



from NATIONAL
COUNCIL FOR
MENTAL
WELLBEING

Partnering for Justice Reentry: Medicaid's Role in Transforming Care and Changing Outcomes

Jeanelle Romero,

New Mexico Medicaid Bureau Chief, Health Care Authority

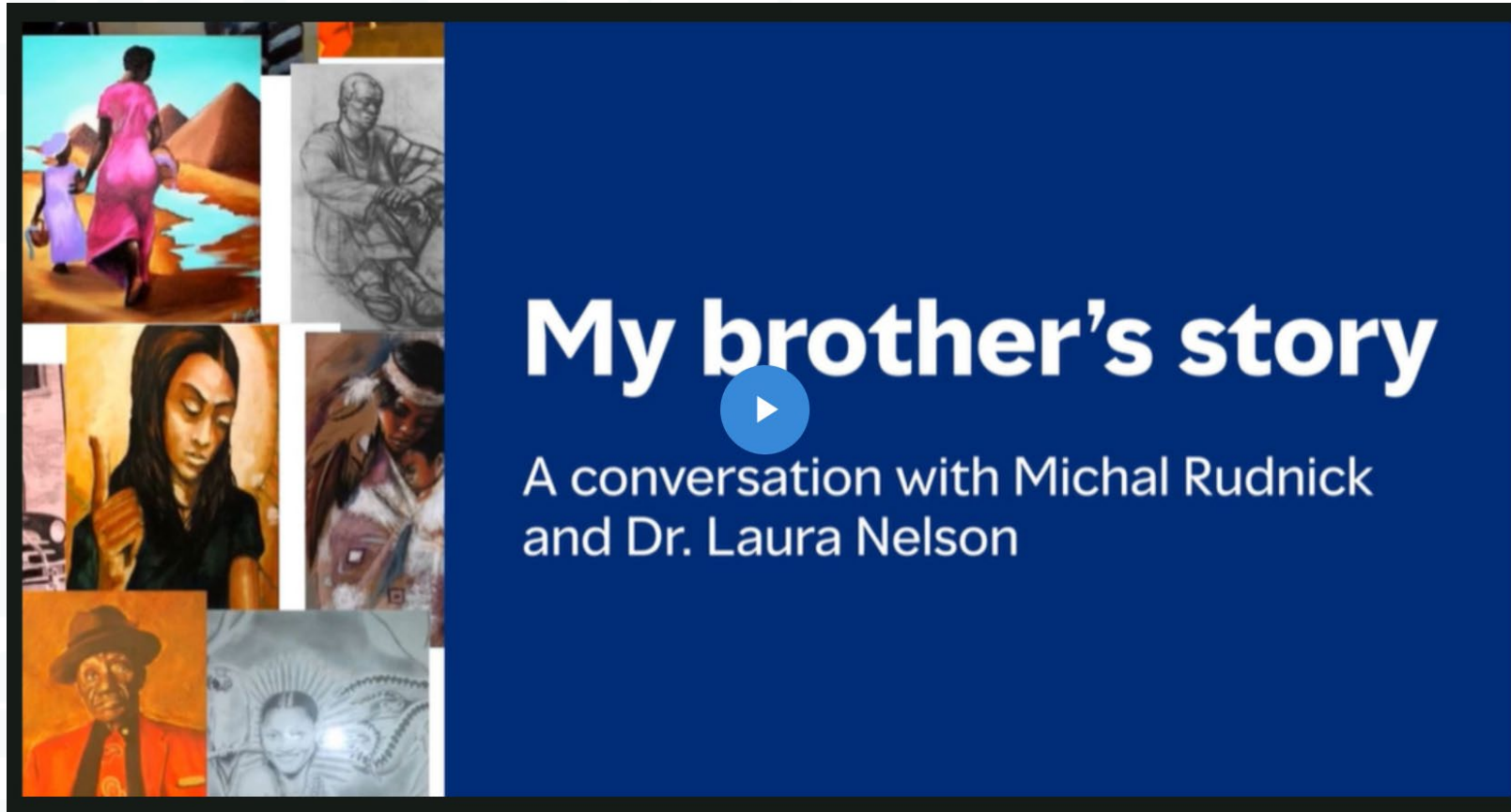
Michal Rudnick,

Principal, Mercer Government

Chase Napier,

Senior Associate, Mercer Government

My Brother's Story



<https://bcove.video/42Qflsh>

Medicaid Justice Reentry Programs

- Historically, Medicaid payments were not allowed for incarcerated individuals, with the exception of inpatient hospital stays.
- The Consolidated Appropriations Act of 2023 (CAA) now requires Medicaid coverage of certain services for eligible incarcerated youth and young adults.
 - Screening and diagnostic services, including behavioral health screenings or diagnostic services, for 30 days prior to release; and
 - Case management services, including referrals to appropriate care and services, for 30 days prior to release and 30 days following release.
- In April 2023, CMS issued guidance regarding 1115 Reentry Demonstration Waivers.
 - States can apply for a Medicaid waiver to allow coverage of certain services and supports for incarcerated individuals up to 90 days pre-release.
 - At a minimum, must include case management, medication-assisted treatment (MAT), and a 30-day supply of medications at release.
- Both authorities allow services to be provided by a variety of provider types, encouraging states to use a community in-reach model.

What is NM's JUST Health Plus?



- Medicaid enrollment is paused while incarcerated and restarted when released.
- Medicaid presumptive eligibility and ongoing application assistance are available while incarcerated.
- MCO Justice Liaisons support Medicaid members with transition of care planning as they return to their communities.
- CMS requirement
- Targeted Case Management 30 days pre-release through 30 days post-release.
- EPSDT screenings and diagnostics 30 days pre-release or as soon as feasible immediately post-release (i.e., within one week).
- Builds upon JUST Health by supporting facilities in implementing new and/or enhanced re-entry processes and services.
