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Medicaid 1115 Justice Waiver Opportunities:

Improving Carceral Healthcare Delivery Information

MEDICAID & JUSTICE INVOLVED POPULATIONS

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This five-part series, 1115 Medicaid Justice Demonstration Waivers: Bridging Healthcare, will focus on helping stakeholders optimize the continuity of care for persons in carceral settings and during their transition back to the community.

APR 5	• Medicaid Authority and Opportunity to Build New Programs for Justice-Involved Individuals (replay link HERE)
MAY 18	• 1115 Waivers to Improve Carceral Healthcare Delivery Information
JUNE 15	• 1115 Waivers & Transitions of Care
JULY 13	• Medication Assisted Treatment for SUD in Carceral Populations
AUG (tbd)	• Healthcare Considerations for Incarcerated Youth

TODAY'S PRESENTERS:

Linda Follenweider, MS, APRN

Managing Director, Justice Involved Services HMA

Chicago, IL

- Former COO Correctional Health for CCH at Cook County Jail and Juvenile Temporary Detention Center
- Hired as consultant by CCH March 2014 to lead response for 10-year DOJ consent decree resulting in removal of oversight in May 2016
- Led COVID-19 response at CCJ which was identified by CDC as national model for congregate settings
- CQI and High Reliability expertise
- Recognized by CCH as Pinnacle Nurse Leader

Michael DuBose, MSW

Principal HMA

Washington, DC

- CEO Community Oriented Correctional Health Services
- Former Corrections Administrator of DC DOC
- Former Healthcare Administrator of DC DOC
- Performed audits and inspections of jails and prisons for Homeland Security, Immigrations, Customs and Enforcement, US Marshals Service and select states throughout the US and the US Virgin Islands
- SME in the areas of healthcare, food services, environmental services, programs and services, including mental health and substance abuse

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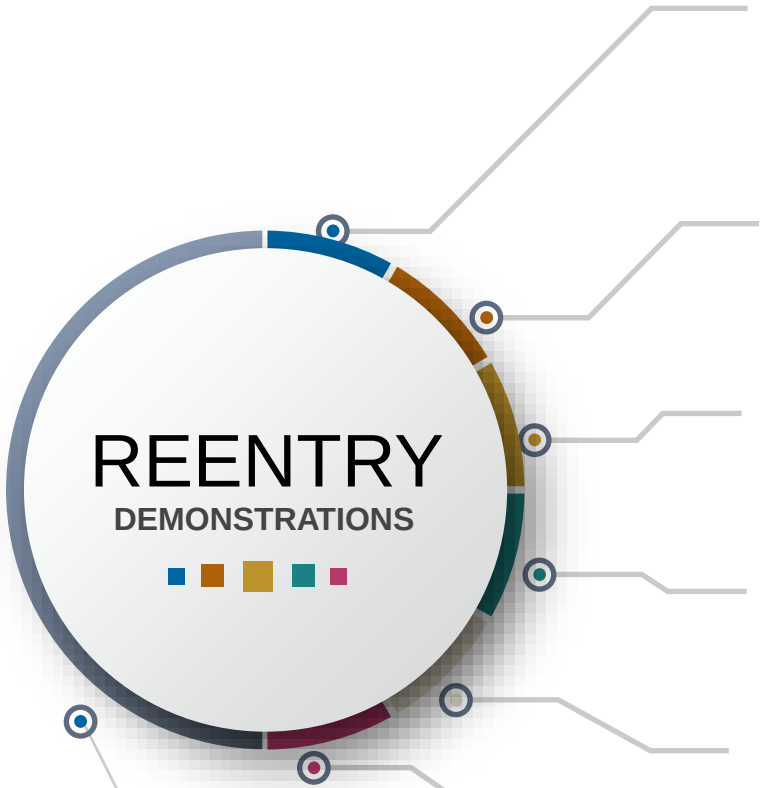
TODAY'S AGENDA

- Overview of healthcare screenings and operations in carceral settings
- Understand health care delivery in jails and prisons
- Discuss the opportunity to improve healthcare transitions to the community upon discharge
- Q&A

THE OPPORTUNITY: SECTION 1115 WAIVERS FOR REENTRY INITIATIVES

CMS designed the Reentry Section 1115 Demonstration Opportunity to improve access to community resources that address the health care and health-related social needs of the carceral population, with the aims of improving health outcomes, reducing emergency department visits, and inpatient hospital admissions for both physical and behavioral health issues once they are released and return to the community.

The purpose of this demonstration opportunity is to provide short-term Medicaid enrollment assistance and pre-release coverage for certain services to facilitate successful care transitions.



