



Corrections and Medicaid Partnerships: Strategies to Enroll Justice-Involved Populations

National Academy for State Health Policy

Tuesday, November 17, 2015

3:00 – 4:00 PM ET

Call-in # 1-866-740-1260, Passcode 9032788

Presented with support from The Jacob & Valeria Langeloth Foundation

Webinar Agenda

| | |
|----------------|--|
| 3:00 p.m. | Introduction Sarabeth Zemel, Project Director, NASHP |
| 3:05-3:10 p.m. | Overview/Context Setting Anita Cardwell, Policy Associate, NASHP |
| 3:10–3:45 p.m. | Insights from the States <u>Moderator:</u> <ul style="list-style-type: none">• Sarabeth Zemel, NASHP <u>Panelists:</u> <ul style="list-style-type: none">• Liz Mestas, Colorado• Kari Armijo & Angela Medrano, New Mexico• Shawn Tessmann, Wisconsin |
| 3:45–4:00 p.m. | Question and Answer *Use the chat feature to submit your questions |
| 4:00 p.m. | Wrap-up |

Opportunity to Enroll Justice-Involved Individuals in Health Coverage

- Under the Affordable Care Act (ACA), many justice-involved individuals who did not previously qualify for Medicaid are now eligible
- Of the approximately 10 million individuals released annually from prisons or jails, 70 to 90 percent are estimated to lack health insurance.*

**Source: The Council of State Governments Justice Center. Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System. December 2013.*

Importance of Health Coverage for the Justice-Involved Population

- Rates of mental illness, substance use disorders, and other health conditions are as much as seven times higher for justice-involved individuals as compared to the general population
- Incarcerated individuals have higher rates of HIV, tuberculosis, diabetes and other chronic diseases than the general population
- Rates of serious mental illness are two to four times higher in state prisons than in the community
- 50% of individuals in state prisons and 68% of individuals in jails have substance use disorders, in comparison with 9% of the general population
- Access to health care soon after release from incarceration may improve health outcomes and reduce recidivism; may also contribute to state and local cost savings

Sources: National Institute of Corrections, Federal Register 76, no. 129 (2011): 39438-39443; Kaiser Family Foundation, *Health Coverage and Care for the Adult Criminal Justice-Involved Population*, September 2014; Kaiser Family Foundation, *State Medicaid Eligibility Policies for Individuals Moving Into and Out of Incarceration*, August 2015.



Federal Rules Related to Incarcerated Individuals and Medicaid

- Federal law prohibits use of federal Medicaid funds to pay for incarcerated individuals' care, except when an individual is admitted to an inpatient facility for at least 24 hours
- Despite this prohibition on use of federal Medicaid funds, Medicaid-eligible individuals who become incarcerated retain their eligibility for the program
- However most states terminate rather than suspend Medicaid enrollment when an individual is incarcerated
- Federal law requires states to permit individuals to apply for Medicaid at any time

NASHP Project on State Strategies to Enroll Justice-Involved Individuals in Health Coverage

- Funded by the Jacob & Valeria Langeloth Foundation, NASHP interviewed state Medicaid and corrections officials to identify strategies that states are using to enroll justice-involved individuals in health coverage
- Not a comprehensive examination of all states' efforts to enroll this population in health coverage; project includes 7 states: CO, IL, NM, OH, RI, WA and WI
- Themes from interviews summarized in an online toolkit for states, available at: www.nashp.org/criminal-justice-toolkit

Enrollment Strategies: Key Themes

- Enrollment as part of pre-release planning initiated at correctional facilities
 - Identifying simple and streamlined ways to integrate enrollment procedures, such as incorporating into existing discharge planning activities or centralizing application processing functions
- A range of flexible approaches that can be adapted and improved over time
 - Application process conducted on paper, via phone, or electronic processes
 - States implemented various process and/or policy changes to facilitate enrollment (e.g. application processing changes, legislation, MOUs, etc.)
 - Some states conduct post-release outreach activities
- Strong partnerships between Medicaid and corrections agencies to support enrollment efforts is helpful, including effective communication and backing from organizational leadership

Beyond Eligibility and Enrollment Strategies

- Efforts to facilitate access to care for individuals reentering the community
 - Health literacy materials targeted to the justice-involved population
 - Intensive case management services for individuals with complex physical and/or behavioral health needs
 - Working to establish or improve connections with community care providers and managed care organizations to promote continuity of care

Insights from the States

Moderator: Sarabeth Zemel
Project Director, NASHP

Liz Mestas
Support Services Manager, Colorado Department of Corrections

Cheryl Petrossi
Nurse Case Manager, Colorado Department of Corrections

Kari Armijo
Health Care Reform Manager, Medical Assistance Division
New Mexico Human Services Department

Angela Medrano
Deputy Director, Medical Assistance Division
New Mexico Human Services Department

Shawn Tessmann
Bureau Director, Bureau of Enrollment Policy & Systems
Wisconsin Department of Health Services

What processes is your state using to enroll justice-involved individuals in health coverage, and what was the primary catalyst for implementing these efforts?

