
HMA

Medicaid Authority and Opportunity to Build New Programs for Justice-Involved Individuals



HMA EXPERTS: MEDICAID AND JUSTICE INVOLVED POPULATIONS



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TODAY'S AGENDA

- » Serving the Justice-Involved Population in Medicaid
- » 1115 Justice Waivers:
 - » Planning
 - » Post-Approval
- » Cook County Jail Medicaid Enrollment
- » California: Early insights from the field
- » Q&A

CONTEXT: WE HAVE AN OPPORTUNITY TO IMPROVE HEALTHCARE FOR INDIVIDUALS WHO ARE JUSTICE- INVOLVED

- » Individuals who are Justice-Involved -- those who have recently served sentences in prisons or jails, who are awaiting trial or sentencing, and those under community supervision, such as those on parole or probation -- are at higher risk for poor health outcomes, injury, and death than the general public.
- » They face a disproportionate risk of trauma, violence, overdose, and suicide.
- » On January 26, 2023, the Centers for Medicare & Medicaid Services (CMS) approved California's (CA) proposal to cover certain healthcare services for incarcerated individuals 90 days before release.
- » This will help to ensure continuity of health care coverage after incarceration and facilitate warm linkages to medical and behavioral health services upon release.

OVERVIEW OF JUSTICE INVOLVEMENT IN THE UNITED STATES

2,000,000

The United States incarcerates higher rates of individuals than any other developed country. Approximately 2,000,000 people are currently incarcerated in the United States.

People of color, particularly Black and Hispanic males and indigenous people, are disproportionately incarcerated in prisons and jails.

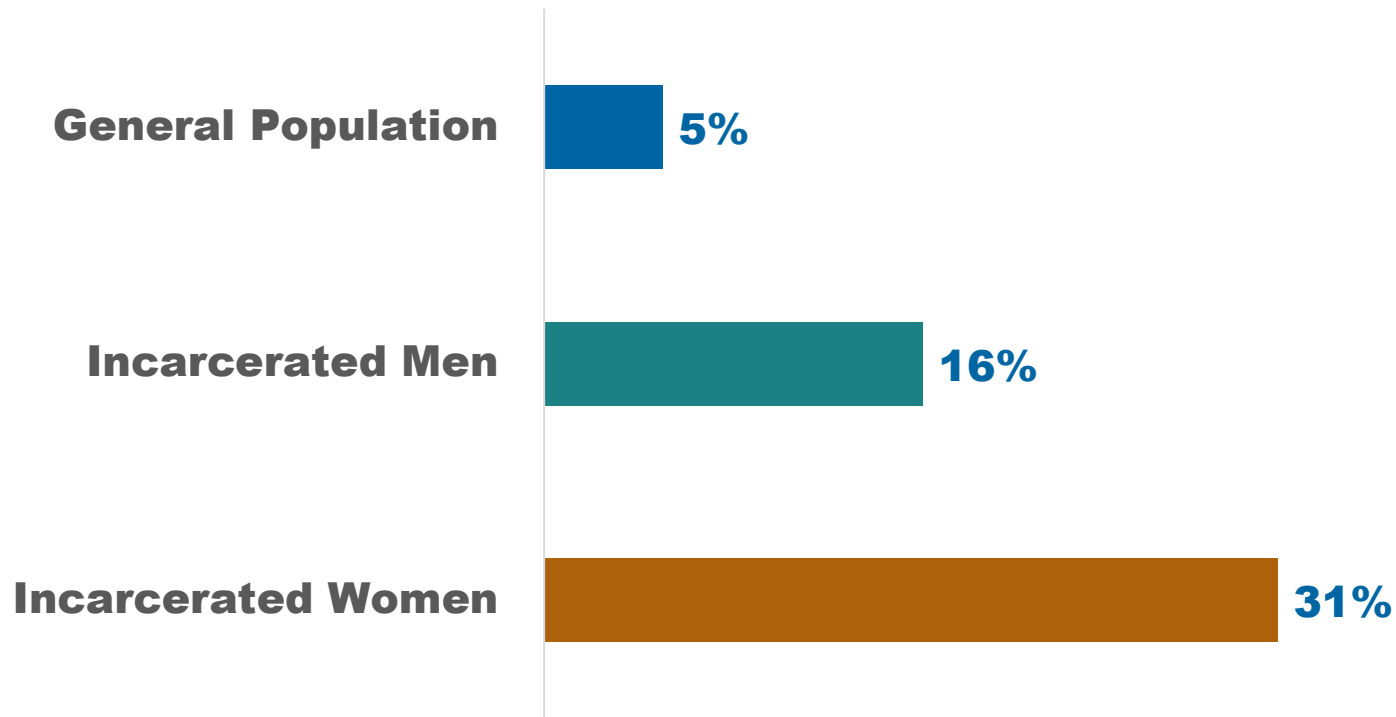
Individuals who identify as LGBTQ are over-represented throughout the justice system.

