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Taking the First Step: Medicaid Enrollment Strategies within the Criminal Justice System

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Where the **States** Stand on Medicaid Expansion

26 states, DC, Expanding Medicaid—May 22, 2014

Notes: Based on literature review as of 5/22/14. All policies subject to change without notice.

HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans. The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.
Opportunities

- Corrections
- Community Corrections
- Courts
- Alternatives to Incarceration
- Behavioral Health Systems
- System Change
Presenters

Centers for Medicare and Medicaid Services

Jean Close
Health Insurance Specialist

Stephanie Bell
Technical Director

Connecticut Department Of Corrections

Colleen Gallagher
Director, Quality Assurance Health & Addiction Services

Kathleen F. Maurer
Correctional Medical Director

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Assistant Public Defender
Office of the Public Defender

Oregon Department of Corrections

Cindy Booth
Transition and Release Administrator

Shawn Cost-Streety
Reentry Benefits Coordinator
CMS: Partnering with States to Achieve a High Performing Medicaid Program

Moving from a safety net program

To a full partner in the health care system

Ensuring better care, better health, lower costs
Pathways to Enrollment

- Health Insurance Exchanges
  - Federal
  - State
  - More Information
    - https://www.healthcare.gov/do-i-qualify-for-medicaid/

- Navigators

- Certified Application Counselors
  - To learn more about CAC’s or to apply
  - To view Navigator and CAC training materials
Medicaid Services
Section 1905(a) of the Act specifies: “Medical assistance means payment of part or all of the cost of the following care and services...”

• Mandatory Services
  • Inpatient/outpatient hospital care
  • Physicians services
  • Nurse midwife services
  • Pediatric & family nurse practitioner services
  • Federally qualified health center/Rural health clinic
  • Lab and x-ray
  • Prenatal care
  • Family planning
  • Skilled nursing facility, age 21+
  • Home health care
  • EPSDT
  • Medical and surgical dental services
  • Vaccines for children
  • Tobacco cessation, pregnant women
Optional Services

- Licensed practitioners
- Private duty nursing
- Nurse practitioner
- Clinic
- Dental
- Physical; occupational; speech, hearing, language therapies
- Prescribed drugs
- Prosthetic devices, dentures, eyeglasses
- Diagnostic, screening, preventive
- Rehabilitative
- Case management

- Respiratory care
- Inpatient hospital services to individuals age 65+ in an Institution for Mental Diseases (IMD)
- Nursing facility services, under age 21
- ICF/IDD
- Inpatient psychiatric, under age 21
- Hospice care
- Personal care
- Transportation, emergency and critical access hospitals
- Optometric
- End-stage renal
- Preventive
Service Delivery Options

Managed Care
• Through Managed Care Organizations, Prepaid Inpatient Health Plans, Prepaid Ambulatory Health Plan, Primary Care Case Management

Fee-for-Service
• Traditional Medicaid delivery system

Other
• States may provide Medicaid services through combinations of delivery options
# Alternative Benefit Plans Include Essential Health Benefits

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<td>5. Mental health and substance abuse including behavioral health</td>
<td>6. Prescription drugs</td>
<td>7. Rehabilitative and habilitative services and devices</td>
<td>8. Laboratory services</td>
</tr>
<tr>
<td>9. Preventive and wellness services and chronic disease management</td>
<td>10. Pediatric services including oral and vision care</td>
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States providing services through Alternative Benefit Plans must also meet requirements of the Mental Health Parity and Addiction Equity Act, provide EPSDT for individuals under age 21, assure non-emergency transportation, FQHC/RHC services and provide family planning services and supplies.
Medicaid covered services for individuals with mental health or substance abuse disorders

For example:
Services provided by licensed practitioners, through clinics, FQHCs, RHCs, via tele-health, or as rehabilitative services including

• Individual therapy
• Group counseling
• Family behavior therapy
• Medication Assisted Treatment (MAT)
• Screening and Management of Co-Occurring Physical or Mental Health Issues
• Health Homes for individuals with chronic conditions

Additional Benefits:
• Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, EPSDT guarantees children comprehensive coverage, including physical and mental health therapies.
Information

