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Charting the Road to Coverage

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Promoting Medicaid Coverage and Coordinated Care for the Justice-Involved Population

Manatt Health

Today's Objectives

- **Provide context on justice-involved population and Medicaid**
- **Review recent CMS guidance**
- **Identify opportunities for all states—expansion and non-expansion—to increase coverage and improve care for justice-involved populations**
- **Discuss how states are using Medicaid to reduce costs, improve care coordination and address recidivism**

Current Environment

Snapshot of Justice-Involved Population: High Need, High Cost

56% of state prisoners and **64%** of jail inmates
Are affected by a **mental health problem**

Two out of every three inmates
Meet the medical criteria for **substance abuse disorder**

Compared to the general population, individuals in jails and prisons suffer:

- 4x** the rate of active TB
- 9x** the rate of Hepatitis C
- 8x** the rate of HIV infection
- 3x** the rate of serious mental illness
- 4x** the rate of substance abuse disorders

More than **25%** of
Americans have
had an encounter
with the criminal
justice system.
1 in 36 Americans
are under
correctional
supervision, in jail
or in prison.

Health, Societal & Fiscal Impacts

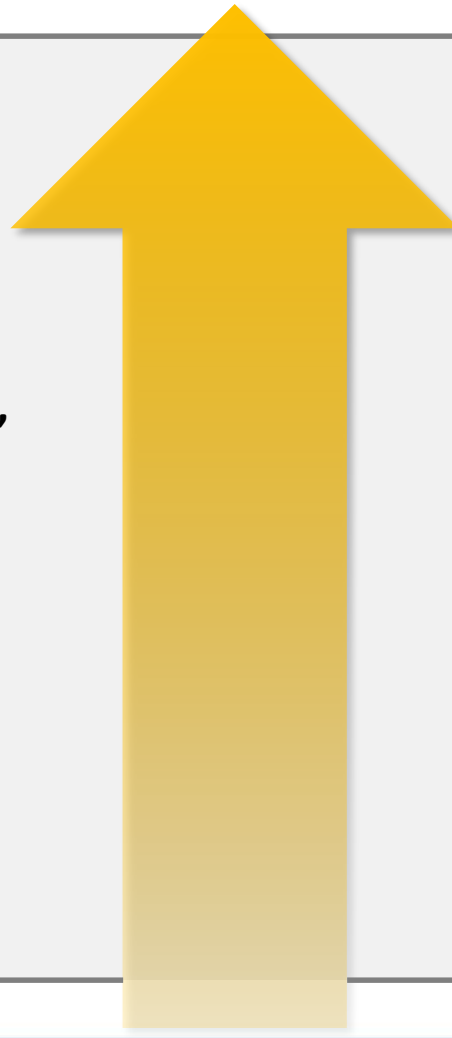
**Medicaid coverage for
at-risk populations**

**Access to services:
behavioral and physical
health, care management,
Rx drugs**

**Connections to care
management**

Better health outcomes

Public safety



Hospitalizations

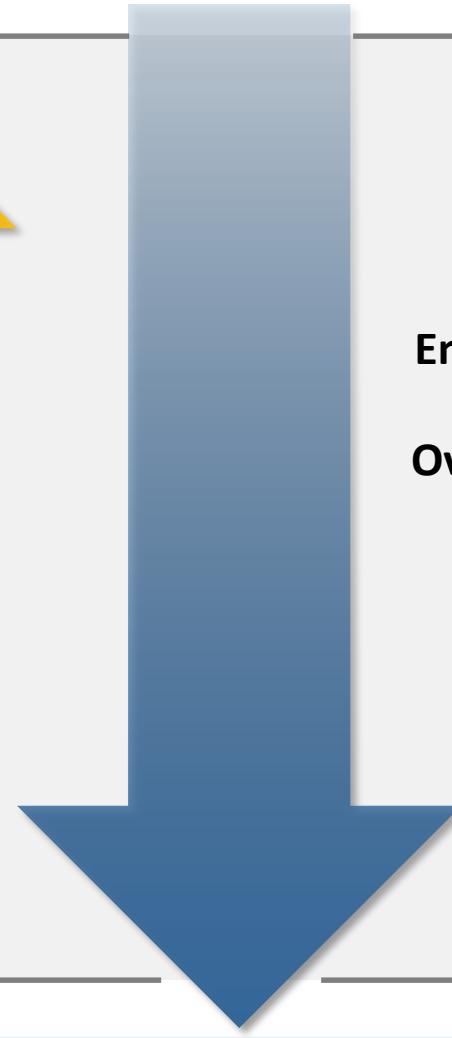
Emergency room use

Overdoses and death

Arrest rates

Recidivism

Homelessness



Recent CMS Guidance

CMS Clarifies Availability of Medicaid Federal Financial Participation (FFP) for Justice-Involved Population

