicates that a criterion would likely be met only in the shorter term.

Final Recommendations

Section 1115 Waiver

Following a review of existing literature and in alignment with NC InCK's existing policy consideration, it is advisable that North Carolina Integrated Care for Kids pursue a Section 1115 Demonstration Waiver to partially waive the inmate exclusion policy for JIY[32]. While termination of the inmate exclusion policy would have the largest impact, it is far from feasible at present. NC should begin by waiving it to build up, ideally, a robust body of evidence that would be sufficient to request termination of the policy and gain support among decision-makers. Pilot programs and studies in other states offer up a body of evidence in support of providing services to JIY for the betterment of their health and well-being.

An 1115 waiver would benefit not only JIY but also justice-involved adults in North Carolina. The coverage gap that occurs immediately following release would be eliminated as staff would work with JIY and their families to reinstate Medicaid coverage so that it is active on the first day of reentry. A package of services should also be offered to further facilitate the transition and bolster both coverage and continuity of care, including care coordination, care management, enrollment services for eligible-JIY that are not enrolled already, and support for JIY and families in the process of reinstatement. In the meantime, youth would begin receiving Medicaid services in the days leading up to release (30, 45, 60, or 90 days). This would allow them to connect JIY and their families to providers in their community and assist them with setting up appointments for the immediate pre-release period.

Connecting with these providers and scheduling appointments in advance increases the likelihood that JIY attend these vital physical and behavioral health appointments. Pre-release services have great potential for the health and wellbeing of North Carolina's justice-involved youth. This includes but is not limited to their physical health status and outcomes; behavioral and mental health diseases and outcomes; their future successes in terms of educational attainment and future employability/employment; preventing recidivism; etc.

[32] In partnership with NC DPS, NC DJJDP and NC DHHS, NC InCK could pursue a waiver that would serve youth *and* adults.