- Emphasizes continuity of care post-release.
- Provides Medicaid-reimbursable services within carceral facilities in the 90 days prior to release.

NM's JUST Health Plus Services

1115 demonstration waiver

- Opportunity to provide and bill the following Medicaid-reimbursable services up to **90 days** pre-release:
 - **Case management**
 - **30 days meds in hand at release**
 - **MAT**
 - Hepatitis C diagnostic and treatment services
 - Certified Peer Support Worker services
 - Community Health Worker services
 - Screening and diagnostic services for young adults post-disposition of charges (CAA)
- Applies to Medicaid/CHIP enrolled individuals of any age and disposition/adjudication status.

Bold = mandatory services

Services for justice-involved young adults (CAA 5121)

- Opportunity to provide and bill the following Medicaid-reimbursable services for **30 days** pre-release:
 - Case management
 - Screening and diagnostic services
- Only applies to Medicaid/CHIP enrolled **adjudicated individuals** (post-disposition of charges) in the following age groups:
 - Up to age 21
 - Ages 21-26 in the former foster care children Medicaid eligibility group

Funding to support capacity development is available for both options

Justice Reentry Milestones

New Mexico Justice Reentry Demonstration Milestones and Goals



Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated

Goal: Ensure eligible individuals are enrolled in Medicaid and receive reentry services prior to release



Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community

Goal: Ensure medication and medical resource continuity upon reentry



Milestone 3: Promoting continuity of care

Goal: Strengthen community-based supports to prevent costly and avoidable emergency department visits or inpatient hospitalizations



Milestone 4: Connecting to services available post-release to meet the needs of the reentering population

Goal: Improve the physical and behavioral health of individuals upon community reentry

Goal: Reduce recidivism

Goal: Decrease the number of formerly incarcerated individuals who face housing insecurity