Key Takeaways

- Medicaid FFP is not available for an inmate in a public institution, with limited exceptions.
- Clarifies definition of inmate: Individual of any age who is “in custody and held involuntarily through operation of law enforcement authorities in a public institution, other than a child care institution, publicly operated community residence that serves no more than 16 residents, or a public educational or vocational training institution for purposes of securing educational or vocational training.”



Medicaid FFP is available for individuals:

- On parole, probation or released to the community pending trial;
- Living in a halfway house (unless individual does not have “freedom of movement and association”);
- Living in a public institution voluntarily; and
- On home confinement.



Medicaid FFP is *not* available for individuals living in:

- Federal Residential Re-entry Centers; and
- Residential mental health and substance use disorder treatment facilities for inmates.

CMS Provides New Federal Requirements for Health Care Facilities Serving Justice-Involved Individuals

Key Takeaways

- **To qualify for Medicaid payments for justice-involved individuals, hospitals must meet Medicare/Medicaid certificate of participation requirements, including:**
 - Not maintaining custody of an individual for law enforcement purposes;
 - Not establishing separate units for justice-involved individuals, although a hospital can have units that specialize in care for people with violent behaviors;
 - Requiring law enforcement personnel to be physically present with justice-involved individuals at all times; and
 - Performing medical interventions only for diagnosis or treatment, not for law enforcement purposes.
- **Medical institutions must demonstrate continuous compliance with federal requirements to receive Medicaid payments.**



Prison-run nursing homes and hospitals are ineligible for Medicaid FFP, including when operated by a private contractor.

Opportunities

Opportunities for Coverage and Care Coordination

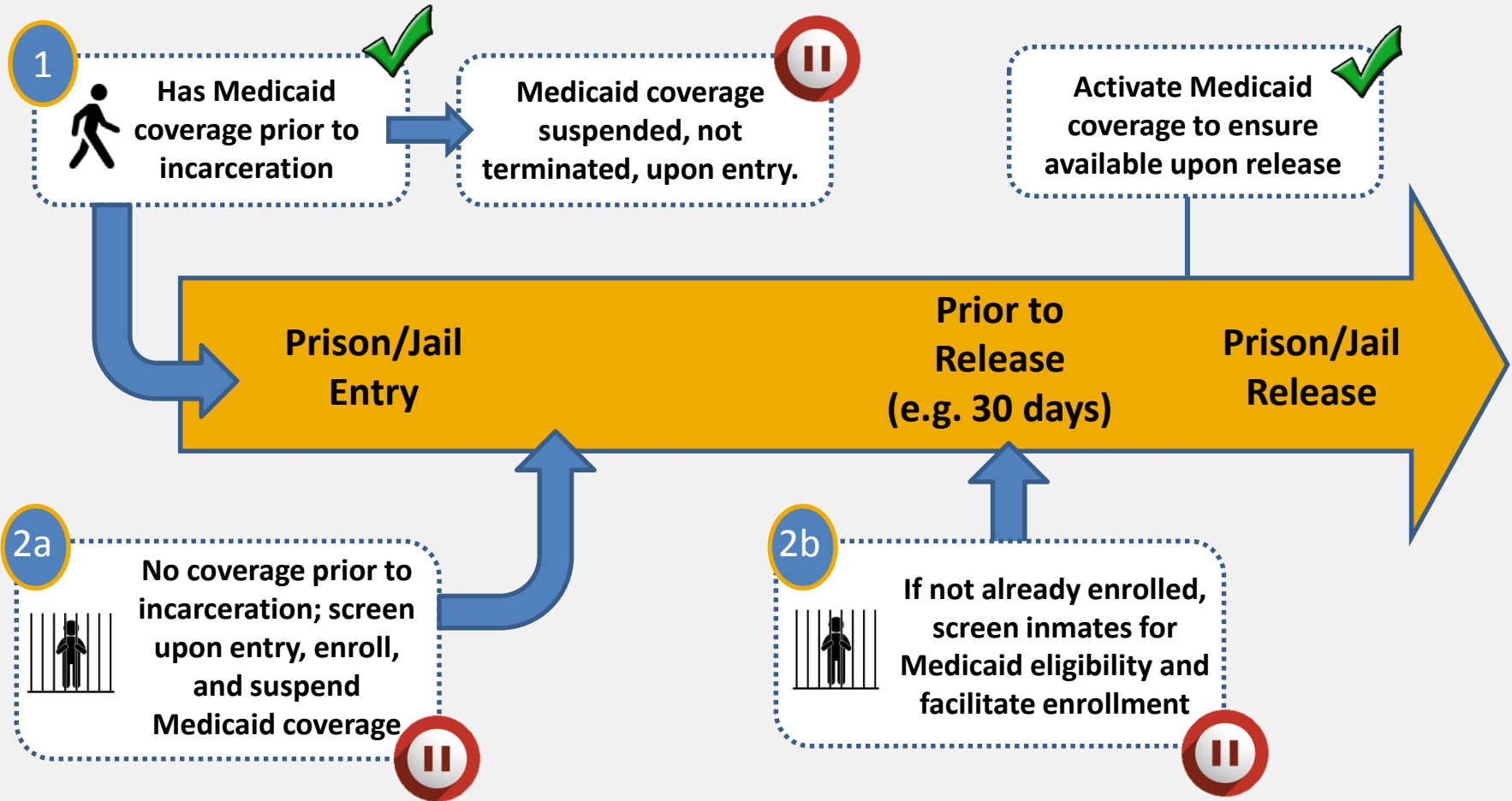
1 Enroll and Suspend* Medicaid Upon Entry to or Prior to Release from Prison/Jail