BILLING
EHR Development, Provider Training, Claims Accuracy

MCO ENGAGEMENT
Role, Population Health Management

ASSESSMENTS
Who Facilitates? Assessment Fatigue

CARE COORDINATION
Complex Care Coordination

PHARMACY
Long-Acting Injectables

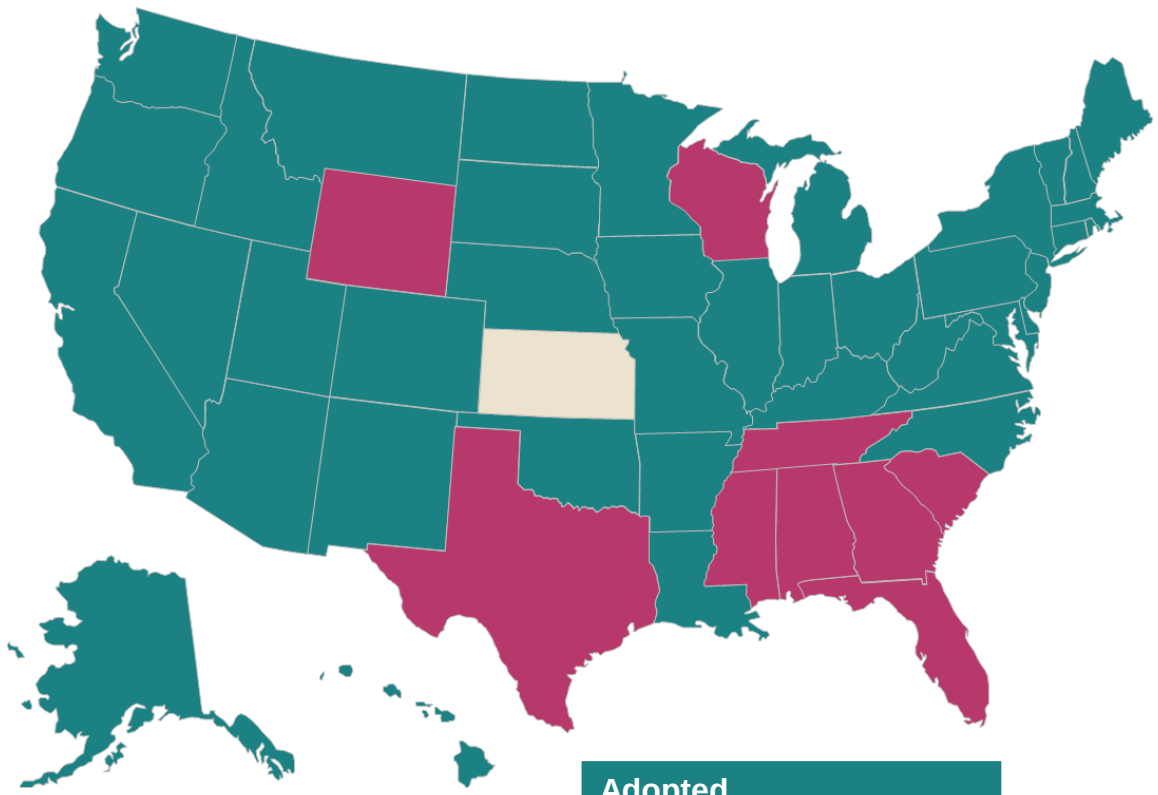
PEERS
Navigators, Community Health Workers

DATA INTERCONNECTIVITY
Data sharing agreements

41 STATES (PLUS DC) HAVE ADOPTED MEDICAID EXPANSION

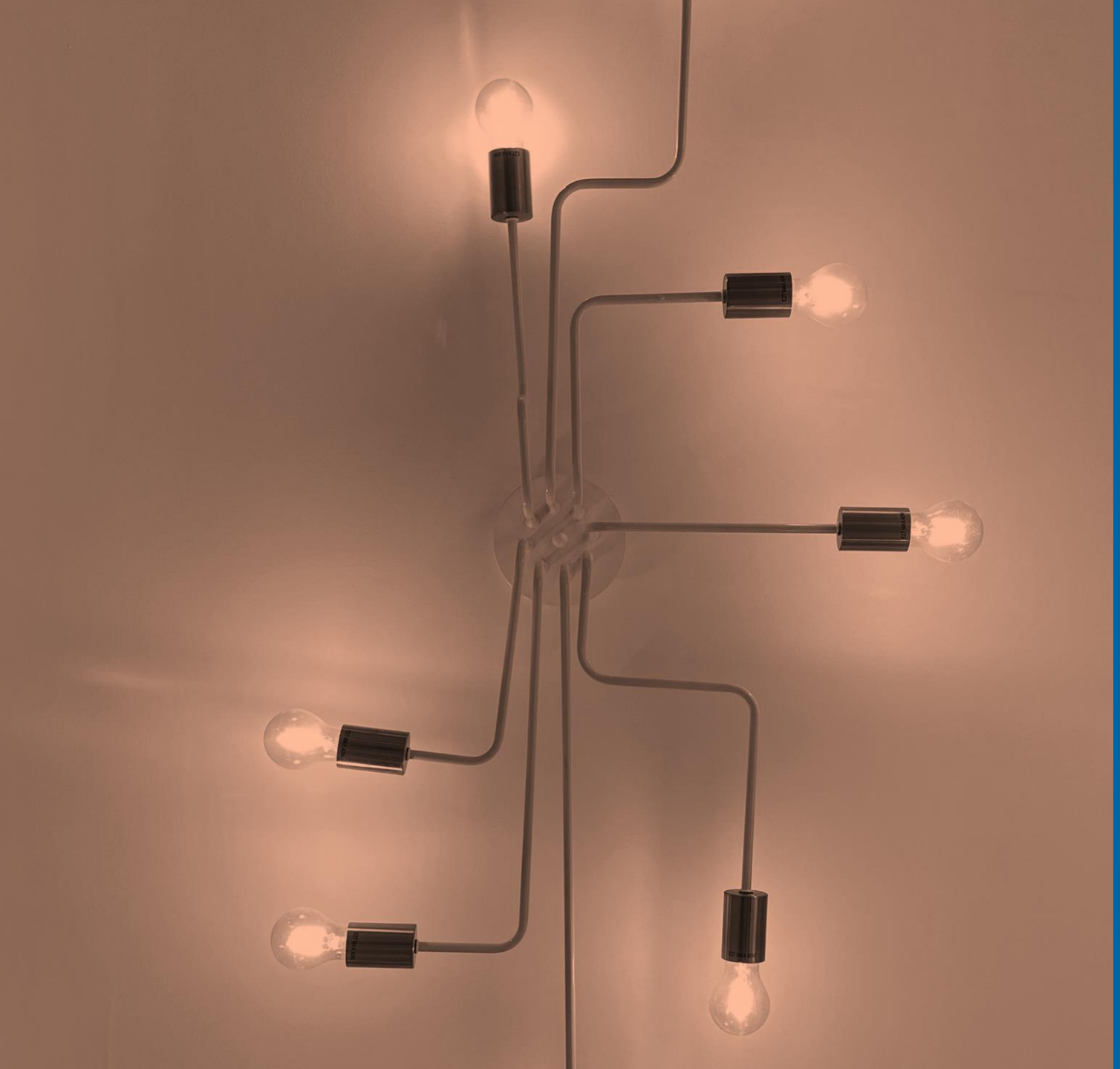
Accessing Care at the appropriate level of service is impacted by patient experience and engagement

- **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)



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HEALTHCARE SCREENINGS AND OPERATIONS IN CARCERAL SETTINGS

JAILS AND PRISONS ARE ANOTHER SERVICE POINT IN THE CONTINUUM OF CARE FOR MANY AMERICANS

Mandated Health Care: The landmark 1976 decision, Estelle v. Gamble, deemed "cruel and unusual punishment" if denied access to health care, food, exercise or hygiene

Millions of patients in America receive their health care in a carceral setting.