Persons in carceral settings are disproportionately impacted by social health determinants such as trauma, poverty, housing insecurity, education, and family challenges.

Persons in carceral settings have a higher prevalence and burden of chronic conditions.

PEOPLE WITH ADDICTION AND SEVERE MENTAL ILLNESS ARE GRAVELY OVERREPRESENTED IN THE CRIMINAL JUSTICE SYSTEM

Addiction and Severe Mental Illness



at least 50% experience problems related to drug or alcohol use

ENGAGING INDIVIDUALS WITH HISTORIES OF JUSTICE INVOLVEMENT



Cultural Humility



Trauma Informed



Person Centered

REENTRY: KEY CONSIDERATIONS FROM THE FIELD

Early identification of health and behavioral health issues and needs

- Health and Behavioral Health Issues
 - Universal COWS screening for all inmates exhibiting symptoms or at risk for withdrawal
- Information sharing across settings and providers

Begin discharge planning at facility intake

- Standardized, documented discharge plan

Length of Stay Tool

- Prioritize discharge services based on anticipated release
- Plan for unanticipated releases

Treatment in carceral settings

Connection with community treatment providers and supports (in-reach, improving access to inmates, etc.)

- Community-Facility partnerships
- In-reach services

REENTRY: KEY CONSIDERATIONS

Insurance/Medicaid (Pre-Release Facilitated Enrollment/Re-activation)

Day of release services

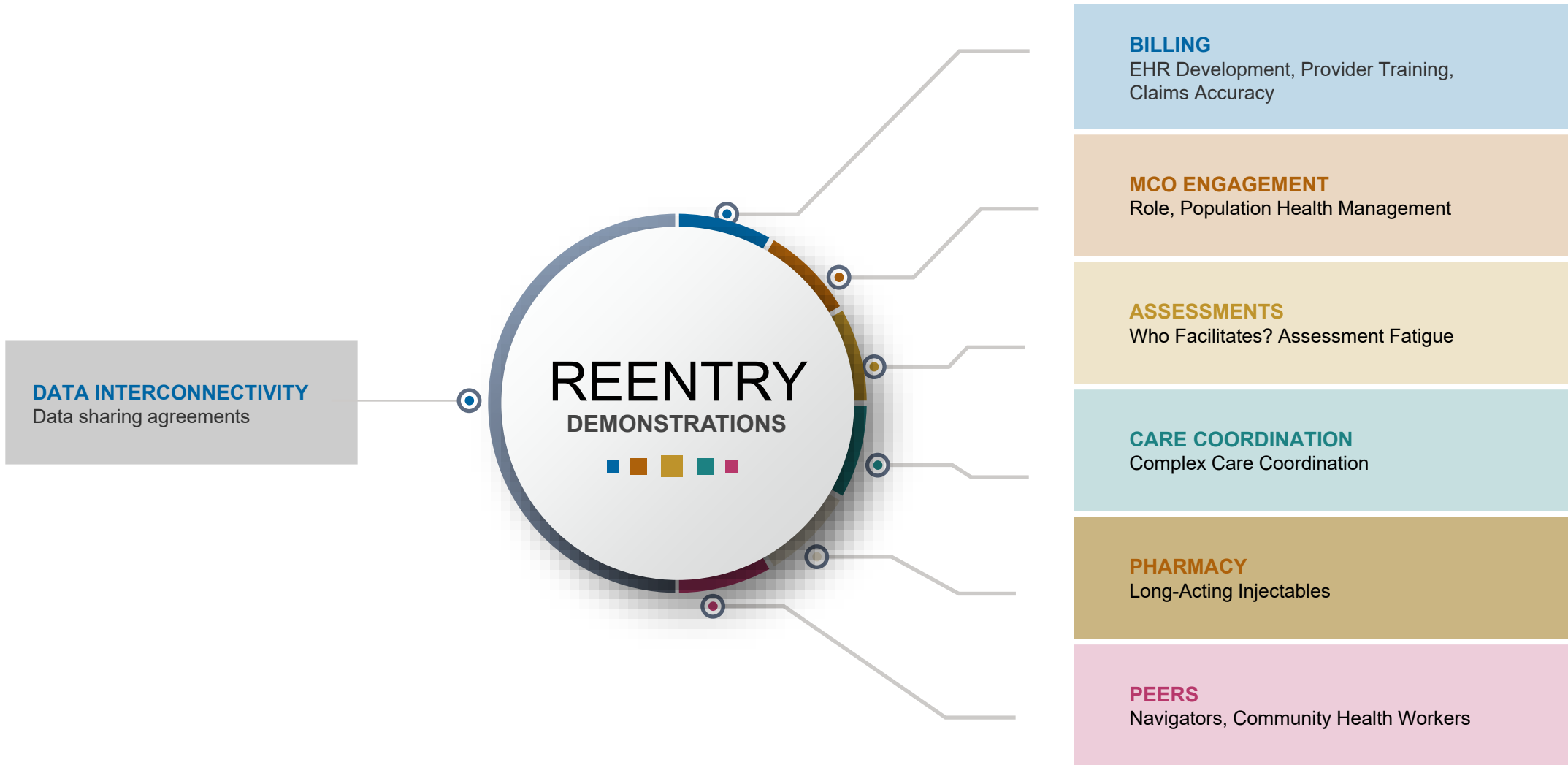
- Copy of discharge plan
- Navigation services (Peers support services)
- Naloxone education and access to naloxone kits
- SDOH services (Transportation, housing, etc.)
- Community treatment and support linkages

