Health System Re-Design Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

DRAFT Recommendations to Inform Implementation of DC's Proposed 1115 Waiver Renewal

REENTRY

DRAFT CONSENSUS RECOMMENDATIONS BASED ON MAY HSR MEETING

The following are draft recommendations for HSR Subcommittee discussion based on the May 2025 HSR meeting. The HSR Subcommittee aims to present 3-5 consensus recommendations to the MCAC in July.

This document captures the reentry breakout discussion in response to the draft recommendations, which was held during the June 12, 2025 HSR subcommittee meeting.

1. Ensure Immediate and Reliable Access to Medications Upon Release

Recommendation: Ensure correctional health systems provide a sufficient supply of prescribed medications at the time of release for all Medicaid-eligible individuals. Coordinate with Managed Care Plans (MCPs) to support timely pharmacy access post-release, including for those transitioning into community-based care.

Rationale: Participants emphasized that continuity of medication is a significant reentry barrier. While Medicaid coverage technically applies at release, implementation was described as inconsistent. Standardized, enforceable protocols would help reduce health deterioration, recidivism, and avoidable emergency care due to unmanaged conditions.

Feedback/Thoughts:

This recommendation was supported by the group and identified as a priority to move forward to MCAC.

A participant noted the importance of distinguishing between having Medicaid coverage and having timely access to prescribed medications. It was shared that ensuring a supply of medications upon release could increase engagement in treatment and reduce disruptions in care.

It was noted that Health Care Finance has made significant progress in reinstating Medicaid at the time of release by creating structured forums to address systemic issues. However, stakeholders emphasized that challenges remain, particularly in ensuring individuals can obtain medications immediately upon reentry.

Participants highlighted that individuals incarcerated for less than one year may have Medicaid benefits automatically reinstated, while those with longer periods of incarceration may experience termination of coverage, requiring more complex reactivation steps.

It was discussed that even with active Medicaid coverage, logistical barriers—such as lack of transportation or not having a Medicaid ID card—can delay medication access.

Participants underscored the critical distinction between suspended and terminated Medicaid benefits, noting that individuals with suspended benefits are often able to resume access to care more easily than those whose benefits were terminated or whose eligibility changed.

Participants identified ensuring a reliable medication supply upon release as a key strategy to promote continuity of care, reduce avoidable health complications, and support successful reentry.

Participants also suggested that systemic resolution efforts should address both Medicaid eligibility and pharmacy access to create a more seamless experience for individuals transitioning from incarceration.

2. **Implement Targeted Outreach and Pre-Release Education to Improve Service Continuity**

Recommendation: Develop tailored outreach and education initiatives within correctional settings to inform individuals about their Medicaid eligibility, available services, and how to access care post-release. Include information on medication continuity, managed care enrollment, and provider access.

Rationale: Participants shared that many individuals reentering the community are unaware of their benefits or how to access them. Educating people before release was recommended to ensure smoother transitions, avoid coverage disruptions, and promote service utilization immediately upon reentry.

Feedback/Thoughts:

This recommendation was supported by the group and identified as a priority to move forward to MCAC.

Participants noted that individuals should have access to education and outreach opportunities before release to help them understand their eligibility and available benefits. Early information may improve the likelihood of successful connections to care.

A participant suggested that targeted pre-release education include information on where to seek services post-release, as this could ease the burden of navigating options alone.

A participant suggested that simplifying the Medicaid application process may reduce barriers, particularly since lengthy or complex documents can deter individuals from completing enrollment.

Participants noted that intentional partnerships, such as those with peer navigators or organizations tracking upcoming releases, could provide added support and continuity.

Participants highlighted peer navigators as effective resources for warm handoffs, especially when individuals are transitioning into reentry or community-based readiness centers.

Participants also noted that partnerships acting as a broader safety net—ideally peer-led—can help ensure individuals have multiple points of contact both pre- and post-release.

A participant recommended that reentry strategies also consider the needs of youth and juvenile populations.

3. **Promote Patient Self-Determination and Health Literacy**

Recommendation: Integrate health literacy materials and tools that promote patient self-determination into both pre-release and post-release care. Include visual guides to patient rights, education on covered services, and instructions for engaging with MCPs and providers.

Rationale: Participants underscored the importance of autonomy and informed decision-making in the reentry process. Clear, accessible information—delivered through both in-person and telehealth settings—was recommended to help individuals navigate systems, exercise their rights, and maintain continuity of care. Confidentiality and privacy protections should also be reinforced.