- During 2020, 8.7 million persons were admitted to local U.S. jails, and, at year-end, state and federal prisons incarcerated 1,215,800 persons.
- In Bureau of Justice Statistics surveys from 2016, 51% of state prisoners reported having a chronic medical condition, 65% reported using at least 1 drug during the 30 days before arrest, and 43% reported a history of a mental health problem.
- For many Black, Indigenous, and Latinx persons in particular, the experience of incarceration is a major social determinant of health.

Jails and prisons are unlike other healthcare settings.

- Congregate setting
- Provides care at any level that is indicated by clinical needs
- Care provided is comprehensive including diagnostics, imaging, medications and ancillary services
- Care that cannot be performed in setting is referred to outside provider
- Timeliness of care is critical

Transitions into the community can create risk for poor patient outcomes.

Minton TD, Zeng Z. Jail Inmates in 2020—Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; December 2021.
Maruschak LM, Bronson J, Alper M. Medical Problems Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; June 2021. Publication no. NCJ 252644.
Maruschak LM, Bronson J, Alper M. Alcohol and Drug Use and Treatment Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; July 2021. Publication no. NCJ 252641.
Maruschak LM, Bronson J, Alper M. Indicators of Mental Health Problems Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; June 2021. Publication no. NCJ 252643.

THERE ARE IMPORTANT DISTINCTIONS BETWEEN PRISONS AND JAILS WHEN IT COMES TO HEALTHCARE

Jails

There are 3116 jails in America, locally operated by a Sheriff, Warden or Director.

In most states, jails and their health care services are the responsibility of counties under the oversight of an independently elected sheriff, funded through county or local budgets

- ~ 60% turnover in 2-4 weeks – migratory population
- Process thousands of unduplicated annually
- High rates of physical and behavioral health conditions: Hypertension, asthma, diabetes, TB, HIV, Hep SMI, OUD, SUD
- Ideal Public Health opportunity

Prisons

There are 1566 state and 122 Federally Operated and Funded prisons in America.

Prisons generally fall under the jurisdiction and financial responsibility of a state-appointed director of corrections or the federal Bureau of Prisons.

- Sentences usually 1 year and longer – more stable population
- Healthcare typically provided by state or federal employees or vendors
- Reliable release date for Discharge Planning
- High rates of physical and behavioral health conditions, including OUD, SUD

The reach of the criminal justice system extends beyond jails and prisons; millions more people are under probation, parole, pretrial supervision, and specialty court supervision, as well as under other local alternatives to incarceration.

www.prisonlegalnews.org/media/publications/Medicaids_Evolving_Role_in_Advancing_the_Health_of_People_Involved_in_the_Justice_System_2020.pdf

INTAKE STARTS IN THE JAIL, WHERE INITIAL EXAMS ARE PERFORMED

Arrested → **Bond Court or arraignment** → **Remanded to Custody (Jail)** → **Custody Screening**

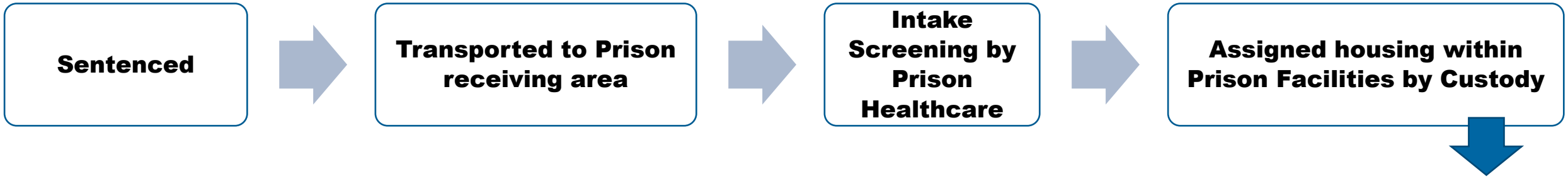
- Intake (or receiving) identifies the time that a person is moved from the community into custody.
- This transition occurs based on **criminal charges** and is **not** based **on clinical need** or an independent decision to access care by an individual.
- Healthcare needs are individually variable.
- Levels of risk are individually variable.

SCREENING BY LICENSED CLINICIAN

To inform clinical decision making, every patient is screened upon entry to jail to assess if they are at risk of or have active medical conditions, mental health issues, and/or substance use disorder(s).

Housing assignments and alerts are assigned based on current needs, which may change as condition(s) stabilize or improve. Clinicians report service level that informs housing.

PRISON INTAKE



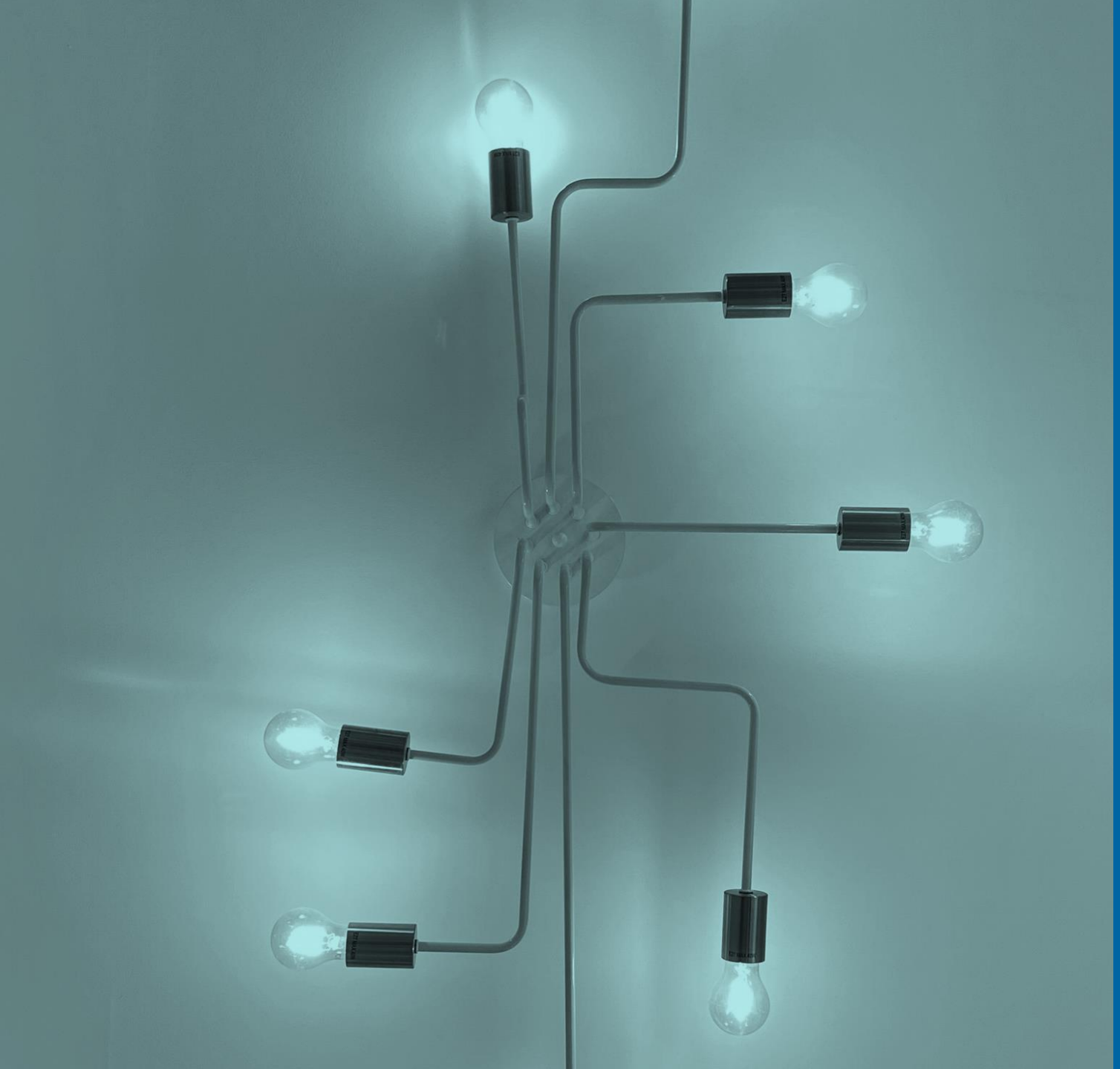
Those transitioning to prison have typically received screening and care in jail setting from time since arrest through court proceeding.