Special Populations

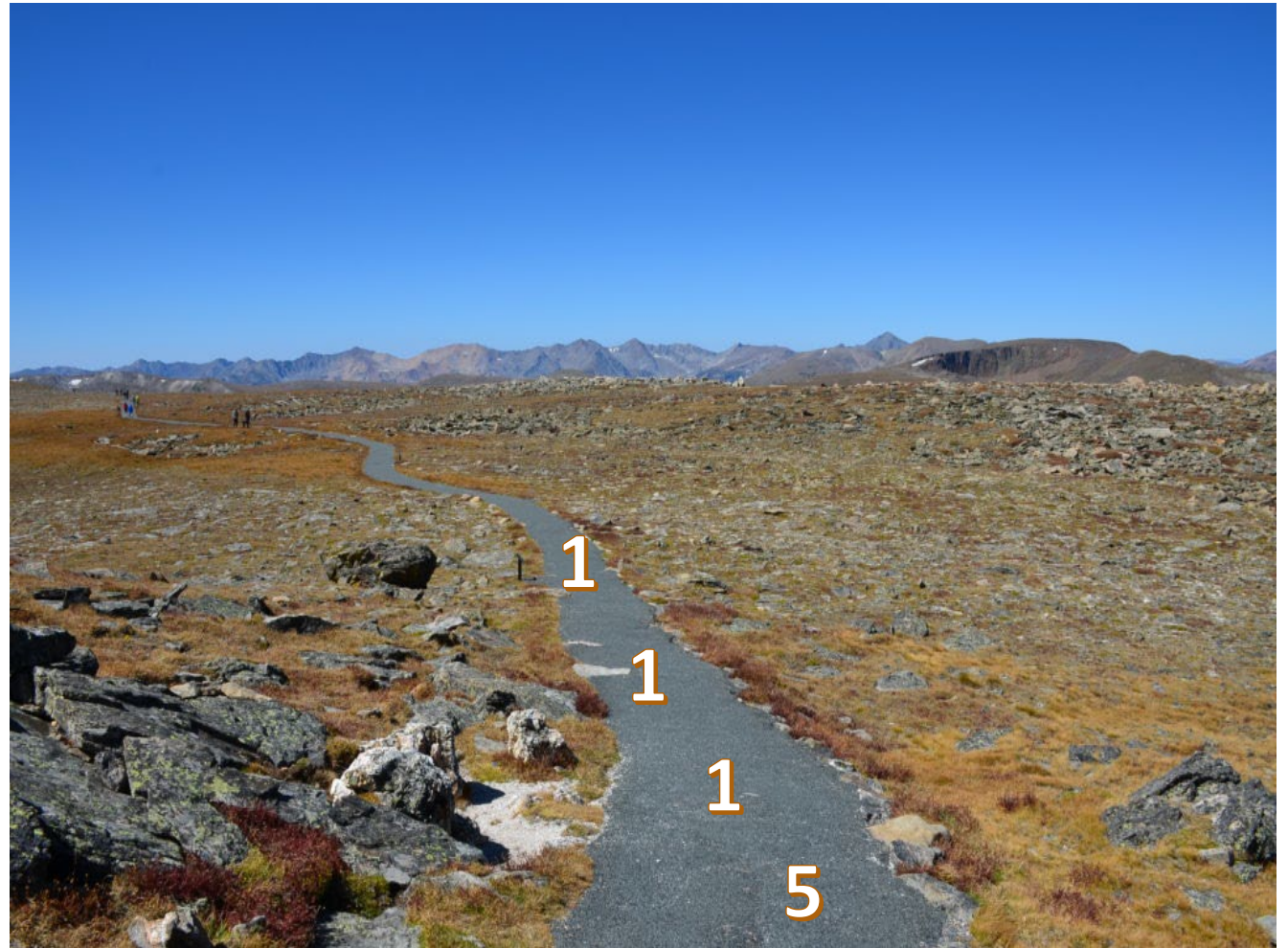
- Aging prison population: Transition support and complex care needs
- Opioid use and overdose risks
- Incarcerated pregnant women

Infrastructure Considerations: staffing, training, record keeping and billing capacity, technology (tele-visit for in-reach)