• Medicaid Eligibility

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Division of Eligibility, Enrollment, & Outreach
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• Medicaid Benefits

Jean Close, Technical Director
Division of Benefits & Coverage
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Connecticut Medicaid Enrollment

- History of our process
- Scope of enrollment
- Enrollment mechanisms
- Data
- What we have learned
Began ~ 10 years ago as a pilot with our state mental health agency—grant funded

Purpose was to provide alternative pathway with medical care for seriously mentally ill patients who had been arrested

Since that time we have:

- expanded our target population
- Included hospital coverage
- Supported eligibility staff in state social services agency (DSS)
- Developed abbreviated application form
- Implemented presumptive eligibility practice
Timeline for Expedited Medicaid Eligibility in Connecticut Department of Correction

**Release Applications**

- **2004**: CT released 7,713 prisoners, 33% of which were provided release Medicaid applications support. In 2010, 3,386 of the 6,885 discharging inmates had applications processed (49%).

- **2006**: Women accounted for 20% of the total from 2007 through 2009.

- **2011**: In the first 6 months of 2011 = 2102 applications.

**Expansion of voucher plus application in court and among facilities to 5 facilities and two more court districts 2012**

**Key to Abbreviations**

- PREU: DSS Pre-Release Entitlements Unit
- CMHC: Connecticut Managed Health Care
- CDOC: CT Dept. of Corrections
- M.O.A.: Memorandum of Agreement
- SAGA: State Administered General Assistance
- DSS: Dept. of Social Services
- DMHAS: Dept. of Mental Health and Addiction Services
- OPM: Office of Policy Management

**2013** expansion of program to include re-entry counselors levels 1 & 2 inmates introduce split sentences by CSSD, then straight probation, more court releases and adding a 6th specialist. OPM discussion to create "state" Medicaid program for...
Key Decision Points in Process

- DOC funded entitlement workers in DSS
- Shortened enrollment form
- Presumptive eligibility concept
- Medication voucher
- Multiple sites for enrollment
Sequential Intercept Model

- Individuals can enter and leave the system at many and various points along the continuum.
- Support from National Institute of Corrections to map the Connecticut criminal justice system and identify strategic points of enrollment activity.
- Create enrollment opportunities to enable our system to capture as many persons as possible.
Population Targets

- End of Sentence – Clinical / non-clinical
- Court Releases – Medication / applications
- Hospital Nursing Home – transitional care
- Split Sentence
- Straight Probation
- Pre–trial
DOC & Enrollment Partners

- DOC Re–entry Counselors
- Unified school district # 1 Re–entry teachers
- Correctional Managed Health Care Discharge Planners
- Adult Probation
- Bail Commissioners
- DOC/CSSD Community Partners
- Division of Public Defenders
- Department of Mental Health & Addiction Services
- Federal Court/Local FBI
- DSS Eligibility Specialists
Completed Medicaid Applications—CT 2013

2013 Applications by Source
N = 7794

<table>
<thead>
<tr>
<th>Source</th>
<th>Applications</th>
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<tr>
<td>DOC &amp; Partners</td>
<td>4095</td>
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<td>2523</td>
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<tr>
<td>Community Partners</td>
<td>1021</td>
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<tr>
<td>Federal Court/Local FBI</td>
<td>68</td>
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<td>Public Defenders</td>
<td>66</td>
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<td>DMHAS</td>
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Eligibility Specialists

- Collect daily applications and process
- Cross references name and numbers
- Access to DOC system electronically
- Alert on fraud or alias
- Hold for release
- Available by phone to staff and pharmacies
- Entry for other needed benefits
Court Services

Releases from court without re entry or discharge support
Applications handed out
Vouchers for medication (5-day) handed out
Applications faxed if filled out
Presumptive Eligibility Enrollment Data

- Generally, approximately 1% not eligible*
  - Of first 1,000 enrollees, 7 were not qualified (.7%)
  - Of first 4000 enrollees, 43 were not qualified (1.1%)

*From research conducted by the Urban Institute, 2012–2013.
Probation Officers

- **Split Sentences**
  - Use DOC counselor inside to help
  - Video conference to fill out application
  - Fax packages to facility – sends to DSS