- Medical Records and history of treatment transferred with patient
- Receive screening and assessment (within 14 days)
- Orders written for ongoing clinical and medication needs based on medical records and assessment findings

MULTIPLE LEVELS OF CARE WITHIN CARCERAL SETTINGS

	Medical	Behavioral
Inpatient	•Typically in outside hospital	Inpatient level of psychiatric care
Acute/ Urgent	Urgent care (some) Rapid response teams for man down	24-hour crisis intervention and stabilization Detox Unit/staffing for patients at risk for ETOH/benzo and opioid withdrawal Involuntary medication petitions
Ambulatory • Health Care Maintenance • Chronic Care • Acute episodic for ambulatory sensitive conditions • Medication management	RN staffed Daily Sick call for non urgent/emergent healthcare needs and requests On-site specialty clinics Radiology and imaging may include X-rays, CAT Scans, ultrasound Physical Therapy/ Occupational therapy	Psychiatric services including evaluation and management Therapeutic treatment services: Individual counseling and supportive psychotherapy; group counseling and psychoeducation; community linkage
Skilled Nursing and Custodial (24 hour coverage)	Special Care Unit	Special Care Unit
Specialty Services	•On and off-site specialty care •Hemodialysis unit •Infection Control Prevention and Control	Medication Assisted Treatment for Substance Use Disorders

Dental Emergent, Screening, and Maintenance Care is also provided



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HEALTH CARE DELIVERY IN JAILS AND PRISONS