2 Facilitate Discharge Planning to Promote Care Coordination Prior to Release

3 Provide Targeted Benefits for Former Inmates Upon Release

**States may also use claim edits to block reimbursement for all but inpatient services.*

1 Enroll and Suspend Medicaid Upon Entry to or Prior to Release from Prison/Jail



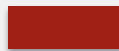
Suspending Medicaid During Incarceration

With suspension, an inmate's Medicaid eligibility is maintained while incarcerated, but the state Medicaid agency ensures that reimbursement is limited to covered inpatient services in a medical institution.



Benefits

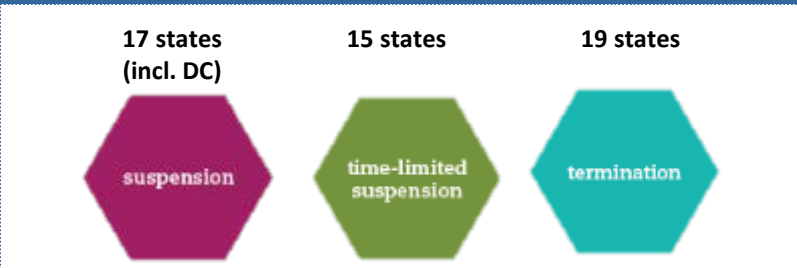
- Allows correctional institutions to bill Medicaid for allowable inpatient services
- May be easier to “re-activate” coverage than to initiate new application
- Helps ensure timely coverage upon release