CONSIDERATIONS FOR IMPLEMENTATION & OPERATIONALIZATION PLAN FOR REENTRY DEMONSTRATIONS



NAVIGATING THE PATH TO INNOVATION – SECTION 1115 JUSTICE INVOLVED WAIVER OPPORTUNITY



THE “MAKINGS” OF A REENTRY SECTION 1115 PROGRAM

Robust program initiatives for justice-involved individuals through section 1115 demonstrations (waivers) should carefully consider the following program features and activities:



KEY SECTION 1115 PARAMETERS FOR REENTRY INITIATIVES

Section 1115 Expenditure Authority

- » Pre-release services to individuals in State Prisons, County Jails, and/or in Youth Correctional Facilities for up to **90 days** prior to Release
- » Medicaid objectives promote coverage and quality of health care to improve transitions for individuals being released from carceral settings (*and who are otherwise eligible for Medicaid or CHIP*).
- » **Potential Flexibility:** Start date of 90-day period to include the *recently released*.

Targeted “Pre-release” Benefit Package

- » Targeted package of “pre-release” services:
 - Case management of physical and/or behavioral health
 - Medication-assisted treatment
 - Durable medical equipment
 - 30-day supply prescription drugs
- » Aim of pre-release service is to improve identification of health and health-related social needs and facilitate connections to providers with the capacity to meet those needs in the community during the period immediately before an individual’s expected release.

Provider Readiness Requirements

- » Participating providers must have experience and appropriate training prior to furnishing 1115 pre-release services.
- » Readiness Assessment:
 - Pre-release Medicaid and CHIP application & enrollment processes;
 - Screen beneficiary qualifications;
 - Coordinate with partnered entities to furnish HRSN;
 - Pre-release care management & assistance with care transitions to the community;
 - Data exchange to support reentry activities;
 - Data reporting to inform 1115 oversight;
 - Project management support to Correctional partners providing pre-release services.

Implementation Planning

- » Implementation Plan outlines achievement towards 5 program milestones:
 - Increasing Medicaid and CHIP coverage for the reentering population.
 - Covering and ensuring access to pre-release services to improve care transitions upon return to the community.
 - Promoting continuity of care.
 - Connecting to services available post-release to meet the needs of the reentering population.
 - Ensuring cross-system collaboration.

Reinvestment to Sustain Transformation

- » Describes how the state will reinvest ALL new federal dollars to continue to support services.
- » Some permissible uses for reinvestment:
 - State share of funding;
 - Improving access and capacity to behavioral and physical community-based health care services;
 - Improving access to and/or quality of carceral health care services;
 - Improving HIT & data sharing;
 - Increasing community-based provider capacity specific to JII;
 - Expanding or enhancing community-based services and supports to meet needs of JII; or,
 - Any other investments that aim to support reentry.

New Program Authorities / Requirements

- » Expenditure Authority for “Designated State Health Programs” (DSHP) permits “freed up” state dollars toward HRSN initiatives.
- » HRSN service and infrastructure costs are “hypothetical” for budget neutrality purposes.
- » *Potential Condition of Approval* - Increase in Medicaid fee-for-service and managed care provider rates should the state’s Medicaid to Medicare provider rate ratio for any of the below service categories be below 80 percent - primary care, behavioral health, or obstetrics care.

REPORTING REQUIREMENTS FOR SECTION 1115 REENTRY PROGRAMS

Monitoring Protocol (~120 to 150 days post approval); Monitoring Reports (generally quarterly)

- An outline of state's approach to reporting progress on ensuring program integrity, oversight, and monitoring to performance metrics through 3 quarterly and 1 annual report each year.
 - Includes specification of a selection of quality of care and health outcomes metrics and population stratifications based on CMS's (upcoming) guidance on the Health Equity Measure Slate.
 - For milestones and measure targets at medium to high risk of not being achieved, states must submit to CMS for approval modifications to the Monitoring Protocol for reducing such risks.

Evaluation Design Framework (~180 days post approval)

- A comprehensive analysis of services rendered by type of service over the duration of the 90-day pre-release coverage period.
- A comprehensive cost analysis to support developing estimates of implementing the reentry demonstration initiative, including covering associated services.
- Evaluation hypotheses could focus on, but not be limited to:
 - Cross system communication and coordination;
 - Connections between carceral and community services;
 - Access to and quality of care in carceral and community settings; and
 - Preventive and routine physical and behavioral health care utilization.

Mid-Point Assessment Report (~end of Demo Year 3)

- Conducted by an independent entity to assess:
 - Progress toward meeting each milestone and timeframe approved in the Implementation Plan;
 - Progress toward meeting performance metrics as approved in the Monitoring Protocol;
 - Factors that affected achievement on the milestones and progress;
 - Factors likely to affect future performance in meeting milestones and targets not yet met and information about the risk of possibly missing those milestones and performance targets;
 - For milestones or targets at medium to high risk of not being met, recommendations for adjustments in the Implementation Plan or to pertinent factors that the state can influence that will support improvement.