- **Straight Probation**
  - First office appointment
  - Fill out application / scan / e-mail
Re –entry Counselors

- Not Compromised
- Not on medication
- End of Sentence
- Paper work only
- Uses query list of 90 days to discharge
- Does not catch recalculations
Re-entry Teachers

- Re-entry classes
- Multi session work group
- Voluntary
- Waiting list to get in
- Discharging facilities
- Paper work assistance
Discharge planning

- Clinically Compromised
- End of Sentence
- Taking Medication
- Disabled
- Uses query list of 90 days to discharge
- Does not catch recalculations
Percentage of Offenders Enrolled at Pre-Trial Entry

Bridgeport CC: 43%
Hartford CC: 49%
Collaborative—began as pilot with DMHAS
Expanded to include wide range of our offender population with enrollment occurring at many points in continuum
DOC funds entitlement specialists—rapid turnaround and access to data—all CJ-related agencies benefit
Current data suggests
- ~50% offenders covered by Medicaid at pre-trial
- Presumptive eligibility is justified
- Enrollment at multiple sites by variety of agencies is effective
Increasing Public Safety and Health and Reducing Costs through Health Coverage Enrollment

Medicaid Enrollment Strategies Webinar
June 3, 2014
ACA Opportunity: Medicaid for Criminal Justice Populations

- California opted to expand our state Medicaid Program (Medi-Cal) under the ACA.
- A new state law (AB 720) directs suspension, not termination, of Medi-Cal when people are incarcerated and also establishes a process for jail-based enrollment.
ACA Opportunity: Medicaid for Criminal Justice Populations

Pre-ACA:

- Limited substance abuse coverage under Medi-Cal: primarily methadone and services for pregnant women

Post-ACA:

- Medi-Cal and qualified health plans must cover mental health and substance abuse, which are “essential health benefits”
- Enhanced Medi-Cal benefits including de-tox, intensive outpatient, additional medications
- California to seek a waiver for short-term residential drug treatment
ACA Opportunity: Medicaid for Criminal Justice Populations

Medi-Cal enrollment for California’s county criminal justice populations has the potential to:
• Preserve counties’ investment in stabilizing and treating individuals in jail
• Facilitate alternative to custody treatment placements for certain individuals with high medical or behavioral health needs.
• Draw down federal dollars to pay for community mental health and drug treatment for people on supervision
• Enroll a substantial portion of individuals newly eligible for Medicaid
• Reduce recidivism
Enrolling LA Jail Population

• Spring 2013: Safe and Just began partnering with LA County and the Sheriff (LASD) to establish enrollment protocols for the jail population

• Fall 2013: LASD developed and piloted a model for enrollment (into county program that served as bridge to Medi-Cal expansion)

• Spring 2014: LASD applied for and was awarded funds to scale Medi-Cal enrollment

• Summer 2014: LASD will launch jail enrollment
Enrolling the LA Jail Population

Inmate Reception Center (Booking)

At medical screening, jail medical staff determine health insurance status and current provider, if any. Assess health care needs, including mental health and SUD.

During jail stay

On-site eligibility worker checks for existing Medi-Cal case. Custody assistant uses existing jail and social services data and works with inmate to collect any additional information needed to complete application. Medi-Cal application is submitted through county online system.

Reentry to Community

For targeted high needs individuals: implementation of discharge plan, including information sharing with provider, coordination of services.
Enrolling LA Probationers

• Fall 2013: Safe and Just began partnering with LA Probation to establish enrollment protocols for the probation population

• Spring 2014: LA Probation approved plan to phase in enrollment assistance, conducted by counselors from local community clinics, at all 19 field offices

• Summer 2014: On-site enrollment assistance will begin at select field offices
Enrolling LA Probationers

Community health clinics and organizations will provide on-site enrollment assistance at LA probation department’s field offices.

Probation officer screens probationer for insurance status, makes referral to on-site enrollment assistance.

Probationer meets with enrollment counselor, who provides assistance to complete application.