Wisconsin

- New eligibility for childless adults under Medicaid
- Prevent recidivism—ensuring inmates released from state correctional facilities have access to medical and pharmaceutical treatment when they leave the facility
- Studies have shown an increased health risk for inmates released from state correctional facilities due to the inmate no longer having access to the services and medications provided when the inmate was incarcerated
- Byproduct reason-interim strategy before real-time eligibility; not interested in “suspension”

Wisconsin

Old Process

- Re-entering individuals submit applications for benefits online, by phone or in person on the day of release
- If determined eligible, benefits can be backdated to the day of release
- This process allows for a gap in coverage or no coverage if the individual does not follow up with the application process after release

Wisconsin

New Process

- Inmates who have a definitive release date may apply telephonically for benefits any time after the 20th day of the month before the month of release
- Income maintenance (IM) agencies will process the application upon the initial contact, collect a telephonic signature, and if the applicant meets all eligibility criteria, confirm BadgerCare Plus (BC+) eligibility starting in the month of release

Wisconsin

New Process (cont.)

- DOC will provide access to a telephone for up to an hour to allow the inmate time to complete the application
- The Consortia Call Centers must be able to process the application at the time of the initial call
- Most verification can be completed using current data exchanges
- Any additional verification will be requested using the current Verification Checklist process

New Mexico

Senate Bill 42

- New Mexico Legislature passed Senate Bill 42 in early 2015; Governor Susana Martinez signed it into law that went into effect on July 1, 2015
- Primary goal of this legislation is to ensure that the Medicaid-eligible inmate population, especially those with behavioral health needs, has timely access to services when released from prison or jail, and to reduce recidivism
- Prior to SB 42, New Mexico expanded Medicaid to low-income adults under the ACA
- Anticipation of eligibility and enrollment needs for the incarcerated population led the state to submit and receive approval for a State Plan Amendment allowing for presumptive eligibility (PE) in prisons and jails

New Mexico

Key Provisions of Senate Bill 42

- Allows inmates already enrolled into Medicaid to keep their Medicaid eligibility while incarcerated
- Allows inmates who are not enrolled in Medicaid to submit an application and become eligible to receive Medicaid benefits and services once they are released from prison or jail

New Mexico

Key Provisions of Senate Bill 42

- Mandates state and local adult and juvenile detention facilities to **notify** the New Mexico Human Services Department when a Medicaid enrollee is incarcerated and when he or she is released from jail or prison
- Allows the New Mexico Human Services Department to **suspend** healthcare benefits of a Medicaid enrollee when incarcerated and to **reactivate** those benefits when he or she is released from jail or prison, without terminating their Medicaid eligibility

New Mexico

Implementation of SB 42

- New Mexico will begin implementing SB 42 starting this winter in a phased approach
- HSD anticipates to fully implement SB 42 statewide next year once information technology systems upgrades are complete
- Phase I includes entering into inter-governmental agreements with New Mexico Corrections Department; Children, Youth and Families Department and Bernalillo County Detention Center in Albuquerque

New Mexico

Implementation of SB 42

- These inter-governmental agreements will allow HSD to train and certify prison and jail staff as Presumptive Eligibility Determiners (PEDs)
- These PEDs will screen prison and jail inmates for Medicaid eligibility, grant presumptive eligibility when needed and file ongoing Medicaid applications on their behalf

New Mexico

Implementation of SB 42

- HSD has trained and certified over 50 New Mexico Corrections Department Staff as PEDs, about 15 PEDs at Bernalillo County jail and two at the Children, Youth and Families Department
- HSD has established an application processing unit to handle all Medicaid applications from prison and jail inmates

Colorado

- Enrollment for all justice-involved individuals leaving prisons is conducted by two nurse case managers at the Department of Corrections' (DOC) headquarters (case load is divided by north and south regions)
- Facility case managers obtain signed permission forms and forward them to DOC nurse case managers (note the program is voluntary)

Can you describe some of the key policy or process changes that your state had to implement to facilitate enrollment for the justice-involved population?