KEYS FOR NAVIGATING THE SECTION 1115 APPLICATION PROCESS FOR JUSTICE-INVOLVED WAIVERS

- » Section 1115 application preparation can be complex and cumbersome.
- » HMA is pleased to provide a recommended application checklist for meeting the key federal provisions to develop a robust justice-involved 1115 waiver proposal in accordance with CMS expectations.

RECOMMENDATIONS FOR DEVELOPING SECTION 1115 JUSTICE INVOLVED WAIVERS

Federal Section 1115 Regulatory Requirement	Recommendations for Establishing Alignment with CMS Section 1115 Application Transparency Requirements
Demonstration Goals and Objectives 431.408(a)(1)(i)(A) 431.412(a)(1)(i) 431.412(c)(2)(i) and (ii)	Description of the core features and components of the proposed justice-involved initiative that the state intends to test with section 1115 authority. Description of how the proposed section 1115 initiative is likely to promote the state's intended program goals for Medicaid and/or CHIP.
Enrollment & Expenditures 431.408(a)(1)(i)(C) 431.412(a)(1)(iii) and (iv) 431.412(c)(2)(v)	<p><u>Enrollment</u></p> Estimate of the total number of unduplicated individuals that are expected to be enrolled in the proposed justice-involved initiative for each year of the requested demonstration period. Enrollment projections include how the proposed section 1115 demonstration is expected to impact Medicaid and/or CHIP program enrollment for the full period the state is requesting to operate the proposed initiative. <p><u>Expenditures</u></p> Estimate of total medical assistance payments (not including program administrative costs) for the proposed justice-involved initiative by each year of the demonstration period.
Eligibility, Benefits, Cost Sharing & Health Care Delivery System 431.408(a)(1)(i)(B) 431.412(a)(1)(ii) 431.412(c)(2)(i)	<p><u>Health Care Delivery System</u></p> Description of the type of the delivery system proposed (e.g., managed care, fee-for-service). Includes explanation of how the proposed section 1115 demonstration is expected to overall impact the delivery and quality of health care for program beneficiaries. <p><u>Eligibility Requirements</u></p>

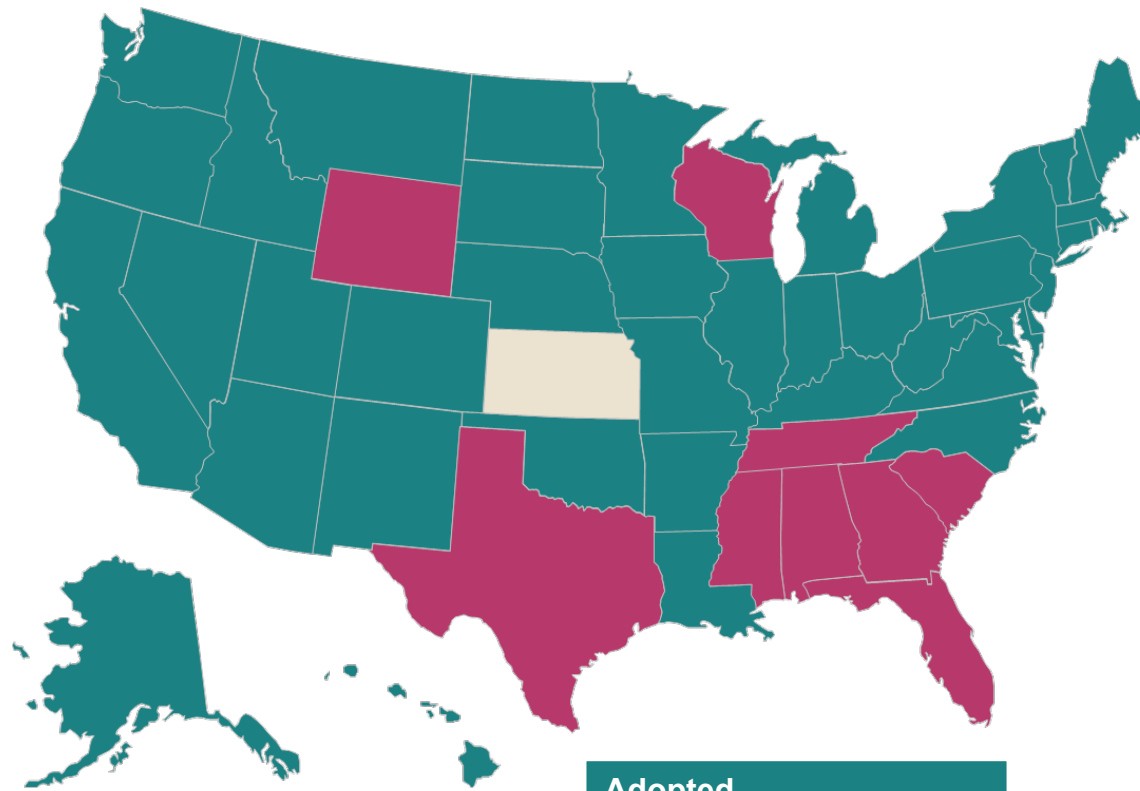
OPERATIONALIZING MEDICAID ENROLLMENT IN CARCERAL SETTINGS



41 STATES (PLUS DC) HAVE ADOPTED MEDICAID EXPANSION

Accessing Care at the appropriate level of service is impacted by patient experience and engagement