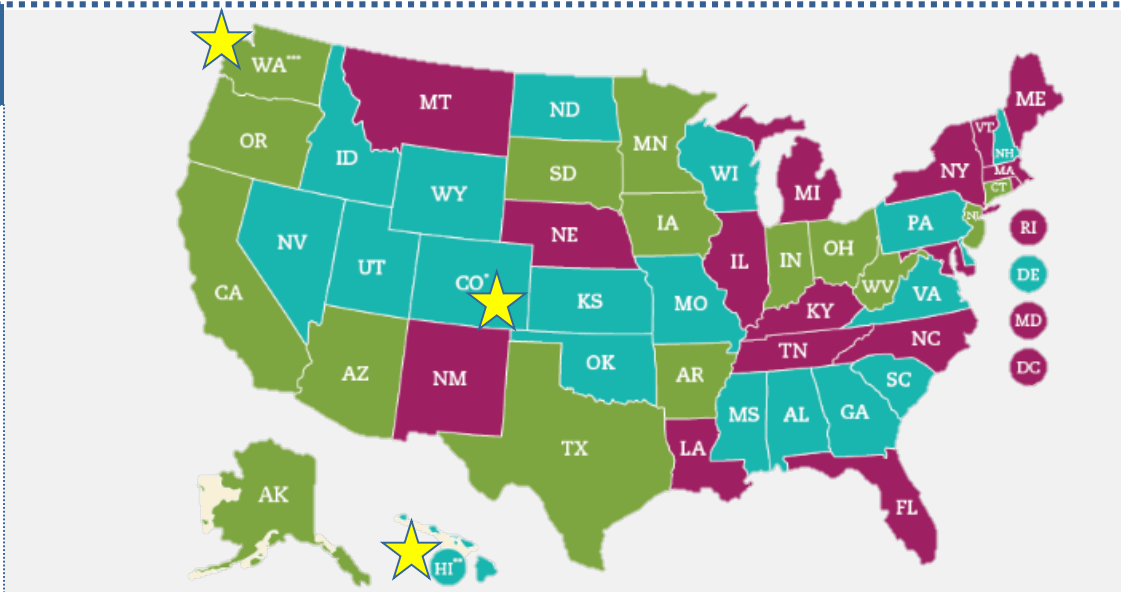
Challenges

- Requires extensive coordination between corrections and Medicaid agency
- Requires system changes, which may be complex
- Changes in incarceration status can occur with little notice, making timely reactivation challenging

State Policies on Suspending and Terminating Medicaid for People Entering Prison or Jail



★ **CO** passed law changing policy to time-limited suspension but state has not yet implemented law.
 ★ **HI** passed law changing to indefinite suspension but state has not yet implemented law.
 ★ **WA** passed SB 6430, which allows for indefinite suspension; implementation planned for July 1, 2017.



As of May 16, 2016

States Seek 1115 Waivers to Facilitate Enrollment of Justice-Involved Population in Medicaid



Maryland

Seeking 1115 waiver to enroll inmates leaving jail/prison into Medicaid under presumptive eligibility (PE) to increase likelihood that inmates are covered upon release and smooth transitions into the community.

Coordinated effort between Department of Health and Mental Hygiene (DHMH) and Department of Public Safety and Correctional Services to train and certify prison/jail staff.

DHMH to coordinate community-based mental health and substance use disorder treatment with Beacon Health, the State's behavioral health organization.



New York

Seeking an 1115 waiver to cover certain transitional services for inmates with serious behavioral and physical health conditions for a 30-day period prior to release.

The goal is to create community linkages and ensure that justice-involved populations receive services, medications and care coordination during transition.

NY will link justice-involved individuals with substance use disorders and/or mental illness to health homes.