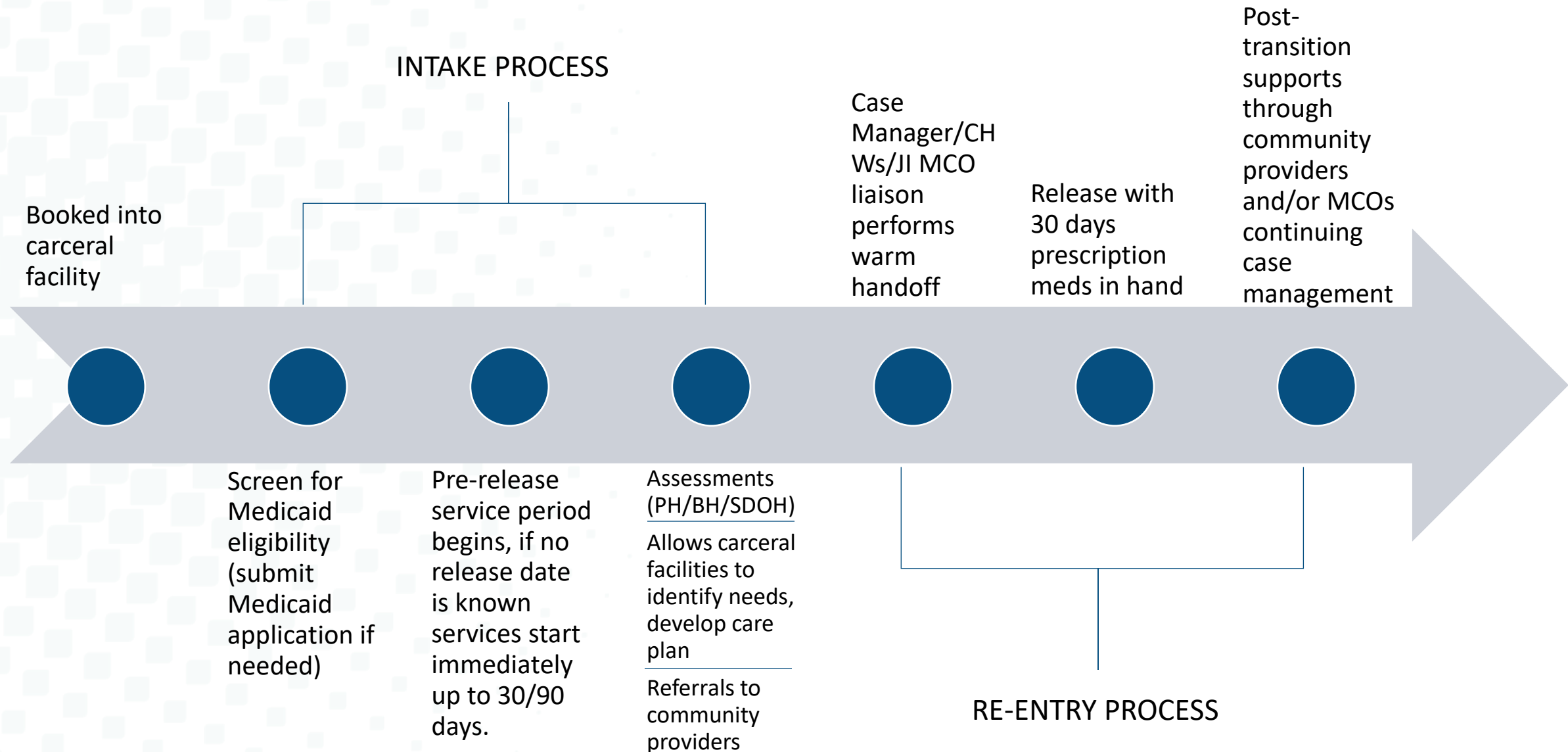


Milestone 5: Ensuring cross-system collaboration

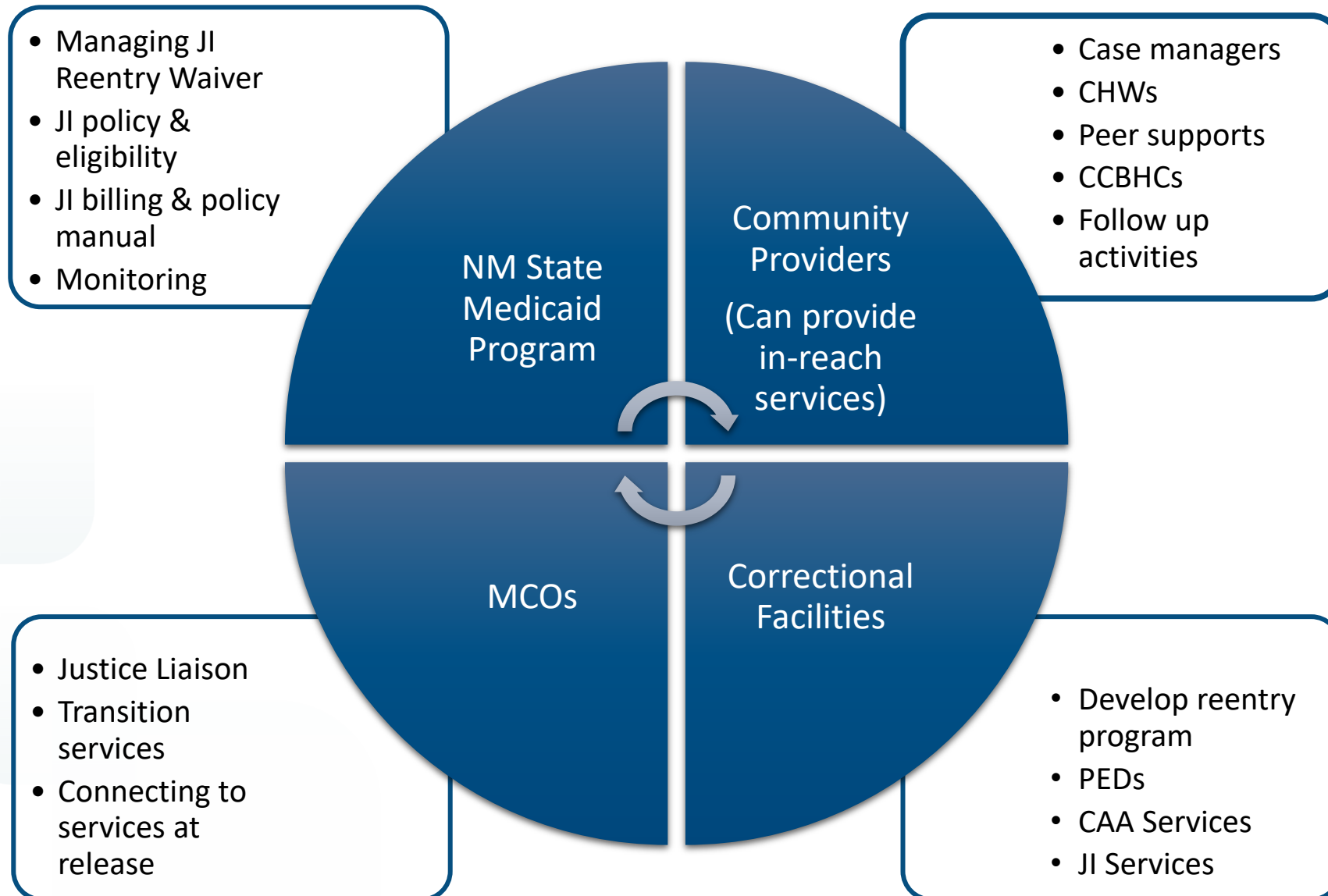
Goal: Assist counties with implementation of the program and educate on Medicaid billing

Goal: Partner with additional jail and county detention centers

Justice-Involved Reentry Framework



Partners Involved in Reentry Services



Justice Reentry Delivery System

FEE-FOR-SERVICE (FFS)

- Pre-release services rendered will be billed FFS
- Enrolled Medicaid providers bill Medicaid directly for services rendered to members
- JI policy & billing manual
[New-Mexico-Justice-Involved-Demonstration-Policy-and-Billing-Manual-Final-HCA .pdf](#)
- **Coming soon – Spring 2026**
 - Provider type for correctional facility providers
 - Bill FFS

