Summary of State Actions: Medicaid and Carceral System Involved Populations

Updated Spring 2026

INTRODUCTION

For states with these new waivers, for a short time prior to release and upon release from incarceration, returning community members will have health insurance coverage via Medicaid. This change means new access to services and supports to ease the transition to the community and continuity of care for their health care needs.

People who return to the community after experiencing incarceration face many challenges in reorienting to life in their communities. Addressing basic needs like food, clothing, and shelter is likely their priority, as many of them do not have a home where they can return upon discharge.[1] Even for those who receive family support, it is challenging to navigate the process of obtaining and maintaining the services, including healthcare, that they need to thrive in the community. States looking to improve health, improve public safety, and decrease costs are providing Medicaid insurance coverage to this population in new and innovative ways. Historically, few if any persons leave carceral settings with healthcare coverage on the day of release, and those who do tend to be persons who have had very short incarcerations, measured in days, not months or years. Depending upon the length of imprisonment, most individuals' supports such as healthcare coverage and food assistance are suspended or terminated upon incarceration. Upon release from incarceration, returning community members must work to have benefits reinstated using discharge paperwork. This process alone is a barrier. If the state terminates benefits, the person must restart the lengthy process of proving their income and need eligibility to the state all over again.

[1] Nowhere to Go: Homelessness among formerly incarcerated people | Prison Policy Initiative

Unfortunately, people enter and leave incarceration with complex medical needs and histories, which also affect their overall health and ability to thrive in their communities. As with all other people, the complexities of those needs increase as they age and those being released from incarceration are aging, similar to the rest of the population in the US.[2]

Recognizing this challenge, various states have been approved by the federal Centers for Medicare & Medicaid Services (CMS) to use 1115 research and demonstration waivers to facilitate the enrollment of Medicaid for justice-involved persons, primarily 90 days before release. The current and prior administrations have encouraged and supported states to design demonstration programs to address the healthcare needs of who will be released shortly from carceral settings and to maintain coverage upon release.[3] To date, nineteen states have been approved for such waivers (Arizona, California, Colorado, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Michigan, Montana, New Hampshire, New Mexico, North Carolina, Oregon, Pennsylvania, Utah, Vermont, Washington and West Virginia) and eight additional states have requested similar waivers.[4] If implemented effectively and by engaging people with lived experience (PLE) and cross-sector partners (behavioral health systems and providers, justice system partners, managed care, health systems and providers, pharmacy, housing options, etc.), these strategies can support continuity of care, decrease costs and prevent carceral system recidivism improving public safety.

CMS has been very specific regarding a few aspects of these "Reentry Demonstrations". States must offer a base of services including case management, Medication Assisted Treatment (MAT), physical and behavioral health screenings and a 30-day supply of medication upon release. States must submit detailed Implementation plans and Reinvestment plans for CMS approval. States are expected to save funding on health care costs for the final 90 days (about 3 months) of a person's incarceration, as now the federal portion of Medicaid will now be available to states. States are required to 'reinvest' those savings in activities that improve the health of returning populations and further the aim of the Medicaid program.

Currently, the federal Medicaid policy called the "inmate exclusion policy" requires that benefits be suspended while an individual is experiencing incarceration. Most states use a data match to operationalize the suspension or termination of coverage and benefits for people who experience incarceration.[4] States under the Reentry Demonstrations are now required to only suspend benefits and to conduct institution-wide outreach to ensure that all persons who are eligible for these new services receive them. A thorough process will mean that fewer people fall out of care as they transition back to the community.

The table below highlights the requests and approvals of Reentry Demonstrations by states. The below table summarizes state programs that are focused on the justice-involved population based on research conducted by CSH.

If you are aware of any errors, changes or updates, please contact the National Center for Housing + Health at: contact@housinghealthcenter.org.

[2] The U.S. prison population is graying fast. Prisons aren't ready : NPR
[3] SMD 23-003 - Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated
[4] Medicaid 1115 Reentry Waivers | Health and Reentry Project