New Mexico

Implementation of SB 42

- As part of the inter-governmental agreements, prisons and county jails will be sharing inmate booking and inmate release information with HSD on a daily basis through a secured interface
- This daily inmate booking and release information will allow HSD to ensure that Medicaid benefits are suspended when a Medicaid enrollee is incarcerated for more than 30 days and to reactivate those benefits when that enrollee is released from prison or jail

New Mexico

State Plan Amendment & Rule Changes

- Amended the State Plan to allow for PE for the prison and jail populations
- Adopted new rule that allows HSD to suspend a Medicaid enrollee's health care benefits 30 days after his or her incarceration in jail or prison without terminating eligibility
- Applied the rule that excludes an inmate from the household if he or she does not file a tax return or is not claimed as a tax dependent (i.e., non-filer rules); rule is generally applied at renewal

Colorado

- DOC worked closely with the Department of Health Care Policy and Financing (HCPF) to develop procedures to efficiently process Medicaid applications (e.g. eliminating need to answer financial & asset questions)
- Initially a pre-filled paper application was printed and only demographic data had to be filled out; applications were processed manually by HCPF staff
- Currently applications are submitted electronically up to 41 days prior to release and some determinations are obtained immediately; other applications are usually determined within 2 days
- Medicaid cards are electronically downloaded and forwarded to the individual in his/her release papers
- Centralized processing is efficient, allows HCPF to maintain its own database and increases accountability overall
- HCPF runs weekly and monthly reports, comparing data in DOC's nurse case managers' database with the Office of Planning and Analysis' release list

Wisconsin

- Accepting applications before month of release
- Allowing IM consortia call/change center phone numbers to be programmed as allowable into facilities
- Changing policy through analysis of prison wages to determine verification not necessary, below 100% FPL

What specific assistance is provided to incarcerated individuals who are enrolling in health coverage?

New Mexico

- State development of a Medicaid FAQ for inmates, focusing on unique issues:
 - Household composition issues
 - Enrollment process while incarcerated
 - Access to Services upon release
- MCOs developing educational materials

Wisconsin

DOC staff will help facilitate the application process by assisting the inmates to:

- Identify which income maintenance consortium to call based on the county where the inmate plans to live upon release
- Prepare for the phone call by gathering information needed for the application
- Determine which address(es) to provide to the income maintenance agency
- Gather and send verification as needed
- Facilitate application discussion with inmates who need the help

Can you describe how the partnerships between your state's Medicaid and corrections agencies developed to help facilitate enrollment of the justice-involved population?

Colorado

- DOC developed a rapport with HCPF soon after the passage of ACA
- Both departments worked hand-in-hand to implement a streamlined application process for qualifying inpatient events and individuals nearing their release dates
- Other important factors included dedicating specific staff and creating an electronic application process

Wisconsin

- Created an MOU outlining roles and responsibilities
- DOC provided extensive training to their staff and designated site coordinators
- DHS had multiple conversations with IM staff
- Leadership buy-in from both agencies
- Building upon existing partnerships (inpatient inmate coverage)
- Focus on best use of state resources

What are some of the most successful aspects of these efforts, and what are some of the issues to address going forward?

New Mexico

Partnerships

- HSD has been working with New Mexico Corrections Department; Children, Youth and Families Department; Bernalillo County Detention Center; and the County Jail Administrators Affiliate to implement SB 42
- HSD has established a work group comprised of several county jail administrators that meets every month to discuss issues relating to the implementation of SB 42

New Mexico

Access to Care Pilot

- The state is working with Bernalillo County to implement a pilot project that focuses on access to care for inmates
- Includes focus on MCO care coordination prior to release
 - Facility completion of a Preliminary Health Assessment
 - MCO completion of Health Risk Assessment and Comprehensive Needs Assessment

New Mexico

IT System Changes

- HSD is in the process of updating its IT systems to meet the requirements of SB 42, especially maintaining Medicaid eligibility of inmates and activating their healthcare benefits when released
 - Changes are needed to both the Medicaid Management Information System (MMIS) ***and*** to the State's Automated System Program and Eligibility System (ASPEN)

New Mexico

Challenges

- Educating correctional staff and management about the importance of this program
- IT interfaces with county jails for sharing inmate data
- County jail staffing shortages and antiquated information systems
- Changing the mindset of correctional staff and management from public safety to public health

Colorado

- DOC has had a great success rate and currently captures between 90-93% of eligible individuals (roughly 2-7% decline to apply)
- Centralized processing allows nurse case managers to target the 3-8% for whom no permission form is received (e.g. determining how processes can be refined)
- Although applications now submitted electronically, process is still very labor intensive

Wisconsin

- Confidentiality and data matching
- Replicating processes with local jails
- Continuing to build on ACCESS and real-time eligibility functionality

Q&A Discussion

Use the chat box on the left of your screen to type in your question.



New NASHP Toolkit: State Strategies to Enroll Justice-Involved Individuals in Health Coverage

www.nashp.org/criminal-justice-toolkit