



Strengthening the Connection between Medicaid Eligibility and Access to Services for the Jail-Involved Population

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Agenda

1. Welcome, Introductions, Level-Setting
2. Addressing Enrollment Challenges
3. Coordinating Access to Care
4. Next Steps



Who is the Newly Eligible Medicaid Expansion Population?

- The ACA consolidates multiple mandatory and optional eligibility groups into three categories:
 1. Parents and caretaker relatives
 2. Pregnant women
 3. Children under age 19
- It also creates a new eligibility category for adults 19-64 below 138% FPL (\$16,105 annually for a single adult)

Jail-Involved Individuals are an Oft-Forgotten Subset of the Expansion Population

- 11.7 million jail admissions/releases annually
- 6 in 10 inmates were not convicted, but were in jail awaiting court action on a current charge
- A 2008 study of the San Francisco County jail found that 90% of people entering the jail did not have health insurance

SOURCES: Bureau of Justice Statistics. *Jail Inmates at Mid-Year 2013*, <http://www.bjs.gov/content/pub/pdf/jim13st.pdf>; and E.A. Wang, et al. Discharge Planning and Continuity of Health Care: Findings from the San Francisco County Jail. *American Journal of Public Health*. 2008;98(12):2182–4.

Jail-Involved Individuals are an Oft-Forgotten Subset of the Expansion Population *(continued)*

- 96% of jail detainees and inmates return *directly* to the community from jail, without health insurance, and with their often untreated health conditions
- Jail inmates are disproportionately male, persons of color, and poor and have high rates of health problems, psychiatric disorders, and substance use disorders
- The number of women in jail is growing at about 1% per year; the number of men is declining at the same rate

SOURCES: B. Veysey. *The Intersection of Public Health and Public Safety in U.S. Jails: Implications and Opportunities of Federal Health Care Reform*. Community Oriented Correctional Health Strategies. January 2011. Available at <http://www.cochs.org/files/Rutgers%20Final.pdf>; and Bureau of Justice Statistics. *Jail Inmates at Mid-Year 2013*, <http://www.bjs.gov/content/pub/pdf/jim13st.pdf>.

Profile of Jail-Involved Population Highlights the Urgent Need for Coverage and Treatment

- High prevalence of substance use disorder (SUD) and mental illness among the criminal justice system population:
 - ▶ 55% of the jail-involved have a diagnosable SUD
 - ▶ 14.5% of men and 31% of women in jail have a serious mental illness
 - ▶ 72% of people in jails with serious mental illness also have a co-occurring SUD

SOURCES: R. Chandler, B. Fletcher, and N. Volkow. "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety." January 2009; H. Steadman, et. al. "Prevalence of Serious Mental Illness Among Jail Inmates." June 2009; and Substance Abuse and Mental Health Services Administration. *The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails* (2004). <http://gainscenter.samhsa.gov/pdfs/disorders/gainsjailprev.pdf>

Coverage for the Jail-Involved is a Complex Web

- Complex maze of legal, financial, and political issues
- Jails are required to provide health care to inmates, but Medicaid will not pay for services provided within the ‘four walls’ of a correctional institution
- Intense coordination needed between various agencies at the state and county/local level makes solving this “maze” even more complex



Formula for Managing the Needs of the Jail Involved: Coverage + Care Coordination

Emerging state efforts have identified two key paths of coordination:

- ▶ **Eligibility and Enrollment (E&E) Processes:** collaborative eligibility and enrollment processes for jail (e.g., state and local partnerships) that include navigator-like support to individuals to smooth out the eligibility process and get enrolled in Medicaid managed care plans upon release.
- ▶ **Care Coordination:** jail-based, pre-release care coordination that, like many state health home efforts, offers a high-touch approach to securing mental health and substance abuse services for Medicaid-eligible individuals prior to release.

What are the Key Jail-Related E&E Issues?

- **Process:** better administrative processes and timing are critical to make E&E happen prior to release
- **Data matches:** technology solutions to suspend Medicaid eligibility at entry into criminal justice system and reinstate upon release are challenged by state technology glitches & delays
- **Federal claiming for a services (aka inmate of public institution exclusion):** federal funds are available for inpatient admissions for the jail-involved when *outside of the walls of the facility for 24 hrs+*; determining eligibility and submitting these 24+ hr. claims starting to happen in expansion states
- **Federal claiming for administrative costs:** federal Medicaid matching dollars can be claimed for administrative costs associated with suspension, re-filing, or newly filing

How to “Make it Work” with the Systems Available

- Get all of the parties talking
- Build process that works **FIRST** and **THEN** build the software/data-sharing solution to support
- Timing – when is the best time to initiate enrollment?