- + Prior to expansion few states provided Medicaid to nondisabled, nonpregnant, childless adults, regardless of income.
- + 25 states first adopted Medicaid expansion effective January 1, 2014
- + Depending on time in custody, persons released may have never had healthcare coverage for primary care.



Other effective dates:

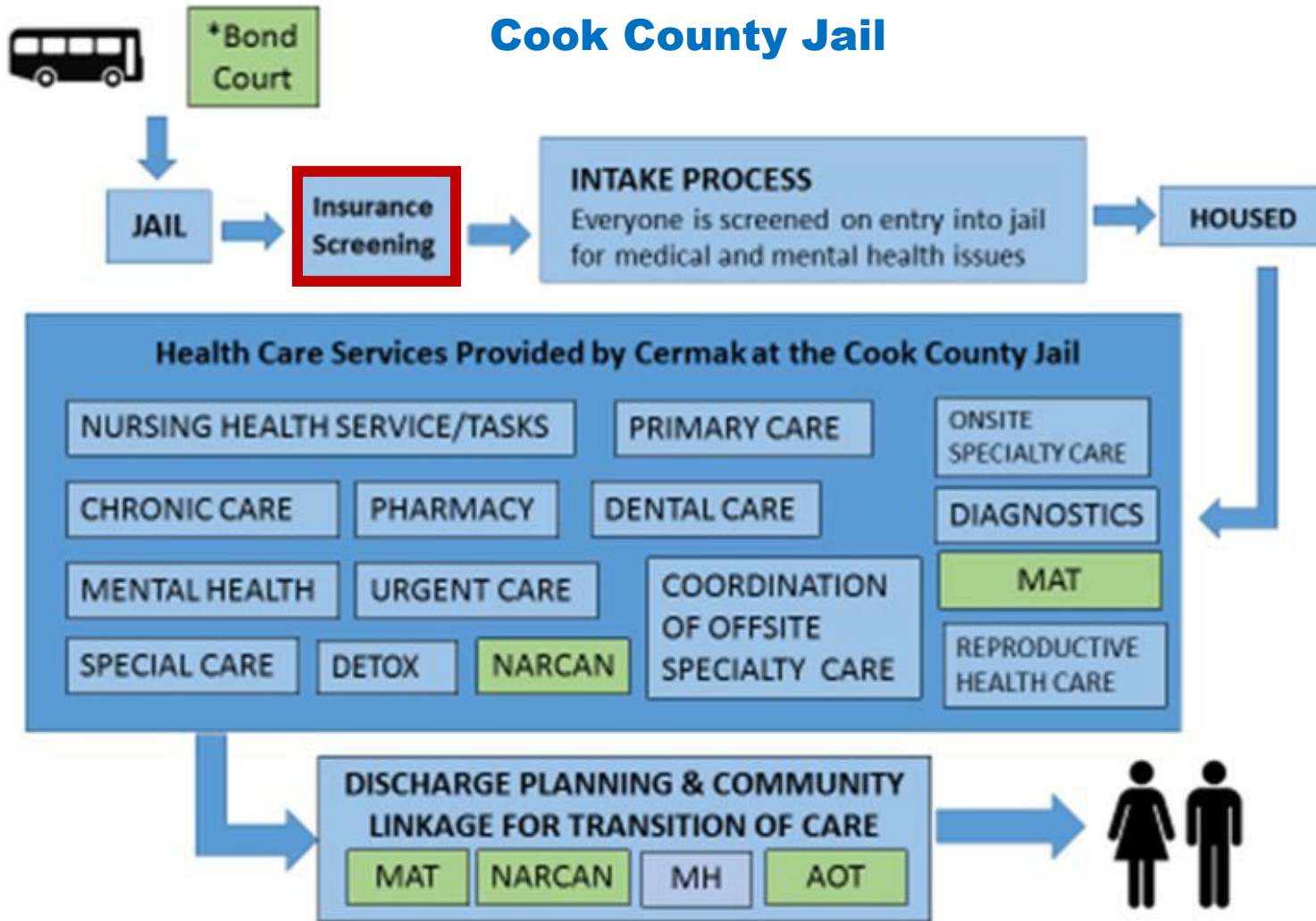
- >> Michigan (4/1/2014)
- >> New Hampshire (8/15/2014)
- >> Pennsylvania (1/1/2015)
- >> Indiana (2/1/2015)
- >> Alaska (9/1/2015)
- >> Montana (1/1/2016)
- >> Louisiana (7/1/2016)
- >> Virginia (1/1/2019)
- >> Maine (1/10/2019 with coverage retroactive to 7/2/2018)
- >> Idaho (1/1/2020)
- >> Utah (1/1/2020)
- >> Nebraska (10/1/2020)
- >> Oklahoma (7/1/2021)
- >> Missouri (Processing applications beginning 10/1/2021 with coverage retroactive to 7/1/2021)
- >> South Dakota (Planned for 7/1/2023)
- >> North Carolina (Signed March 2023)