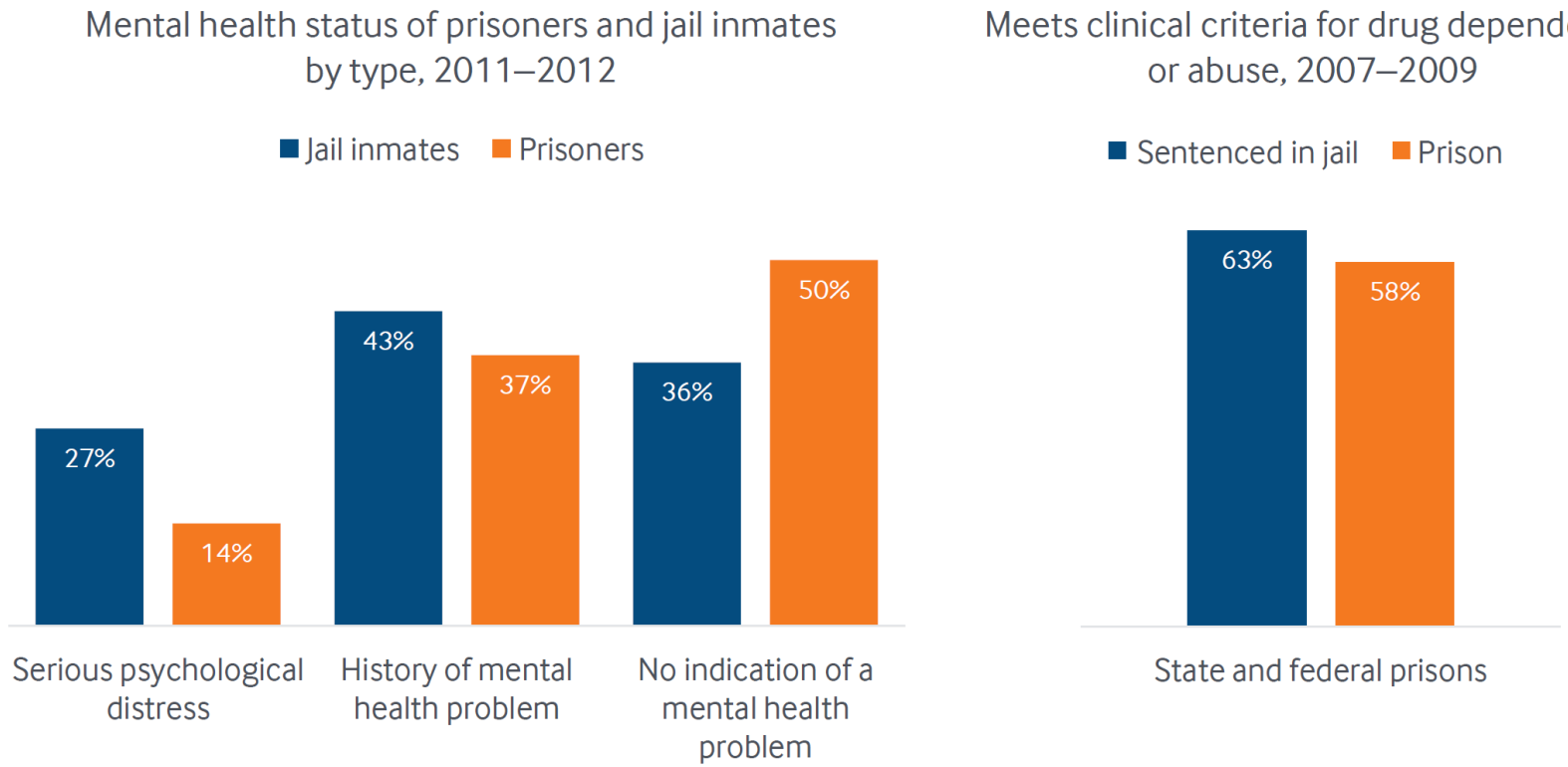
NOT ALL HEALTHCARE INFORMATION IS SHARED WITHIN CARCERAL SETTINGS

Not all jails and prisons have Electronic Health Records (EHRs), and there is variability in EHRs where they exist

- The custody management system and the EHR may not interface or have limited interface
- Custody and health care each perform screenings and provide services, but the records are typically not fully shared electronically
- The health system is a covered entity for HIPAA and is required to abide by HIPAA standards
- Information is shared on a need-to-know basis between custody and healthcare
- In addition to privacy concerns, some medical information can create a risk for the patient with other detainees
- Health screenings should communicate the level of health services that a person needs while maintaining their privacy to inform housing decisions by custody
- Shared information/alerts inform housing. For example:
  - need electrical outlet (CPAP)
  - withdrawal alert
  - seizure alert (lower bunk)

PATIENTS ENTERING A JAIL FROM THE COMMUNITY HAVE A DISPROPORTIONATE PREVALENCE OF HEALTH NEEDS WHICH INCLUDE MENTAL ILLNESS AND SUBSTANCE USE DISORDERS AS WELL AS PHYSICAL AND DENTAL HEALTH NEEDS (1).

Exhibit 4. Justice-Involved Populations Face High Rates of Substance Use Disorder and Mental Health Conditions

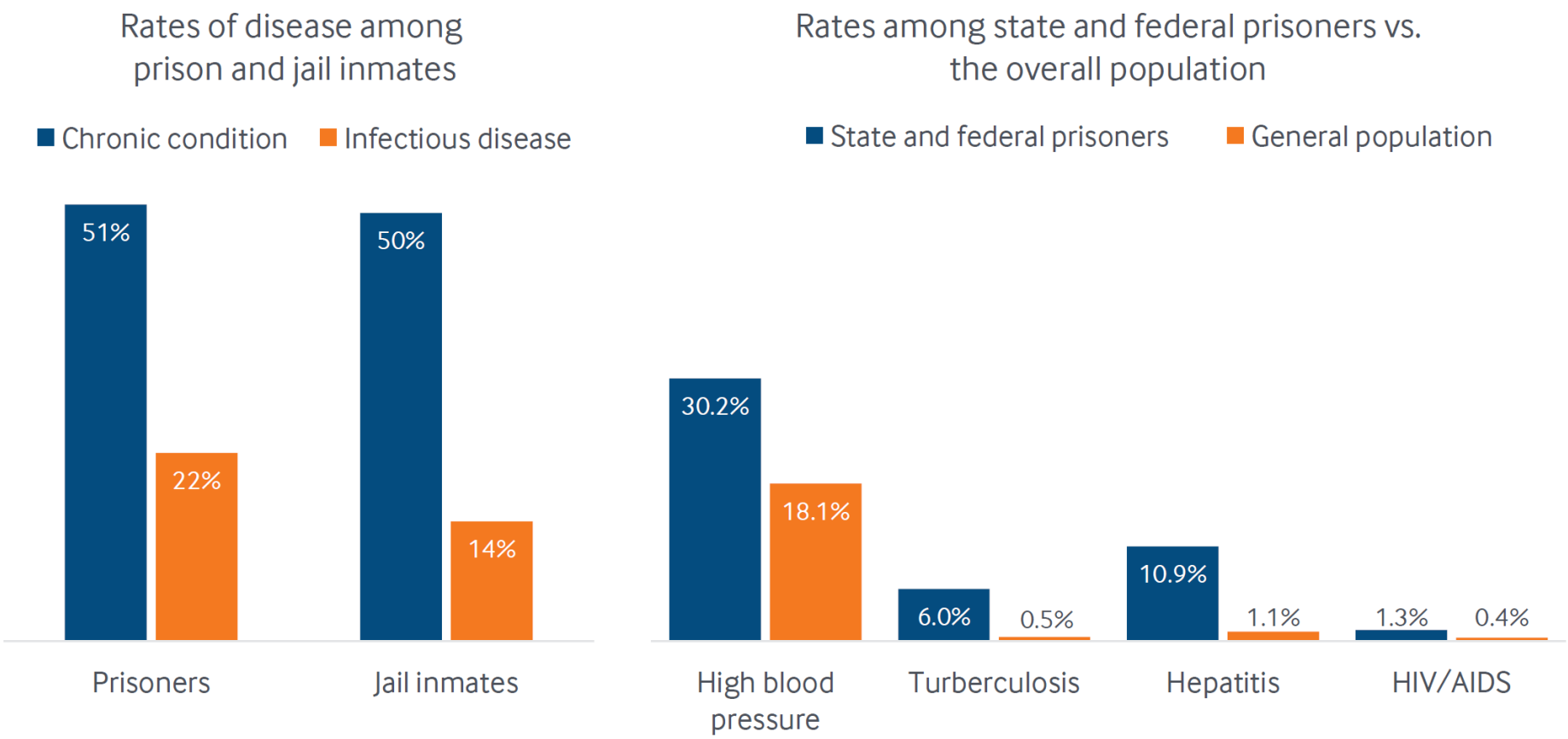


Data: Bureau of Justice Statistics, National Inmate Survey, 2011–12; Bureau of Justice Statistics, Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007–2009.

Commonwealth Fund Issue Brief November 2020 /https://www.commonwealthfund.org/sites/default/files/2020-11/Camhi_Medicaid_role_health_justice_system_ib.pdf

PATIENTS ENTERING A JAIL FROM THE COMMUNITY HAVE A DISPROPORTIONATE PREVALENCE OF HEALTH NEEDS WHICH INCLUDE MENTAL ILLNESS AND SUBSTANCE USE DISORDERS AS WELL AS PHYSICAL AND DENTAL HEALTH NEEDS (2).