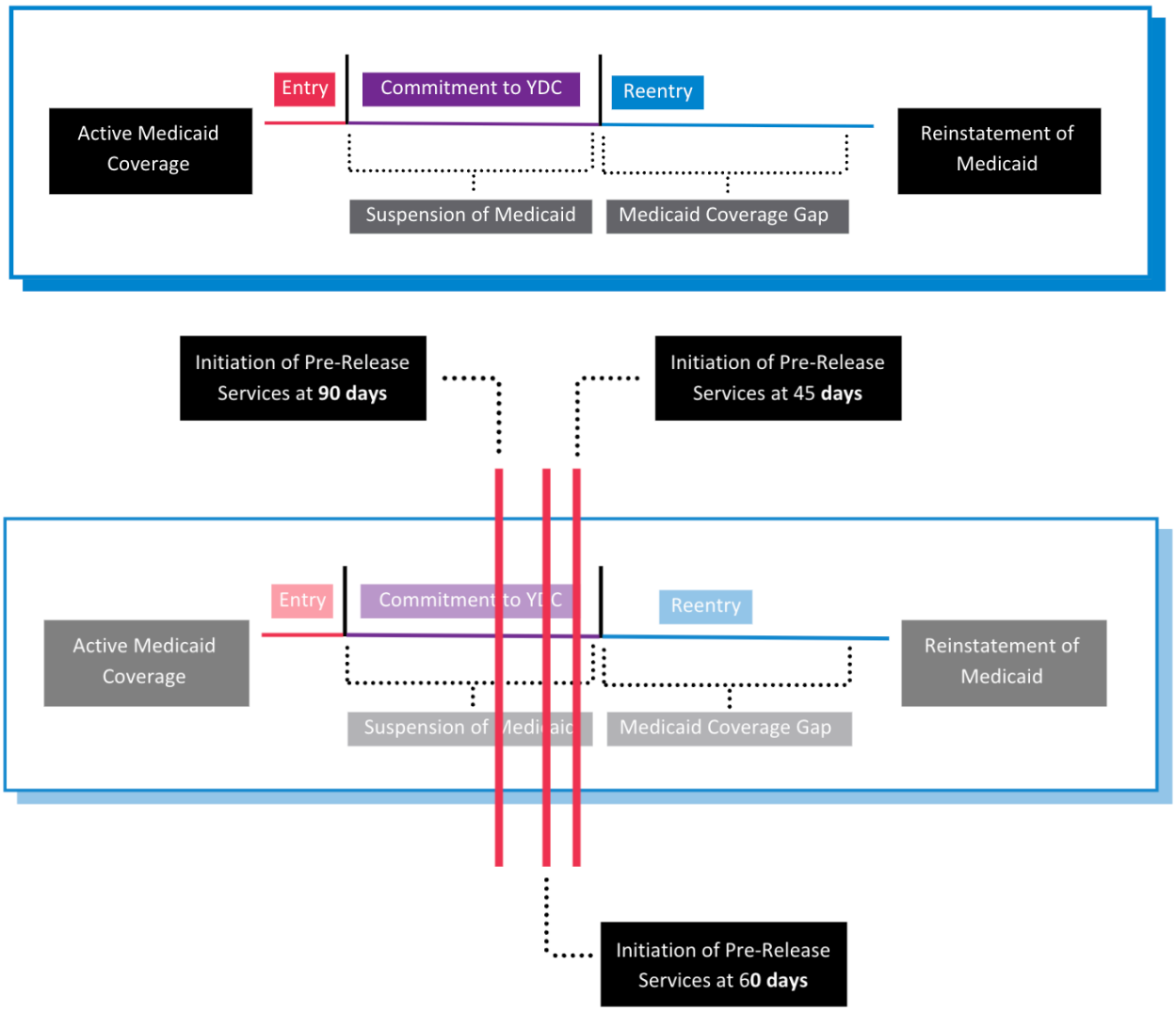

Figure 2 Pre-Release Services on a Timeline This figure illustrates a timeline of Medicaid suspension and reinstatement, followed by a visual representation of how pre-release services would fit into the timeline, if provided at 90-, 60- or 45-days pre-release. (See Appendix C).

Presumptive Eligibility

In the case that an 1115 waiver proves not to be possible, I recommend NC InCK consider pursuing a presumptive eligibility policy. As noted above, presumptive eligibility would provide all JIY with access to Medicaid-funded services following release and until Medicaid reinstatement is completed. Medicaid would be retroactively billed once the formal reinstatement process is complete. JIY would only need to meet the basic Medicaid eligibility criteria to qualify. Presumptive eligibility would serve as a bridge between reentry and reinstatement. Seeing as how more than 50% of JIY have Medicaid upon entry, and North Carolina recently moved to expand Medicaid, this would likely benefit the vast majority of JIY. The primary challenges with such a policy would be 1) who covers the bills in the interim, and 2) the administrative process of retroactive billing.

Figure 3 Presumptive eligibility on a timeline This figure illustrates the timeline bound by active Medicaid coverage and reinstatement of Medicaid for a justice-involved youth, and presumptive eligibility would fit into the timeline.)With presumptive eligibility, the Medicaid coverage gap closes and JIY have access to Medicaid-funded services until their Medicaid is formally reinstated. (See Appendix D).

Additional Considerations

Interagency Collaboration

All efforts to improve the health and well-being of JIY by addressing the coverage gap will require intentional interagency collaboration. At present, agencies have different record systems that they use. This is beneficial for internal communications but affects the ease of communication and sharing between agencies. An integrated system or one designed to facilitate communication will make strides in supporting JIY (Scannell et al., 2022). Further, improving the infrastructure of existing technology to support the electronic exchange of information would help to prevent further gaps in coverage resulting from barriers in the sharing process (Scannell et al., 2022).

Medicaid Expansion

With the recent passing of Medicaid expansion in North Carolina, there are a few things to keep in mind with respect to efforts to close the coverage gap for Medicaid-enrolled JIY and young adults. First, is the effect it will have on the capacity of Medicaid personnel, especially with the switch to tailored plans and tailored care management. The implications for expansion on securing funding for other Medicaid-related efforts, i.e., supporting North Carolina's JIY. Finally, the possibility of expansion affecting the political feasibility of any changes to Medicaid in the next couple of years; given the difficulty to expand Medicaid in NC.