COOK COUNTY: LIVED EXPERIENCE FOR JAIL MEDICAID ENROLLMENT AFTER ACA EXPANSION



- » Key decision makers attended planning who were highly dedicated to success of program: **CHS, CCSO and community providers**. Also included CCH Vendor who were application assistors
- » Security and program staff worked together.
- » **Enroll at intake** rather than discharge or as triggered by an event (inpatient admission)
- » Cannot hinder **flow of intake** process. Application process improved from 30 minutes to 10 minutes by 2015
- » Computer access to websites and internet need to **meet security requirement** (at CCJ they were hardwired)
- » Illinois Medicaid accepted **fingerprint** data to suffice as acceptable ID. Applications were submitted electronically complete with ID and address verification
- » Program expanded in 2018 to include **redetermination** and online verification of insurance

COOK COUNTY: LIVED EXPERIENCE FOR JAIL MEDICAID ENROLLMENT AFTER ACA EXPANSION



2013-2015 Landscape

- » 96 acres single site jail
- » 100,000 detainees/year
- » 200 admissions/day
- » ADP 9,000
- » 25-30% MH caseload
- » 90% pre-trial detainees
- » ALOS 57 days
- » 24.9% less than 2 days to release

COOK COUNTY: CCSO, CCH AND HMA CREATED UNIQUE SOLUTION FOR ILLINOIS MEDICAID APPLICATION ID REQUIREMENTS

The Challenge

Typically, persons who are detained have no accurate form, or any form, of identification at the time of arrest.

Any identification that detainees do have is confiscated during intake along with the rest of their property, before they arrive at the enrollment stations.

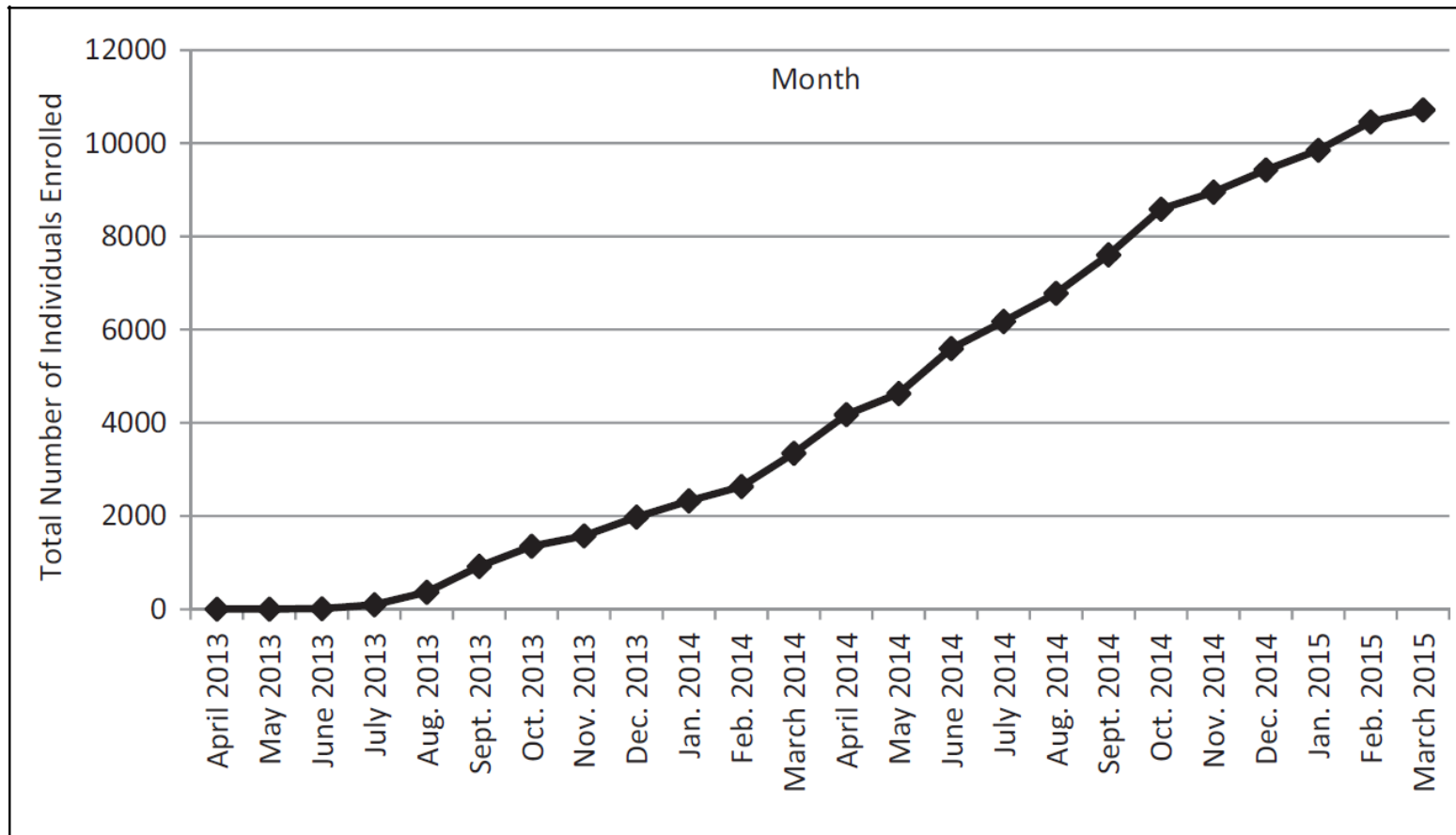
This results in the submission of incomplete Medicaid applications.