Counselor assists probationer to select a plan and provider, make first appointments, if desired.
Funding Justice Population Enrollment

- Medicaid Administrative Activities (MAA) Program
- Covered California In-Person Assistance Program
- Inmate Inpatient Hospitalization Reimbursement
- Medi-Cal Managed Care Plans
- AB 109 (California criminal justice funding to counties)
- Philanthropic support
Key Considerations and Next Steps

• Fostering a “culture of coverage” amongst justice populations
• Maximizing the use of existing county and state data to complete applications
• Ensuring that enrollment translates into access to care
• Developing additional high-quality treatment capacity
• Creating a long-term model for investing in enrollment efforts for justice populations
For more information, please visit:

www.safeandjust.org

Or contact me:

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Health Matters Project Director
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jenny@safeandjust.org
Collaboration and Integration: Lessons from Spokane Municipal Community Court
Figure 1. Cumulative distribution of personal health care spending, 2009

Top 1% of spenders account for >20% of spending ($275 billion)

Top 5% of spenders account for almost half of spending ($623 billion)

Source: “Concentration of Health Care Spending,” NIHCM Foundation Data Brief, July 2012
Population Overlap

- Many healthcare “super-utilizers” had extensive criminal history
- They are the most vulnerable members of our community
  - Co-occurring disabilities – mental health and substance abuse
  - Ability to live independently highly
- Affordable Care Act was a game changer
Creation of Spokane CC

- Spokane: largest city between Seattle & Minn.
- Attracts considerable homeless population at its downtown corridors
- High rate of low level, quality of life offenders
- High rate of users of ER for basic health care
- High rate of users of Jail for basic health care
Breaking out of Silos

- Community meetings by core planners identify target population
- Identify all the institutions/community impacted
- Community outreach led to meetings with Spokane County Medical Society Foundation (SCMSF) & the Hotspotters group
Spokane County Medical Society Foundation

- The foundation focused on improving care coordination and access to health care, and the top health needs identified in the 2012 Community Health Needs Assessment.

- SCMSF partners with Dr. Neven and the Providence Consistent Care program
SCMSF/Providence: H3

- Lead organizations for the Health Homeless Systems Integrations Pilot Project (H3) which is funded by a grant from the City of Spokane.

- The H3 grant provides “wrap around” services to homeless patients at Providence Urban Hospitals.
Hotspotters Group

- SCMSF provides leadership for the Hot Spotters Group
- The work of the Hot Spotters Group aligned with the vision and objectives of the new Spokane Community Court.
Pre-Community Court

- Prior to CC, municipal court order defendants to do multiple tasks to fulfill their obligations to the court and the community.

- These tasks are often self-help task meant to help defendants out of unfortunate social & health circumstances.

- Most of these orders are never comply with due to lack of access to care and funding.
Integration

- Community Court planning team found coordination of services across multiple service providers crucial to the success of the Community Court.

- Hotspotters group prior experience running the H3 grant enable them to know that the majority of these vulnerable clients will not accomplish these tasks well independently.
Application

- Hotspotters group made available to the CC trained community health workers team to meet the care coordination need of the Community Court.

- Support is also provided through the Center for Justice health care navigators who helped signed defendant up for ACA at their court date.
Collaborative agreement between the SCMS and the Center for Justice (CFJ) was formed to provide the services of a trained paralegal tasked with enrolling clients in Medicaid as an in-person-assister for a .25 FTE appointment to assist community court client.

The paralegal work closely with the SCMSF community health workers to assist court clients.
Consistent Care Coordination

- The team reviews community court defendant for high ED utilization and monitors their ED usage which will then be reported back to the court as a stipulation of their sentence.

- CC Track 2 defendants have ED care plans created and primary care established in cooperation with the Providence Consistent Care Program Staff.
Medicaid Enrollment Stats

- At present 80 people have been enrolled through the navigator at CC under the Affordable Care Act.
- Majority have mental health/chemical dependency co-occurring health challenges.
- In less than 2 weeks after online registration most defendant have access to health care.
Conclusion

- During the formative stage of CC the main challenge faced by the team is access to health care by the homeless population.

- The court was formed in December during the roll out of the ACA.