Exhibit 3. People in the Justice System Have High Rates of Chronic and Infectious Diseases



Data: Bureau of Justice Statistics, Medical Problems of Prison and Jail Inmates, 2011–12. Data reflect numbers of inmates who report ever having had a chronic condition.

Commonwealth Fund Issue Brief November 2020 /https://www.commonwealthfund.org/sites/default/files/2020-11/Camhi_Medicaid_role_health_justice_system_ib.pdf

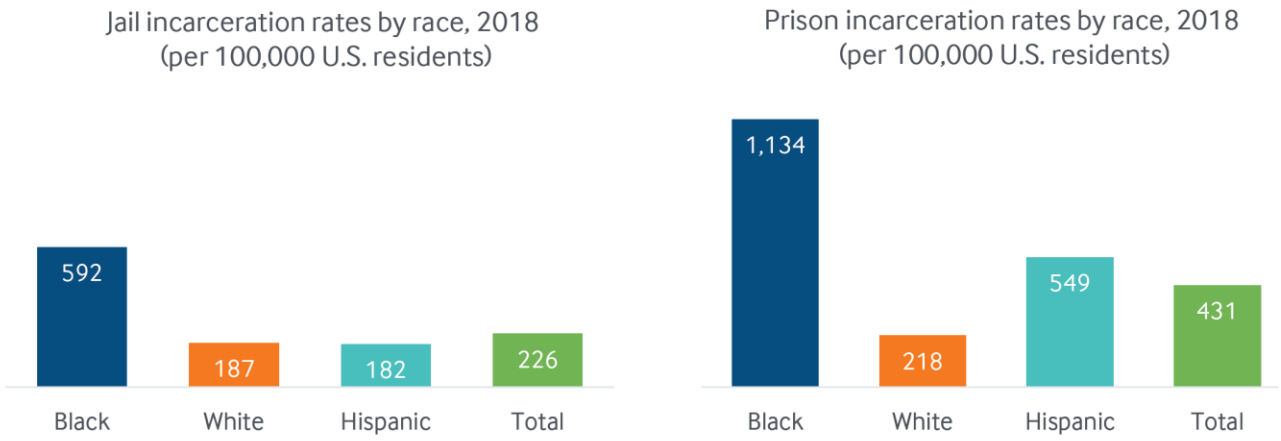
SIGNIFICANT RACIAL AND SOCIOECONOMIC DIFFERENCES AMONG JAILED POPULATIONS, WHICH ARE HEALTH DETERMINANTS.

Exhibit 1. People Who Are Incarcerated Are Disproportionately Low-Income

Median annual incomes for incarcerated people prior to incarceration and nonincarcerated people ages 27–42, by race, ethnicity, and gender, 2014

	Incarcerated people (prior to incarceration)		Nonincarcerated people	
	Men	Women	Men	Women
All	$19,650	$13,890	$41,250	$23,745
Black	$17,625	$12,735	$31,245	$24,255
Hispanic	$19,740	$11,820	$30,000	$15,000
White	$21,975	$15,480	$47,505	$26,130

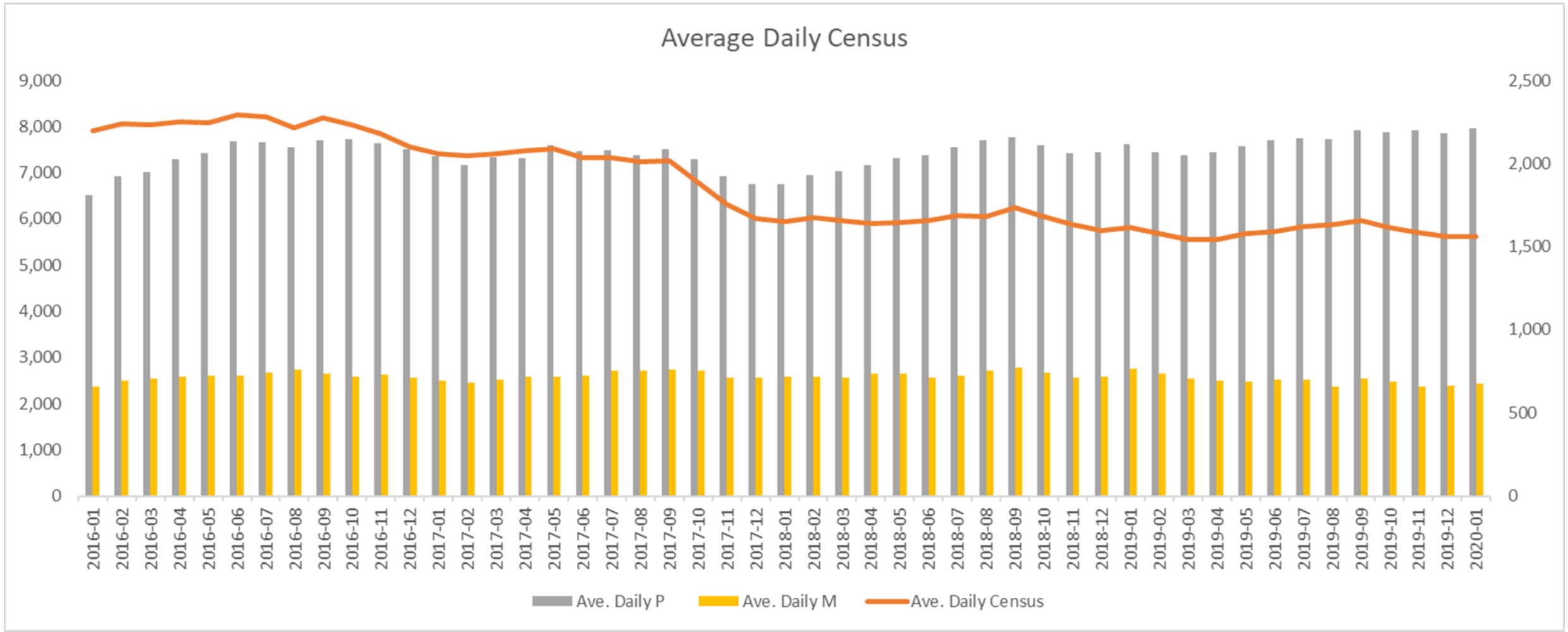
Exhibit 2. People Who Are Incarcerated Are Disproportionately Black