Build Back Better Act (BBBA)

No major changes to continuity of care for JIY had been made since the 2018 SUPPORT Act until the Build Back Better Act by the Biden Administration. Effective Jan. 1, 2024, the Build Back Better Act (BBBA) "partially lift[s] the inmate exclusion policy [and allows] federal Medicaid [funds] to cover Medicaid-covered services 30 days prior to release for incarcerated persons" (Haldar & 2021, 2021). This has major implications for North Carolina Integrated Care for Kid's work to eliminate the coverage gap for Medicaid-eligible JIY; it is advised that NC InCK conduct further research on the BBBA prior to pushing forward with an 1115 waiver. Knowledge regarding the eligibility criteria for the incarcerated population included in the BBBA is required to make a well-informed decision on the best course of action to improve the health and wellbeing of North Carolina's JIY. For individuals living in non-expansion states, BBBA would allow

individuals with incomes below the FPL to purchase subsidized coverage from the Marketplace through 2025. Seeing as how North Carolina has passed the expansion of Medicaid and will implement it in the coming years, more presently Medicaid-ineligible individuals will be gaining access to Medicaid.

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Appendix A. Dictionary of juvenile-justice-related terms

TERM	DEFINITION
Commitment	Term used to describe the placement of a juvenile in the long-term care of the department, typically at a youth development center.
Juvenile Court Counselor	The case manager for a juvenile from the time a juvenile complaint is filed to the time court supervision, or a diversion plan or contract ends with a juvenile.
Juvenile Detention Center	Secure facilities that temporarily house youths alleged to have committed a delinquent act or to be a runaway. Youths are generally placed in a juvenile detention center while awaiting a court hearing, or until another placement can be found, either in a community- based program or service or in a youth development center.
Justice-Involved Youth	Youth involved in the DJJDP.
Recidivism	Recidivism is measured by criminal acts that resulted in rearrest, reconviction or return to prison with or without a new sentence during a three-year period following the person's release.
Reentry	Refers to when juveniles are released from a YDC and reenter their communities.
Release	Refers to when juveniles are released from a YDC and reenter their communities.
Youth Development Center	Secure facilities that provide education and treatment services to prepare committed youth to successfully transition to a community setting. This type of commitment is the most restrictive, intensive dispositional option available to the juvenile courts in North Carolina. The structure of the juvenile code limits this disposition to those juveniles who have been adjudicated for violent or serious offenses or who have a lengthy delinquency history.

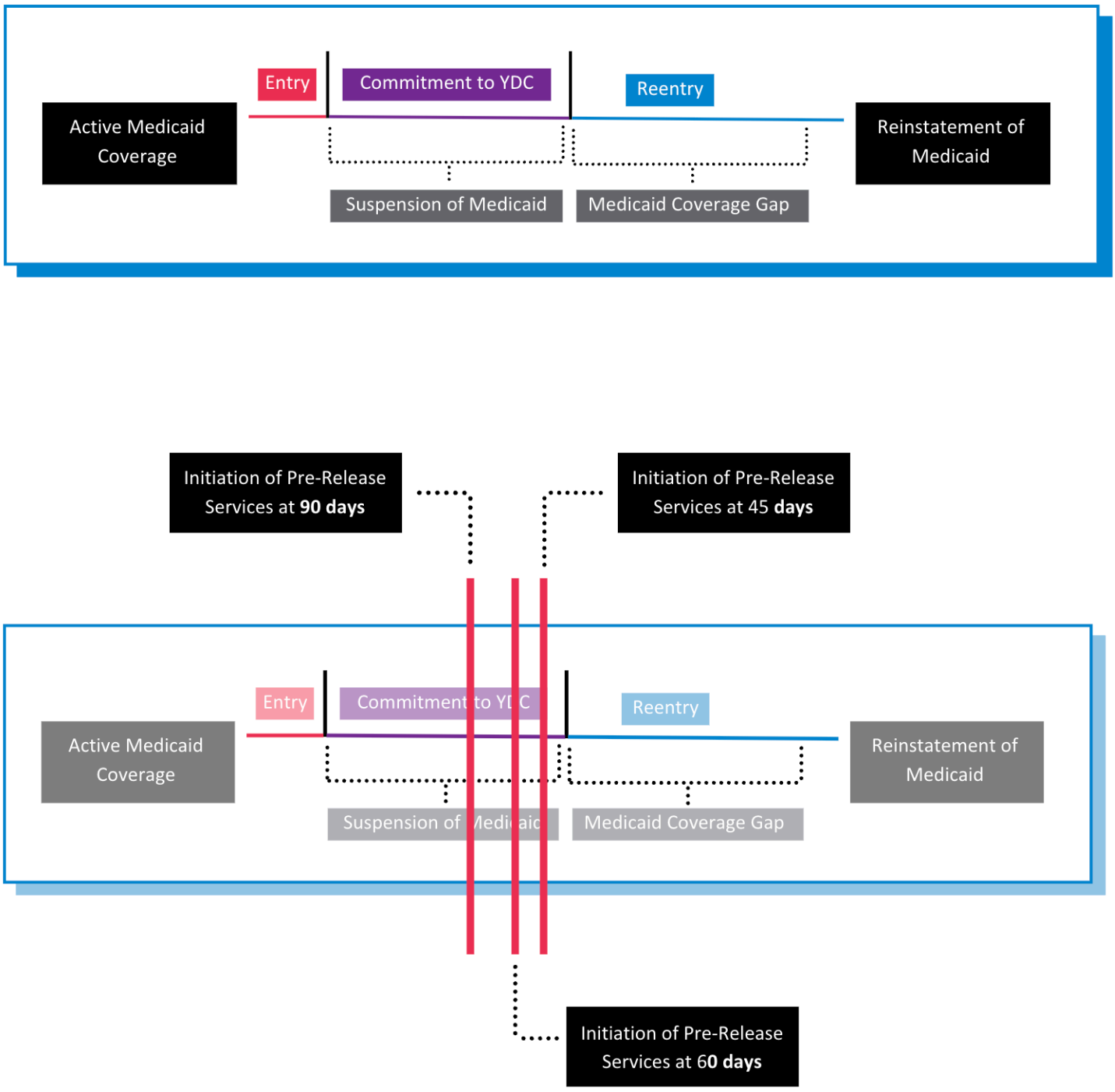
Sources: The State of North Carolina Juvenile Justice Terminology Guide; NC InCK DJJDP Guide; DOJ Office of Justice Programs National Institute of Justice)

