

BHPOC Meeting

May 1, 2026



Welcome and Opening Remarks



Meeting Information and Requests

- Please enter your name, email address, and agency/organization (if you are attending on behalf of an agency/organization) in the chat.
- Please make sure you are muted during the meeting.
- Please submit questions to the presenters through the chat.
- We will send a copy of the slide deck after this meeting.



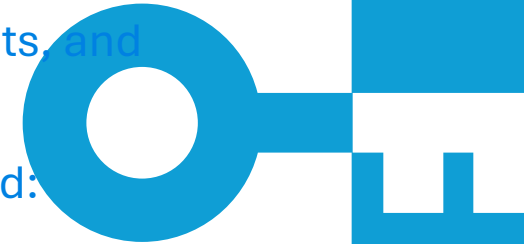
Agenda

1. Background on Connecticut correctional facility health care
2. Background on the Medicaid Inmate Exclusion and CAA, 2023
3. CAA Definition of Eligible Youth
4. Requirements of CAA, 2023
5. Connecticut CAA Project
6. Connecticut's Actions under CAA
7. CT Providers under 5121 and 5122
8. Private Provider Role: Statewide Provider Network
9. Closing Remarks/Adjourn



Services are Needed – Adult Facilities

- DOC provides health care to its inmates in its 13 facilities through staff physicians, psychiatrists, APRNs, therapists, dentists, nurses, podiatrists, and other medical and behavioral health personnel.
- In 2022, Department of Correction (DOC) data analysis of inmates found:
 - 95.5% of the incarcerated population had at least one or more of the following:
 - A history of mental health disorders,
 - An active mental health disorder requiring treatment,
 - A history of SUD, or
 - An active substance use problem requiring treatment.
 - 80.8% of the incarcerated population had either an active mental health disorder requiring treatment, or an active SUD requiring treatment; 24.5% of the population had both.
 - Approximately 12,000 adults are released from correctional facilities per year. Around 500 individuals are under age 21.



DOC Facilities

Facilities with Service Level 1 & 2 plus CAA

- Garner
- Manson YI*
- Osborn CI
- Robinson CI
- Cybulski
- York CI*

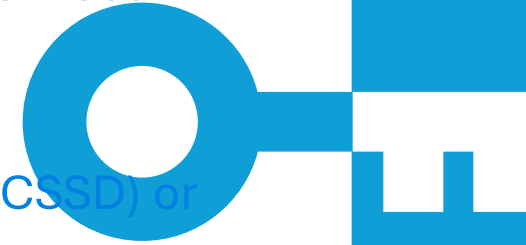
*Priority facilities for CAA

Facilities which will initially have Service Level 1 plus CAA

- Bridgeport CC
- Brooklyn CI
- Cheshire CI
- Corrigan CI
- Hartford CC
- New Haven CC
- MacDougall-Walker RC

Services are Needed – Juvenile Facilities

- JB-CSSD has a network of private providers and state staff providing services in its nine facilities.
- Approximately 1,000 adolescents are released from juvenile and community residential centers per year run by the Judicial Branch (JB-CSSD) or seen in courthouses prior to be admitted to jails/prisons
 - A majority of juveniles that enter custody have unmet health needs.
 - Over two-thirds of youth in one survey of juvenile justice residential facilities reported a health care need, including injury, problems with vision or hearing, or other illness.
 - Many youth in juvenile justice have serious mental, emotional, and behavioral health needs.
 - Some studies estimate that between 50 and 75 percent of youth detained in the criminal justice system have a mental health or substance use disorder, and a substantial portion have a serious mental health condition.



Juvenile Judicial Facility Types

Secure

- Journey House (13)
- Hamden (21)
- Bridgeport Secure (17)
- Hartford Secure (17)

- Numbers in parentheses represent 5121 releases expected annually

Staff Secure

- Two Unlocked Facilities:
 - REGIONS Waterbury (16)
 - REGIONS Hartford (13)

Residential

- Three Facilities:
 - Connecticut Junior Republic CJR Litchfield Adolescent Male Intermediate Residential (AMIR) –(21)
 - Community Solutions, Inc Adolescent Female Intermediate Residential – girls (12)
 - CJR Litchfield Community Diversion and Respite Center (CDRC) – boys (41)

Overview: Medicaid inmate payment exclusion

- Individuals may be eligible for and enrolled in Medicaid while incarcerated, but Medicaid funds may not be used to pay for services.
 - Payment exclusion does not apply to institutional care (e.g., hospitals).
- A correctional institution includes state or federal prisons, local jails, detention facilities, or other penal settings (e.g., boot and wilderness camps).
- An inmate is an individual of any age in custody and held involuntarily in a correctional institution.
- Separate CHIP programs use these same definitions.



Background - Consolidated Appropriations Act, 2023

- Consolidated Appropriations Act (CAA), 2023, Congress passed sections 5121 and 5122 for youth who are incarcerated.
- Both provisions took effect on January 1, 2025.
- CHIP and Medicaid youth will be suspended for sentenced youth who are inmates (Section 5121).
 - Screenings, assessments, and immunizations must be provided to sentenced 30 days prior to release, or within one week after release; and
 - Targeted case management (TCM) services are provided for 30 days prior to release and for at least 30 days following release. TCM includes referrals to appropriate care and services in the geographic region of the home or residence for the eligible juvenile, where feasible.
- All Medicaid services will be provided to unsentenced youth (Section 5122)



CAA: Definition of Eligible Youth

- An eligible juvenile is under 21 years of age; or
- An individual between the ages of 18 and 26 who is eligible for Medicaid under the mandatory former foster care children group.



Connecticut CAA Project

- Connecticut has pending Medicaid State Plan Amendments implementing 5121 on July 1, 2026, and 5122 going back to January 1, 2025.
 - There are approximately 500 youth in DOC facilities who meet this definition. Around 1/3 are sentenced.
 - There are an additional 1,000 youth in JB-CSSD facilities and courthouses or working with Adult Probation Officers or Jail Reinterview Staff.
- CT DSS, DOC, JB-CSSD, community providers, and other relevant CT agencies will need to have data exchanges, eligibility updates, and care and services coordination.
- Unsentenced youth will receive all Medicaid and CHIP.



Connecticut's Actions under CAA

- Medicaid eligibility for sentenced youth will be suspended upon sentencing with Medicaid eligibility reactivated once released from a DOC or JB-CSSD facility.
- Under 5121, for the 30 days prior to release, sentenced youth will receive Targeted Case Management and covered screening, assessment, and immunization services.
- DOC and JB-CSSD will provide TCM and emphasize provider linkage, and scheduling of post-release appointments to ensure continuity of care across physical health, behavioral health, and social services.



CT Providers under 5121 and 5122

- Connecticut will rely on correctional facility and/or community-based health care providers to furnish any of the required services during the pre-release and post-release period under sections 5121 and 5122.
- All providers must comply with Medicaid and CHIP provider participation and enrollment requirements.



Private Provider Role: Statewide Provider Network

- Providers are needed statewide to accept individuals into their caseload upon re-entry into the community.
- For any intensive behavioral health needs, DMHAS and DDS will be screening the individuals and referring to the existing behavioral health and I/DD networks.
- For all other individuals, DOC will be working with a centralized referral source who will consider individual choice and location of reentry.
- The referral source will not provide direct services unless there is a gap in access, no other willing provider to accept the referral, and an urgent medical need exists.



Questions and Answers



Closing Remarks



Thank you!

If you have questions, please contact

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