REENTRY DEOMONSTRATIONS BY STATE

State\City	Program Name	Medicaid Mechanism	Proposal	Status
Arizona	Re-entry Demonstration Initiative	1115 waiver	Healthcare coverage may begin 30 days prior to discharge from incarceration. Community transition services for those leaving institutions including incarceration. The services include move-in expenses, short-term rental assistance, and case management supports.	State Planning post waiver amendment approval. Waiver amendment approved 12.27.24. State developing implementation policies and data agreements with carceral settings.
California	Justice-Involved Initiative Home (ca.gov) via Providing Access and Transforming Health (PATH)	1115 waiver	Sustaining pre-release and post-release services provided through the Whole Person Care (WPC) pilots. Support investments for Medi-Cal pre-release application planning and information technology.	Implementing State approved as of January, 2023. State has an approved Reinvestment Plan, as of 12/19/2023. State Webinar series for various cross sector partners and implementing agencies.
Connecticut	1115 Justice-Involved Demonstration Waiver	1115 waiver	Pre and Post release services with a focus on populations in need of substance use treatment.	Requested State's 2024-03 request to CMS for demonstration approval.
Washington, D.C.	Services for Justice Involved Individuals	1115 waiver	Pre and Post release services with a focus on populations in need of behavioral health services.	Requested State's June, 2024 request to CMS for demonstration approval.
Hawai'i	Building Capacity for Successful Transitions from Prison to Community	Home and Community Based Services (HCBS) American	Services for those transitioning from long-term incarceration that meet HCBS Level of Care criteria. Services include:	State Planning post waiver amendment approval. The state has CMS approval for the plan. State has a pending Reentry Demonstration request to sustain the APRA funded program that must sunset in 2025.

		Rescue Plan Act	-Service coordination, initiated prior to release and is monitored for 6 months to one-year post release -2-week supply of prescriptions upon release -Housing, employment and treatment services.	
Illinois	IL Reentry Demonstration	1115 waiver	Healthcare coverage and services 90 days prior to release and services include case management, 30-day supply of medications, Community Health Workers and HRSN Screenings	State Planning post waiver amendment approval. Waiver approved 7/2/2024
Kentucky	Re Entry Demonstration	1115 waiver	Healthcare coverage and services 60 days prior to release	Implementing Waiver Amendment approved July 2024
Louisiana	Reentry 1115 Demonstration Waiver	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Requested State's September, 2024 request to CMS for demonstration approval.
Maryland	Reentry Services	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	State Planning post waiver amendment approval. Waiver approved January,2025
Massachusetts	Reentry Initiative and Community Support Program for Justice Involved (CSP-JI)	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Implementing Waiver amendment approved June 2024.
Michigan	1115 Reentry Services Demonstration	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	State Planning post waiver amendment approval. Waiver approved 12/27/2024
Montana	Montana Healing and Ending Addiction through Recovery and	1115 waiver	Healthcare coverage and care management services start 30 days prior to release for those with behavioral health challenges.	State Planning post waiver amendment approval. Waiver amendment approved 2/15/2024.

	Treatment (HEART)			
Nevada	Reentry Initiative	1115 waiver	Healthcare coverage and care management services start 30 days prior to release for youth and adults.	Requested State's December, 2024 request to CMS for demonstration approval.
New Mexico	Just Health Plus	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services. Services include case management, Medication Assisted Treatment, Community Health Worker support, Family Planning Services, peer support, treatment for Hepatitis C and Physical and Behavioral health consults and 30 days supply of medications upon release.	Implementing Waiver approved 7/25/2024 Justice Involved Policy and Billing Manual
New York	Ensuring Access for Criminal Justice System Involved Populations	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Requested CMS and state remain in discussion, per the January 2024 waiver approval.
North Carolina	Medicaid Services to Support Reentry	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Implementing Waiver approved December, 2024.
Oregon	Oregon Health Plan (OHP) Reentry Benefits	1115 waiver	Maintain benefits for youth while incarcerated. Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Suspended currently State has cancelled the re-entry initiative due to limited bandwidth with OBBA response required.
Pennsylvania	Keystones of Health Reentry Services	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	State Planning post waiver amendment approval. Waiver approved 12/26/2024

Utah	Justice Involved Reentry Initiative Presentation (utah.gov)	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services.	Implementing Waiver amendment approved 1/8/2025.
Vermont	Vermont Medicaid Reentry Initiative	1115 waiver	Medicaid coverage starts 90 days pre-release and include a package of pre-releases and reentry services.	Implementing Waiver Approved 7/2/2024
Washington	Reentry Initiative	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services including case management, MAT, 30 days supply of medications upon release and support of community health workers.	Implementing Waiver approved 6/20/2023
West Virginia	Specialized Reentry Services	1115 waiver	Medicaid coverage starts 90 days pre-release and includes a package of pre-release and reentry services for persons with Substance Use Disorder and other Behavioral Health needs.	Implementing Waiver approved 12/11/2024

Copyright Notice

Disclaimer

The content contained herein is provided only for educational and informational purpose. The National Center for Housing + Health attempts to ensure that content is accurate and obtained from reliable sources, but does not represent it to be error-free. The National Center for Housing + Health may add, amend or repeal any policy, procedure or regulation, and failure to timely post such changes to this document shall not be construed as a waiver of enforcement.