Feedback/Thoughts:

This recommendation was supported by the group and identified as a priority to move forward to MCAC.

Participants noted that efforts to support patient self-determination and health literacy are not widely integrated within correctional settings.

A participant suggested that telehealth could support pre-release education and connection to services, potentially through tools like tablet-based apps.

While resource fairs and panel-style sessions are occurring on a larger scale in community environments, stakeholders noted that similar initiatives have not been consistently observed within jail settings.

Notes on video conferencing:

The group noted that video conferencing between correctional facilities and Managed Care Organizations (MCOs) could support group education on Medicaid benefits prior to release.

Participants shared that individuals are often unaware of their current benefit status, and video conferencing may help address this gap.

Participants suggested video conferencing could be used in both adult and juvenile populations.

One participant suggested establishing a 10-15 day pre-release window to share benefits information.

Participants that these sessions could include both MCOs and individuals approaching release, with opportunities to explain available services and provide contact information.

ADDITIONAL POTENTIAL REENTRY RECOMMENDATIONS FOR CONSIDERATION:

The following are potential recommendations for HSR Subcommittee consideration, based on review of the services frameworks for reentry and breakout discussions. Please review and discuss whether any of these should be considered for a reentry consensus recommendation or a cross-cutting recommendation.

1. **Leverage Telehealth While Recognizing the Value of In-Person Services**
   Participants supported telehealth as a flexible tool to improve access and reduce administrative delays. However, limitations—such as technology access and digital literacy, were noted. It was recommended that hybrid delivery models be developed, with policies that ensure in-person services remain available – and

sometimes preferred – especially for youth and high-need populations. Confidentiality protections must be upheld for both formats.

Feedback/Thoughts:

The group noted that while telehealth is extremely important to address and uplift, they felt it was more likely to be incorporated into reentry waiver policies, even without an explicit recommendation.

2. **Root Service Provision in Comprehensive Assessment and Developmentally Appropriate Design**
   Participants highlighted the importance of using comprehensive, evidence-based assessments to guide eligibility, frequency, and type of services offered. Youth-specific recommendations emphasized that children and adolescents require tailored care distinct from adults, including flexibility in policy and service design. Multiple opportunities for screening while incarcerated were encouraged to meet individuals where they are. Participants also noted the importance of administrative simplicity in service provision.

   Feedback/Thoughts:

   There was group consensus to include a recommendation on comprehensive assessments and developmentally appropriate service design.

   It was noted that assessment tools should encompass a broad range of needs, including behavioral health, medical conditions, housing, and nutrition, given their importance to reentry planning.

   Participants suggested expanding the scope of assessment tools to better capture these domains.

   The use of technology to support assessment and service coordination was also encouraged.

3. **Peer Support Models in Reentry Services:**
   It was suggested that individuals with lived experience in the carceral system be engaged as peer providers within the reentry continuum. Their ability to foster trust and support system navigation was recognized as a valuable resource. While perspectives differed on the specific roles peers should hold, there was general agreement on the importance of building a broad peer support infrastructure, including opportunities for non-licensed peer roles.

   Feedback/Thoughts:

   The group noted that peer support is integral. However, they felt it was already being integrated and likely to be well addressed via the waiver, and that other additional recommendations were therefore more important to bring forward to the full MCAC.

4. **Create a Cross-Agency Accountability Framework for Reentry Care**
   It was suggested to establish a formal accountability framework across agencies and provider networks involved in reentry services. This should include protocols for eligibility verification, service documentation, and alignment with CMS requirements related to Medicaid reentry policies. Participants raised concerns about inconsistencies in implementation. As reentry benefits expand under the 1115 waiver, stakeholders

recommended clearer guidance and interagency oversight to ensure that services are equitably delivered and measurable outcomes are achieved.

Feedback/Thoughts:

Participants noted that incorporating assessment tools could strengthen the cross-agency accountability framework, helping to ensure consistent eligibility verification and service alignment.

Participants highlighted the importance of effective communication across agencies, emphasizing the need to maintain privacy protections. A universal release of information form was suggested to support secure and streamlined information sharing.

Participants identified the use of CRISP as a valuable resource to support this communication, with some noting that correctional facilities currently have access to the system.

Participants suggested that additional context should be provided when multiple screenings or consent forms are required. Clear explanations, both written and verbal, were viewed as essential to building understanding and trust.

Participants identified staff training as a critical component to support implementation, particularly around confidentiality, communication practices, and use of assessment tools.