How to “Make it Work” with the Systems Available

- Applications – the shorter the better, which suggests Presumptive Eligibility (PE) is a promising option
- PE determination makes sense, but how to assure follow-up?
- Health plan engagement opportunities abound
 - Use of care coordination infrastructure
 - Health risk assessments

Overview of Presumptive Eligibility

- Provides authority to entities (e.g., hospitals) to immediately enroll, for a temporary period of time, patients who are likely eligible under a state's Medicaid eligibility guidelines
- Individual provides information about income and household size, and (at state option) information regarding citizenship, immigration status, and residency
- Based on this information, individual is temporarily enrolled, and health care providers (not just hospitals) will receive payment for services provided during this interim period pending a final adjudication of Medicaid eligibility by the state Medicaid agency

SOURCE: Centers for Medicare & Medicaid Services. *Medicaid and CHIP FAQs: Implementing Hospital Presumptive Eligibility Programs*, January 2014. <http://www.medicaid.gov/federal-policy-guidance/downloads/faq-01-24-14-hospital-pe.pdf>

State Example: California's AB 720

Health Care Enrollment for Inmates



- In 2009 the California Department of Corrections and Rehabilitation reported reductions in recidivism for inmates who underwent substance abuse treatment:
 - 61% for females, 29% for males
- Assembly Bill 720 (Statutes of 2013, Chapter 646), authorizes counties to designate an “authorized representative” to complete health insurance applications for specified inmates in a county jail at any time before release
- AB 720 also formalizes suspension of Medicaid enrollment upon incarceration instead of termination

SOURCES: California Department of Corrections and Rehabilitation. Adult Programs Annual Report (June 2009) pp 7-8; and California Assembly Bill No. 720, California Legislative Information, http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB720

State Example: Connecticut's E&E Efforts for the Jail-Involved

Pre-Release Enrollment Program

- Collaboration between Departments of Corrections and Social Services
- Discharge planners based in correctional facilities complete paperwork to apply for Medicaid prior to release, then provide to the state Medicaid agency
- Short-form application ensures expediency
- Entitlement specialists at state Medicaid agency process applications; daily e-feed of population list results in benefits being “switched on” quickly



SOURCE: S.A. Somers, E. Nicolella, A. Hamblin, S.M. McMahon, C. Heiss and B.W. Brockmann. "Medicaid Expansion: Considerations for States Regarding Newly Eligible Jail-Involved Individuals." *Health Affairs*, 33, no.3 (2014): 455-461.

What are the Key Jail-Related Care Coordination Issues?

- Jail-based, pre-release care coordination that, like many state health home efforts, offers a high-touch approach to securing mental health and substance use services for Medicaid-eligible individuals, ensuring continuity of care as individuals transition from jail to the community
- Can states claim Federal Financial Participation (FFP) for targeted case management activities performed by jail employees?

What are the Key Jail-Related Care Coordination Issues? *(continued)*

- Need someone who can make sure coordination is happening ... jail, health care/SUD provider, health plan, probation, parole, etc.
- How could targeted case management fit in?
 - Services offered include: education , job, anger management, life skills

Maryland's Current Initiatives to Enroll Individuals

HealthCare Access Maryland (HCAM)



- With funding from the Abell Foundation, Care Managers from Health Care Access Maryland support the *Baltimore City Second Chance Jail Project*
- The project is designed to help inmates 45-90 days prior to release access HealthChoice, Maryland's Medicaid program and the federal food stamp program
- Care managers from HCAM follow-up for at least 30 days after release

SOURCE: CHCS Interviews and Abell Foundation website: <http://www.abell.org/grants/healthcare-access-maryland>

Ohio: Medicaid Managed Care Prison Transition Program



- Program started summer 2014
- Enrollment system proactively identifies:
 - Eligibility for Medicaid reimbursement of inpatient hospital services – 24 hours
 - 90- to 120-day window prior to release to initiate Medicaid application process and managed care plan selection
- Once plan is selected, plan employs a case manager to create a care transition plan

SOURCE: NAMD, September 2014.

http://medicaiddirectors.org/sites/medicaiddirectors.org/files/public/oh_case_study.pdf

New York: Criminal Justice Health Homes

- Health homes enroll criminal justice-involved individuals with one or more of the following:
 - Serious mental illness
 - Two or more chronic conditions
 - HIV/AIDS
- Health homes:
 - Identify eligible individuals through criminal-justice linkages
 - Deploy case managers to make eligibility determinations and create care transition and discharge plans for the potential enrollee
 - Provide comprehensive, coordinated care
- Other considerations:
 - Health IT system interoperability
 - Ensuring effective “In-Reach” activities



SOURCE: NAMD, November 2014.

http://medicaidirectors.org/sites/medicaidirectors.org/files/public/ny_case_study.pdf

New Mexico – Bernalillo County

- State and county partnership
- Focus on both eligibility and enrollment and care coordination
- **Phase I:** Establishing a ‘super screener’ for those in jail longer than 72 hrs.; screener enrolls individual into Medicaid via PE and also serves as dedicated in-jail care coordinator to improve ‘warm handoffs’ of individuals to community providers upon release
- **Phase II:** Improved connection with MCOs including completion of HRA



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