MANAGED CARE

- Managed care organizations (MCOs) are health plans that provide care to Medicaid-eligible members
- Health plans' emphasis is on care coordination, fiscal responsibility, and innovative payment structures via capitation
- Medicaid members pick a health plan to provide their services
- Providers bill the health plan for services rendered

Correctional Facility Provider



Service Level Tier 1	Service Level Tier 2	Service Level Tier 3	CAA	CAA + Service Level Tier 1	CAA +Service Level 2
<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescriptions <p>Mandatory</p>	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescriptions • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health Worker (CHW) Services 	<ul style="list-style-type: none"> • Case Management • MAT • 30 days prescriptions • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health Worker (CHW) Services • Prescribed Drugs • Medical Equipment and Supplies • Physical and Behavioral Health Clinical Consultation • Family Planning Services 	<ul style="list-style-type: none"> • Targeted Case Management • EPSDT Diagnostic Services 	<ul style="list-style-type: none"> • Targeted Case Management • EPSDT Diagnostic Services • Case Management • MAT • 30 days prescriptions 	<ul style="list-style-type: none"> • Targeted Case Management • EPSDT Diagnostic Services • Case Management • MAT • 30 days prescriptions • Hepatitis C Diagnostic and Treatment Services • Peer Supports • Community Health Worker (CHW) Services
90 Days	90 Days	90 Days	30 Days	90 Days	90 Days

Carceral Facility Milestone Timeline

Milestone 1

Intent to Participate

- Facilities to provide HCA with notification of intent to participate
- Review of Service Levels
- Anticipated go-live readiness
- Pre-planning budget
- Summary of services offered and current capacity

Milestone 2

Capacity Application

Facilities to provide:

- Project narrative
- Program plan
- Budget plan
- Implementation plan
- Attestation template
- Main budget template
- Implementation narrative

Due within 15 business days of receiving Intent to Participate

Milestone 3

Readiness Assessment

- Facility enrolls as a Medicaid Provider
- Training provided for billing Medicaid
- TA provided
- Onsite Readiness

**Award letter and budget approval based on facility readiness, implementation plan, and execution*

Due within 10 business days of receiving Capacity Application

Milestone 4

Progress Report

(post go-live)

- Attestation of final completion of compliance requirements and identification of any issues or gaps

Due within 60 days of go-live date

Key System Configurations

INMATE DATA

(APPRISS/CF Interfaces) populates every 15 min, batches 24 hrs/nightly

INTEGRATED ELIGIBILITY SYSTEM

ASPEN Book and Release, suspend/resume benefits/pre-release

MMIS

Billing system, suspension, enrollment, pre-release period and paid FFS claims

Turquoise Claims system

Provider portal, verify eligibility, AVR, submitting claims

PROVIDER ENROLLMENT PORTAL

Enroll as a Medicaid provider

LEARNING MANAGEMENT SYSTEM (LMS)

Training for–Provider enrollment, verifying eligibility, submitting claims

YESNM-PE, YESNM

Presumptive Eligibility Determiners (PEDs) submit PE/ongoing Medicaid, SNAP, TANF applications

MANAGED CARE ORGANIZATIONS

Data file transfers, member incarceration information

EHR

Collaborating with Carceral facilities/community providers to share electronic medical records

Current State Opportunities Include

- Streamlined in-reach access to support continuity with community providers
- Improved telehealth capabilities to address service gaps
- Earlier MCO engagement to support transition planning
- Alignment between carceral facility processes and Medicaid requirements/standards (e.g., assessments, pharmacy, documentation, billing)
- Data sharing between carceral facilities, MCOs and providers
- Supporting Medicaid enrollment, ID cards, and member engagement prior to release



This Photo by Unknown Author is licensed under [CC BY-ND](#)

Partnering for Justice Reentry: Medicaid's Role in Transforming Care and Changing Outcomes

Jeanelle Romero,

New Mexico Medicaid Bureau Chief, Health Care Authority

Michal Rudnick,

Principal, Mercer Government

Chase Napier,

Senior Associate, Mercer Government

“Nothing to disclose”