Appendix B. Levels of Involvement the Juvenile Justice System

LEVEL	DESCRIPTION
Diversion	When a JCC provides an opportunity for the juvenile to avoid being formally processed in the juvenile justice system and, instead, requires the juvenile to complete a diversion program. These may include participation in a substance use program, mentoring program, or therapy. If a juvenile successfully completes a diversion, the complaint will be closed without further action. If the juvenile does not comply with a diversion, the JCC may file a petition and refer the matter to court.
Adjudication	A finding by a judge that a juvenile is responsible for breaking the law. An adjudicated delinquent refers to a juvenile who is at least six years old but less than 18 years old and has committed an offense that would be a crime if committed by an adult. An undisciplined juvenile is a juvenile that is regularly disobedient to their parent/guardian, regularly found in places they are not allowed to be or has run away from home for more than 24 hours. This also applies to most youth who are unlawfully absent from school.
Protective Supervision	A dispositional option that requires supervision by JCC and follows specific court-ordered terms or conditions. The JCC may help the juvenile in getting needed services, including social, medical, and educational services. They also work with the youth and family to ensure proper supervision and care are provided.
Probation	Applies to juveniles who are court ordered to be supervised by a JCC after adjudication. They may go back to court for probation violations. Supervised community probation is often used as an alternative to placing a juvenile in a YDC or a detention center. Parents/guardians may also be ordered to comply with a juvenile's probation order. They must attend all court hearings and arrange transportation to court-ordered treatment and meetings with the JCC.
Commitment	Refers to juveniles who have exhausted all community resources and continue to break the law. These youth can be committed to a secure facility for a period of time depending on the committable offense, either in a county Juvenile Detention Center, which are typically short-term, or a YDC, which tend to be longer-term. Note that Medicaid is suspended while in the YDC, often creating a gap in services when a youth is no longer in residence.
Post Release	Refers to when juveniles are released from a YDC. Before release, there is discharge planning that includes the family, JCC, and social workers and mental health professionals from the YDC. During post release, court supervision by the JCC may continue for 90 days up to one year. The JCC may arrange a clinical assessment prior to release to recommend supportive treatment services such as an out-of-home placement or intensive outpatient/enhanced services. The post-release plan can only be terminated by court order. Similar to the NC InCK Shared Action Plan, the juvenile's parent/legal guardian and court counselor, as well as other community participants, review and sign the plan and Terms of Post-Release Supervision indicating their agreement to perform specific roles of support as outlined in the plan.

