

UNDERSTANDING HEALTH REFORM AS JUSTICE REFORM



MEDICAID, CARE COORDINATION, AND COMMUNITY SUPERVISION

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Each year, an estimated 80 percent of the people released from incarceration in the United States have a substance use disorder, mental health illness, or physical health condition. Community assimilation post-incarceration is especially challenging for those battling chronic conditions that may put them at a heightened risk of reincarceration or even death. These conditions make compliance with community supervision requirements unrealistic for many people. And probation and parole agencies are far from equipped to meet the needs of people with complex health and behavioral health needs.

Medicaid is available in all 50 states, 38 of which made the decision to expand Medicaid through the Affordable Care Act (ACA). While all 50 states have the ability to add specialty care coordination models for their beneficiaries, without expansion this only covers a small percentage of people returning home after incarceration. Only the 38 states that have expanded Medicaid can provide eligibility to all persons at or below 133 percent of the federal poverty level, which represents the majority of those returning from incarceration. Medicaid expansion allows State Medicaid leadership to much more easily build specialized community-based care management models into Medicaid programs for those returning home from incarceration.

A Medicaid-funded community effort to provide care coordination would bridge a gap in healthcare from the prison to the community and is critical to sustaining good health practices, particularly for those with chronic conditions, while promoting a point of access

to other social services. Eliminating punitive supervision while providing healthcare recaptures the spirit of rehabilitation that was at the core of community corrections when it was first envisioned.

WHY IT MATTERS

1. Medicaid-funded care coordination programs can transform outcomes for those with histories of incarceration.

These programs have the potential to break the cycle of incarceration while providing patients with community-based quality care in programs.

2. Medicaid-funded care coordination programs can provide comprehensive services to populations suffering from physical or behavioral health conditions.

Accessing Medicaid-funded health care services is essential for people with chronic conditions, which affect 80 to 90 percent of those exiting jails and prisons.

3. Medicaid-funded care coordination programs can reduce reincarceration and related costs.

States can save money by keeping people in their communities, where they have a greater chance of success.

Opting into Medicaid-funded care coordination supports can decrease the likelihood of reincarceration for people with complex health needs while paving the way towards shrinking, overhauling, and ultimately abolishing community supervision.



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