- The court took advantage of the ACA to provide consistent care to homeless defendants and thus reduce jail cost and ED visit by the population.
2006 – Oregon’s Transitional Services Division partnered with the Department of Human Services (DHS) to ‘pre-qualify’ inmates for federal benefits prior to release from prison.

Focused on persons with high mental health needs at release who were incarcerated more than 12 months.

Developed process to identify inmates and instituted standard procedures for pre-qualification as part of framework for effective transition and re-entry.
Why ODOC is Implementing the ACA

- ODOC estimates more than half of the approximate 4,700 state prisoners reentering the community each year are eligible for either Medicaid or for federal subsidies to help buy health insurance from state health insurance exchanges (HIX).
- On average, ODOC releases around 398 persons each month.
- In addition, large numbers of the more than 31,700 individuals in jail, or on probation or parole will also be newly eligible for health insurance.
ACA Planning Process

- October, 2013 – ODOC repurposed a position to serve as the department’s Re-entry Benefits Coordinator.

- Interagency agreement with the Oregon Health Authority (OHA) was signed in January 2014 authorizing ODOC’s Re-entry Benefits Coordinator to serve as ‘application assister’ and submit Medicaid on-line applications (for under age 65).

- Coordinator participated in OHA-required training.
Implementation of the ACA is a critical part of ODOC’s larger transition and re-entry work. The ACA brings a range of provisions especially relevant to those release from incarceration – most significantly, coverage for pre-existing conditions. Including the ACA in pre-release planning fits well with the department’s goal for an integrated, continuous, and coherent re-entry process focused on community safety through offender success.
ACA Eligibility – Under Age 65

- Eligibility requirements for Medicaid/Cover Oregon through the ACA/Cover Oregon:
  - Under the age of 65 at release
  - Incomes at or below 133 percent of the Federal Poverty level (for single adults = approximately $14,856/year)
  - Immigration status confirmed
- On-line application submitted through Cover Oregon portal no more than 7 days before release from prison date.
- Medicaid eligibility decision is ‘real-time’ and person leaves prison with health insurance – typically the Oregon Health Plan.
Under Age 65 Enrollment Statistics

- Since February 24, 2014:
  - Met with 911 inmates prior to release from prison
  - 778 (85%) enrolled and eligible prior to release

- Reasons not enrolled include:
  - Other insurance available
  - Oregon Health Plan in suspend status
  - Compacting to another state upon release
  - Application completed by family or partner organization
  - Did not attend ‘call-out’ to receive assistance
  - Chose to wait to apply post-release (did not want ODOC’s help)
  - Refused to sign the “consent for assistance”
Medicaid Application – Age 65+

- Eligibility requirements established by the Department of Human Services (DHS) Aging and People with Disabilities (APD):
  - Inmates ages 65 and older nearing release
  - ODOC must use the DHS-APD Medicaid Application forms
  - Process begins approximate 75 days prior to release
  - Inmate cannot have more than $2,000 in assets
  - Completed application and supporting documentation is mailed to DHS-APD 45 to 60 days prior to release from prison date
  - ODOC receives eligibility determination decision 15 to 30 days prior to release date
How ACA is Being Received

- ODOC’s process allows the Re-entry Benefits Coordinator to meet one-on-one with individuals prior to release.
- During these meetings, the Coordinator:
  - shares information regarding the essential health benefits available through ACA, and
  - assists inmates to complete an application which is uploaded to the Oregon portal.
- The Coordinator’s efforts also ensure coordination of medical and behavioral health care for those with chronic illnesses so they can be connected with appropriate community health care providers.
Impact on Community Corrections

- For individuals releasing from prison, ODOC provides documented eligibility confirmation and ‘chronos’ the information for parole/probation officers to readily access by computer.

- For those on community supervision (probation, post-prison supervision, parole), many county Community Corrections agencies have established processes and/or partnered with local agencies to assist with ACA enrollments.

- ODOC meets regularly with the Oregon Association of Community Corrections Directors (OACCD) to discuss ACA implementation and keep them apprised of the department’s efforts.
Questions?

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To submit questions for the presenters please use the chat feature on the right hand side of your screen. Please select Host and Presenter.
Presenters

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THANK YOU FOR JOINING US

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