State Discussion



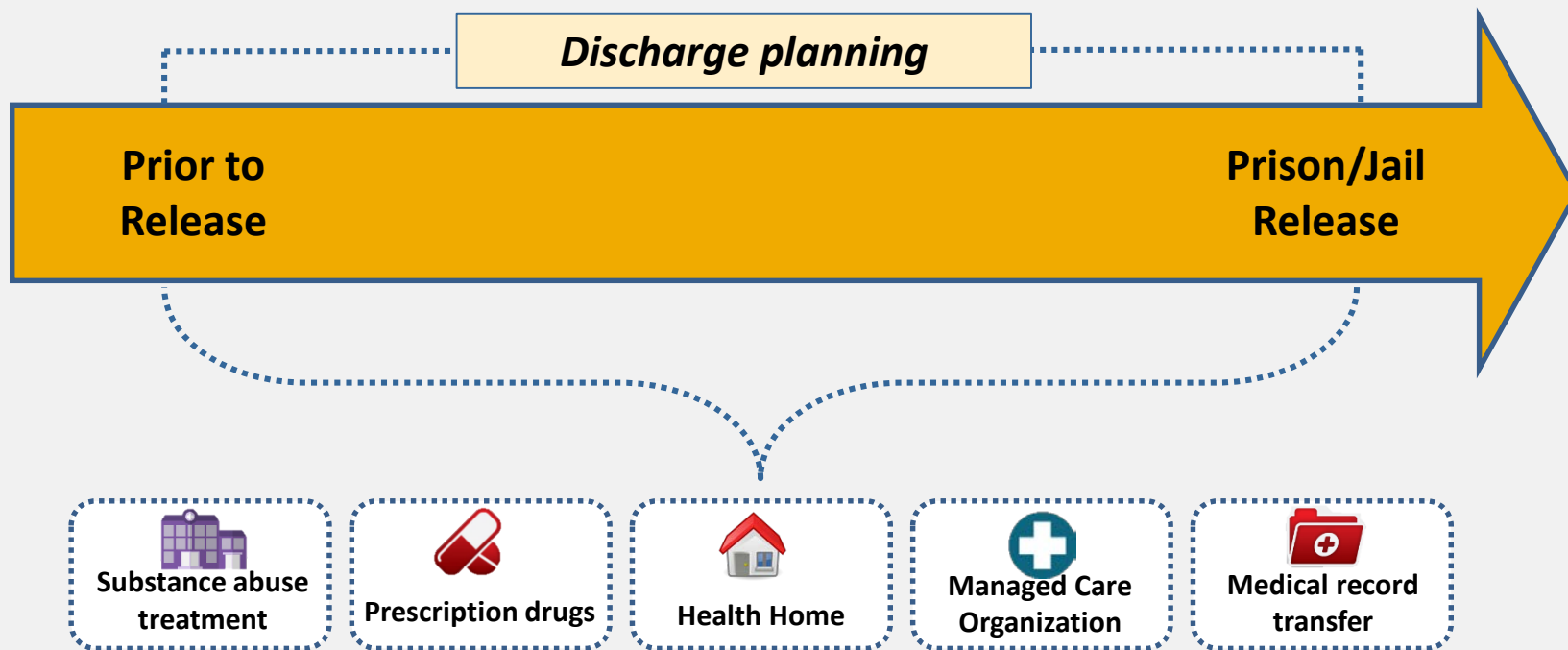
Access to Medicaid Application

- How does your state address the limited Internet access in jails/prisons?
- How does your state address security concerns associated with jail/prison-based enrollment initiatives?
- What special issues have come up in completing Medicaid applications for justice-involved individuals (e.g., documentation, identify proofing)?
- How has your state addressed concerns about child support?

Suspension/Claims Edits & Coverage

- What policy, operational and IT strategies has your state used to enable successful suspension/claim edits?
- What are current challenges with successful implementation of suspension?
- What are lessons learned with respect to workforce training, cross-agency coordination, and information sharing that is needed for suspension?
- What are states' experiences with establishing enrollment strategies beyond local pilots?
- What are remaining barriers (workforce, training, verification, etc.) to ensuring successful enrollment upon release?

2 Facilitate Discharge Planning to Promote Care Coordination Prior to Release



Opportunity to Share Medical Information across Justice-Involved and Community-Based Settings



Electronic Health Information Exchange (HIE)

Recently expanded CMS guidance:

- Permits correctional health providers to receive a 90/10 match for using HIE for care coordination activities that support “meaningful use,” and
- Creates opportunity for functional information exchange between prisons/jails and community-based health care providers.

HIE investment allows providers to share electronic health records and provide platform for secure communication between providers to enhance continuity of care.

State Strategies for Supporting Community Reentry for Justice-Involved Populations



New Hampshire

New DSRIP 1115 waiver that fosters creation of integrated delivery networks (IDNs) (including providers and social service organizations) aimed at improving behavioral health.

IDNs will pick among projects, including one aimed at justice-involved adults and youth with substance use disorders or significant behavioral health (BH) concerns.

Under the project, an integrated care team will conduct a screening for BH conditions prior to release, conduct a discharge assessment, establish a transitional care plan, and provide ongoing case management services.



Illinois

In a collaboration between Cook County Health and Hospital System (CCHHS), Cook County Sheriff's Office and Treatment Alternatives for Safe Communities (TASC), Cook County has focused both on Medicaid enrollment into a managed care plan and discharge planning for individuals in its County jail.

TASC staff, funded by a local foundation, provide immediate pre-release services for people with serious mental illness in the jail's "discharge lounge," coordinating and connecting inmates to housing, doctor's appointments, prescription medication pickup and other community services.