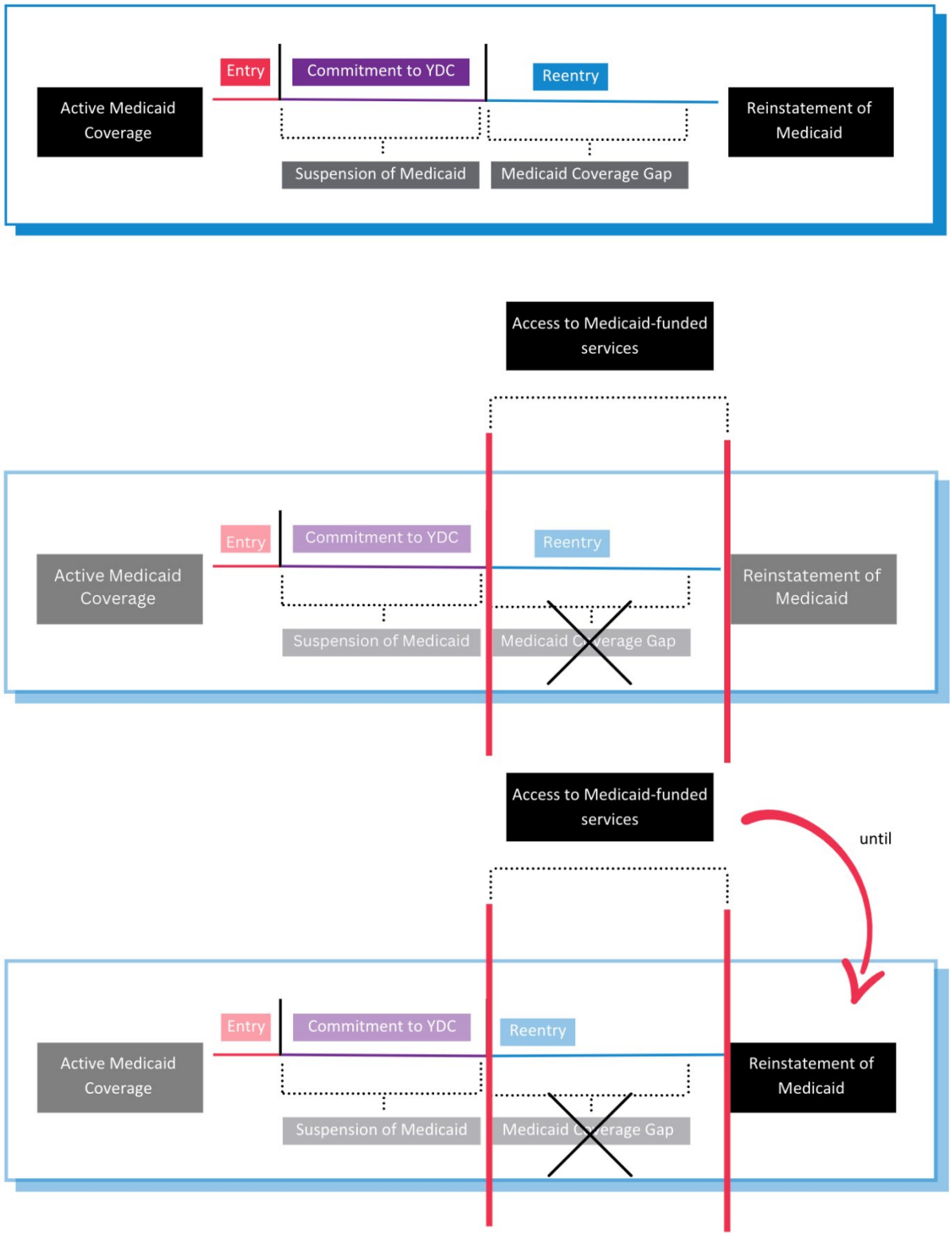
This table provides information on the different levels of youth involvement with the justice system and has been directly pulled from NC InCk'S Guide (NC InCK, 2022)

Appendix C. Pre-Release Services on a Timeline



This figure illustrates the timeline bound by active Medicaid coverage and reinstatement of Medicaid for a justice-involved youth, and how pre-release services would fit into the timeline. Pre-release services are portrayed at three different points pre-release, to visualize the three options.

Appendix D. Presumptive Eligibility on a Timeline



This figure illustrates the timeline bound by active Medicaid coverage and reinstatement of Medicaid for a justice-involved youth, and presumptive eligibility would fit into the timeline. With presumptive eligibility, the Medicaid coverage gap closes and JIY have access to Medicaid-funded services until their Medicaid is formally reinstated.