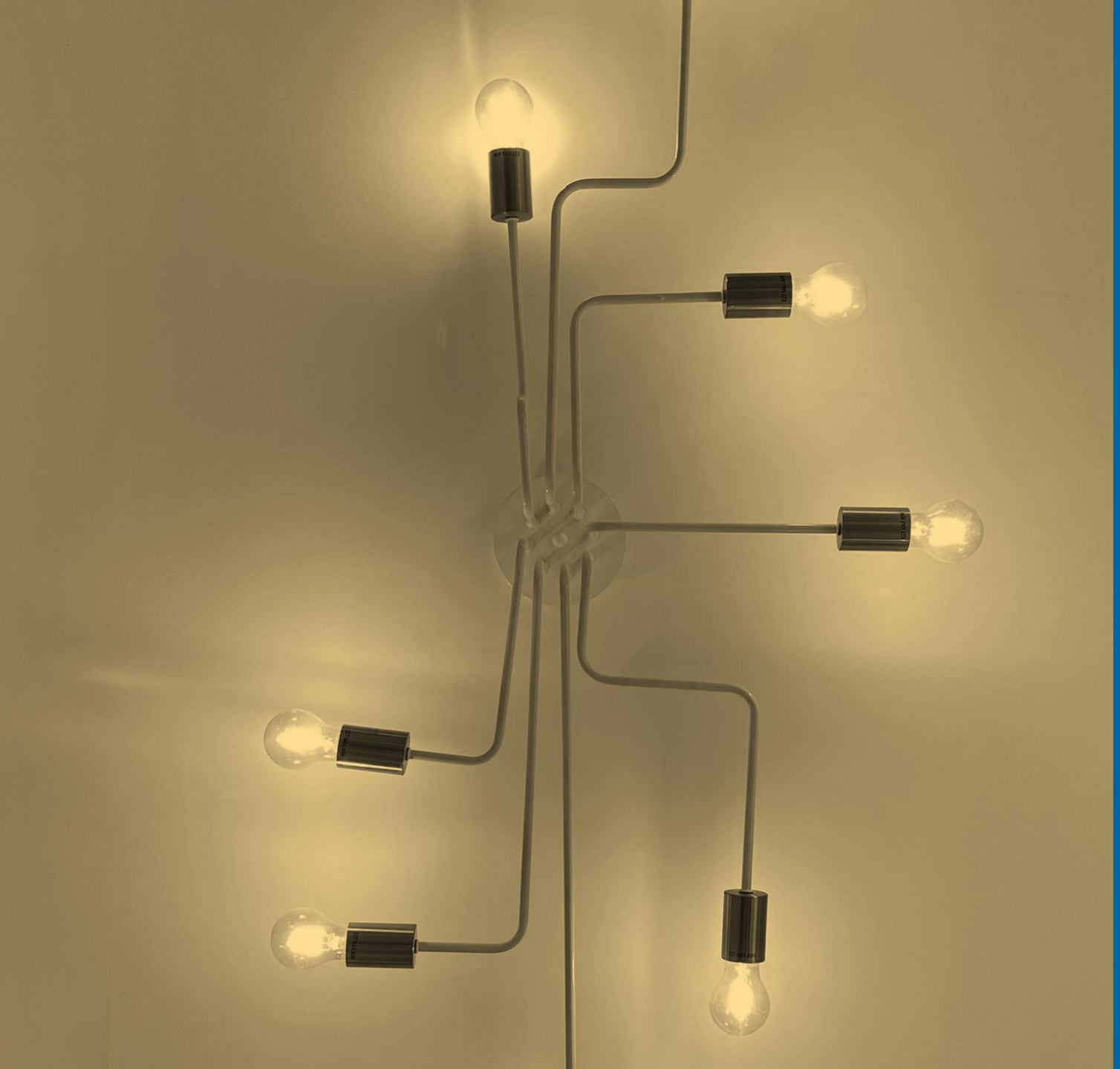


Data: Bureau of Justice Statistics, Jail Inmates in 2018; Bureau of Justice Statistics, Prisoners in 2018.

Commonwealth Fund Issue Brief November 2020 /https://www.commonwealthfund.org/sites/default/files/2020-11/Camhi_Medicaid_role_health_justice_system_ib.pdf

DECREASE IN ADP DOES NOT CORRELATE TO DECREASE IN HEALTHCARE SERVICE NEEDS





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OPPORTUNITY TO IMPROVE TRANSITIONS INTO THE COMMUNITY

JUSTICE INVOLVEMENT AS A PREDICTOR OF UTILIZATION

A 2014 national study with a representative sample of adults with recent criminal justice involvement showed potential independent effect of criminal justice involvement on hospital and ED utilization.

- Rates of both past year hospitalization and ED utilization were increased compared with the general population.
- Increased rates of hospital and ED utilization persisted after adjustment for important sociodemographic and clinical characteristics, suggesting a link between the experience of criminal justice involvement and utilization of hospital and ED services. This association was present in nearly all subgroups examined.
- Additionally, total hospital days, total ED visits and estimated expenditures were significantly increased compared with the general population.

Posited explanations for identified utilization patterns include disruptions in insurance coverage, access to outpatient care, access to prescription medications.

Frank JW, Linder JA, Becker WC, et al. Increased hospital and emergency department utilization by individuals with recent criminal justice involvement: results of a national survey. J Gen Intern Med. 2014;29:1226-33. [PMID: 24817280] doi:10.1007/s11606-014-2877-y

HEALTH UTILIZATION PATTERNS FOR JUSTICE INVOLVED

Evidence suggests that programs to improve access to care on release from prison may prevent high-cost utilization in the community.

Studies have consistently indicated high health care utilization after release

- Delaware, rates of hospitalization were increased more than threefold compared with a national sample.
- 476 adult women recently released from New York City jails, half reported ED use and 24 % reported a hospitalization over an average of 15 months.
- In a cohort of 151 ex-prisoners with HIV infection in Connecticut, 56 % had at least one ED visit in the 12 months following release.
- Analysis of Medicare beneficiaries released from correctional facilities showed a significant increase in hospitalization compared to matched controls.

Need for additional studies which include evaluation of transition programs and processes and their impact on improving outcomes.