[Improving Health Care Linkages for Criminal Justice-Involved Persons](#) Lauren E. Riedel, Colleen L. Barry, Emma E. McGinty, Sachini N. Bandara, Daniel W. Webster, Robert E. Toone, and Haiden A. Huskamp *Journal of Correctional Health Care* 2016 22:3, 189-199

The Solution

The Chicago Police Department uses an Internal Rap Sheet (IR) number, which is a unique internal recordkeeping number that is associated with an individual's fingerprints and is kept on file at the Cook County Jail. This IR number was determined by the CCSO and CCH to be an acceptable form of identity verification for enrollment purposes, and the state Medicaid agency approved its use. A Verification Of Incarceration (VOI) form, which verifies residency at the jail was uploaded immediately to the Medicaid enrollment website using the jail computers, is used in conjunction with the IR number to meet the ID requirement for the Medicaid application.

COOK COUNTY: MEDICAID ENROLLMENT INITIATIVE



Applications were submitted beginning April 2013.

As of July 2014, the approval rate for applications submitted at the jail was 96%.

In comparison the overall CountyCare approval rate at that point was 84%.

Improving Health Care Linkages for Criminal Justice-Involved Persons Lauren E. Riedel, Colleen L. Barry, Emma E. McGinty, Sachini N. Bandara, Daniel W. Webster, Robert E. Toone, and Haiden A. Huskamp *Journal of Correctional Health Care* 2016 22:3, 189-199



INSIGHTS FROM THE FIELD: CALIFORNIA

CALIFORNIA: IMPACTED POPULATIONS

Medicaid-eligible youth and adults in state prisons, county jails, or youth correctional facilities are potentially eligible for the targeted re-entry services.


Enrollees in state prisons and county jails will be required to meet health need criteria to be eligible for these services

All youth in youth correctional facilities will be considered eligible without needing to meet the health criteria need.

Eligible enrollees can be either pre- or post-adjudication.

According to California's Department of Health Care Services (Medicaid agency), more than one million adults and youth enter or are released from California prisons and jails annually, and at least 80% of these justice-involved individuals are eligible for Medi-Cal.

CALIFORNIA: CRITICAL STEPS TO EFFECTIVE IMPLEMENTATION (1)



Creation of new working partnerships among correctional authorities, providers, Medicaid (Medi-Cal) health plans, and community-based organizations

Effective planning in 2023-24 among correctional authorities, providers, Medicaid (Medi-Cal) health plans, and community-based organizations for data-sharing, care coordination, continuity of care planning and engagement strategies for eligible populations

CALIFORNIA: CRITICAL STEPS TO EFFECTIVE IMPLEMENTATION (2)

To help ensure access to care upon release and for other Medicaid enrollees, California will increase and sustain base Medicaid payment rates of at least 80% of Medicare rates for primary care, behavioral health, and obstetrics providers.

California's waiver includes authority to spend \$410 million on pre-release application planning and information technology through California's "Providing Access and Transforming Health" (PATH) initiative.

California will provide pre-release education and outreach, along with Medicaid eligibility and enrollment support, to all incarcerated individuals while the demonstration functions.

CALIFORNIA: RE-ENTRY IMPLEMENTATION PLAN

California is required to submit a re-entry implementation plan, including critical implementation milestones:

- Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
- Covering and ensuring access to the expected minimum set of re-entry services for individuals who are incarcerated to improve care transitions upon return to the community.
- Promoting continuity of care to ensure access to services both pre- and post-release.
- Connecting to services available post-release to meet the needs of the re-entering population.
- Ensuring cross-system collaboration.

POLL QUESTION

What topics would you like to learn more about?

QUESTIONS & DISCUSSION

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