1,200+ individuals were served in the discharge lounge during the program's first 9 months.



Ohio

Enrolls high need inmates in Medicaid managed care plans prior to release to initiate care management.

Conducts clinical review 15-30 days pre-release and video conference 7-14 days pre-release.

Develops transition plan for each high need inmate documenting arranged community-based supports and services.

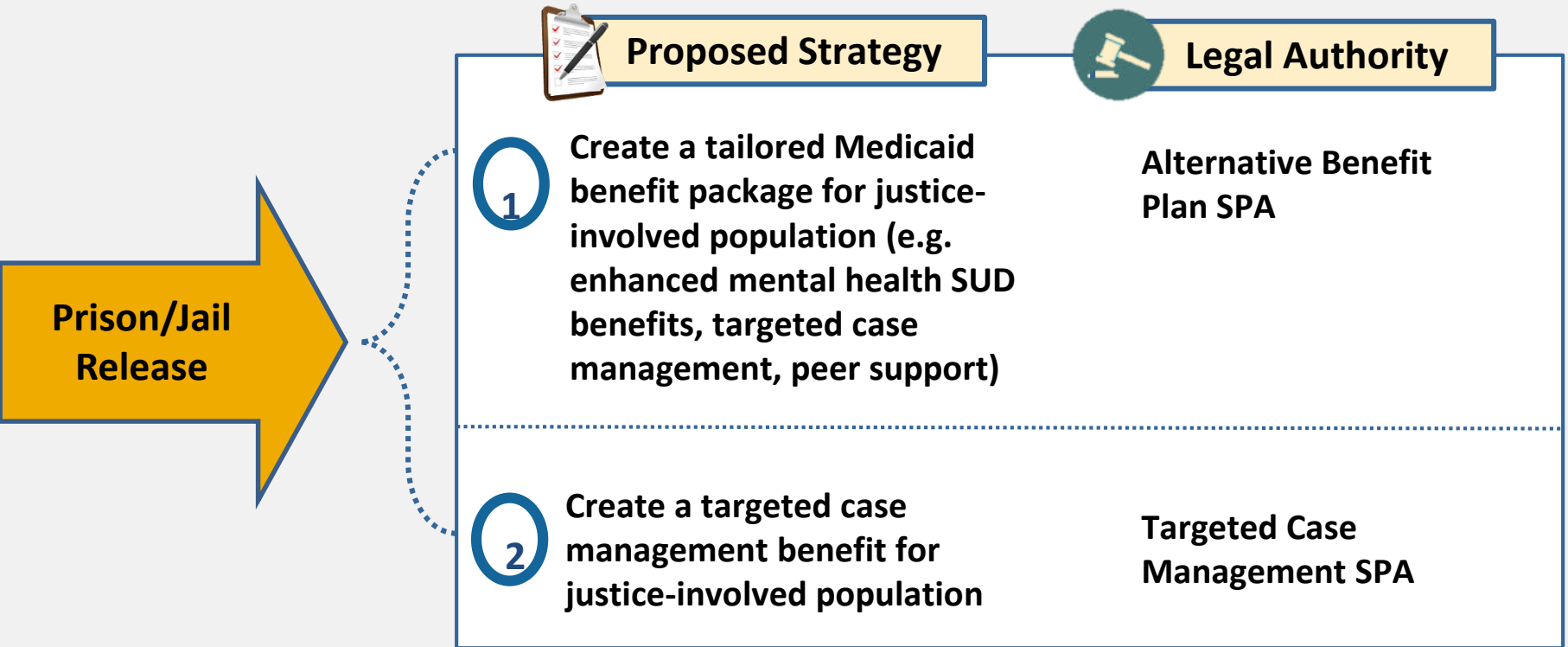
Releases inmates with copy of Medicaid ID card and transition plan.

State Discussion



- **What are states' experiences with establishing care coordination for Medicaid-enrolled justice-involved populations?**
- **What are lessons learned from states that have experienced successful discharge planning?**
- **What are the biggest challenges to setting up care coordination as part of discharge planning?**

3 Provide Targeted Benefits for Former Inmates Upon Release



State Discussion



- **Has your state considered developing a targeted benefit package for the justice-involved populations?**
- **What IT, operational, or policy challenges could you foresee facing if your state were to provide targeted benefits?**

Thank you!

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