Frank JW, Linder JA, Becker WC, et al. Increased hospital and emergency department utilization by individuals with recent criminal justice involvement: results of a national survey. J Gen Intern Med. 2014;29:1226-33. [PMID: 24817280] doi:10.1007/s11606-014-2877-y

HEALTHCARE UTILIZATION POST RELEASE

A study of Medicare beneficiaries incarcerated between 2002 and 2010 found high rates of hospitalization shortly after release.

- 1 in 70 former inmates were hospitalized for an acute condition **within 7 days of release**,
- 1 in 12 were hospitalized within 90 days…a rate much higher than in the general population.
- Hospitalizations included mental health conditions, overdosing and poisoning, ambulatory sensitive conditions
- Risk for hospitalization stayed higher than general population even one year after release, even after accounting for their increased risk of death after release

- Most released individuals state that they use the ED as their regular source of care.
  - Eighty percent of released individuals have chronic medical, psychiatric, or substance abuse problems, yet only 15% to 25% report visiting a physician outside of the emergency department (ED) in the first-year post release.

State and federal prisons released 549,600 persons in 2020 while millions more persons were released from local jails.

Wang EA, Wang Y, Krumholz HM. A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. JAMA Intern Med. 2013;173:1621-8. [PMID: 23877707] doi:10.1001/jamainternmed.2013.900
Binswanger IA, Stern MF, Deyo RA,etal. Release from prison—a high risk of death for former inmates. NEnglJMed.2007;356(2):157---165.
Mallik-Kane K, Visher CA. Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Washington,DC:TheUrbanInstitute;2008.
Mallik-Kane K. Returning Home Illinois Policy Brief: Health and Prisoner Reentry. Washington, DC: Urban Institute Justice Policy Center;2005.
Conklin TJ, Lincoln T, Tuthill RW. Self-reported health and prior health behaviors of newly admitted correctional inmates.AmJPublicHealth.2000;90 (12):1939---1941.
Wakeman S E, McKinney ME, Rich JD. Filling the gap : the importance of Medicaid continuity for former inmates. JGenInternMed.2009;24(7):860---862.
Flanagan NA. Transitional healthcare for offenders being released from United States prisons. CanJNursRes. 2004;36(2):38---58.

CORRECTIONAL HEALTH CARE IS THE PRIMARY SOURCE FOR HEALTHCARE FOR MANY

A recidivism study of state prisons from 2008 to 2018 found that about 61% of released inmates returned to prison within 10 years of release.

- Recently released prisoners have low educational attainment; high rates of poverty, unemployment, homelessness; and high risk of poor health outcomes, including death, upon release.
- Incarcerated persons released from state prisons in 2018 had served an average time of 2.7 years.
- 2020 U.S. jail populations had a weekly turnover rate of 50% with persons spending an average of 28 days in jail.
- Historically reentry metrics have focused on reducing recidivism.

Kaeble D. Time Served in State Prisons, 2018. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; March 2021.
Maruschak LM, Bronson J, Alper M. Medical Problems Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; June 2021. Publication no. NCJ 252644.
Maruschak LM, Bronson J, Alper M. Alcohol and Drug Use and Treatment Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justic Statistics; July 2021. Publication no. NCJ 252641.
Maruschak LM, Bronson J, Alper M. Indicators of Mental Health Problems Reported by Prisoners: Survey of Prison Inmates, 2016. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; June 2021. Publication no. NCJ 252643.

RECOMMENDATIONS TO IMPROVE TRANSITIONS IN CARE REENTRY

Recommended Key Elements of a Transition Plan

- ✓ Summarize pertinent health information
- ✓ Conduct medication reconciliation and provide a sufficient supply of prescription medications at the time of release to bridge care
- ✓ Continue prescribed MOUDs and make referrals for treatment of substance use disorder as indicated
- ✓ Provide overdose education and naloxone distribution
- ✓ Assist with health benefit applications, such as Medicaid enrollment
- ✓ Coordinate with social service organizations to
  - secure safe housing
  - provide employment opportunities
  - address food insecurity
  - secure and update personal identification documents

Discharge/Release Plan from Carceral Settings

- ❑ Needs Assessment/Plan of Care
- ❑ Release of Information
- ❑ Identify and link to community-based resources
- ❑ Implement, Monitor and Evaluate effectiveness of plan
- ❑ Establish MOU's/Letters of Agreement- Delineate specific deliverables which include in-reach of community-based providers

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail or Prison: Implementation Guide. Substance Abuse and Mental Health Services Administration; 2017. SMA16-4998.
Wang EA, Hong CS, Shavit S, et al. Engaging individuals recently released from prison into primary care: a randomized trial. Am J Public Health. 2012;102:e22-9. [PMID: 22813476] doi:10.2105/AJPH.2012.300894
Shavit S, Aminawung JA, Birnbaum N, et al. Transitions clinic network: challenges and lessons in primary care for people released from prison. Health Aff (Millwood). 2017;36:1006-15. [PMID: 28583958] doi:10.1377/hlthaff.2017.0089
The Commonwealth Fund. Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. Issue Brief. 18 November 2020. Accessed at www.commonwealthfund.org/publications/issue-briefs/2020/nov/medicaid-role-health-people-involved-justice-system on 1 May 2022.

WHAT OPPORTUNITIES DOES THE 1115 WAIVER CREATE?

Data collection on improving outcomes associated with transition into the community

Leverage current screenings and health status to inform community plan of care

Connect patients to appropriate levels of care including primary care and behavioral health services

Identify patients at highest risk for poor outcomes due to loss to follow up for additional care management and/or supportive services

In-reach to establish relationship and strengthen patient engagement

Create smooth transitions in care to mitigate patient and system risk

Consider including in your current risk assessment a question to identify patients who have received care in a carceral setting within the last year

QUESTIONS & DISCUSSION

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Our subject matter experts are currently partnering with state, county, and city governments, healthcare systems and service providers to address the many challenges faced in providing care to persons who are justice involved:

- 1115 Waivers
- Reentry/Transitions in Care
- SUD/MAT
- Workforce and staffing
- Crisis/988
- Quality and patient safety
- COVID pandemic response
- Infection control
- Urgent, emergent, and chronic disease management
- Healthcare screening and assessment
- Risk mitigation
- Interface/collaboration between custody and clinical teams
- Integration of behavioral health, dental, and primary care
- Telehealth and innovations in care delivery
- Data-driven operations and quality/patient safety solutions

Questions?

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