



CHANGING  
*Maryland*  
*for the Better*

# Medicaid for Maryland's Justice Involved Population

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1



MARYLAND  
DEPARTMENT OF HEALTH  
& MENTAL HYGIENE

# OVERVIEW

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- Current Landscape of Justice-Involved Population
- Medicaid Eligibility and Inmate Exclusion for Justice-Involved Population
- 1115 Waiver – Presumptive Eligibility
- Connecting Criminal Justice to Health Care (CCJH) Initiative



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# Justice Involved Population



## OVERVIEW: JUSTICE INVOLVED IN THE US

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- Population supervised by US adult correctional system in 2014:\*
  - National: 6.85 million individuals
  - Maryland: 109,000 individuals
    - About 1/4 of the state's correctional population is incarcerated (31,100 individuals)
- On average, individuals in jails and prisons suffer from chronic and infectious health conditions more than the general population.\*\*
  - Chronic conditions: 43.9% vs. 31%
  - Infectious diseases: 21% vs. 4.8%
- Studies have also shown that half of all incarcerated individuals suffer from at least one mental health disorder.
- Releasees with illnesses have been correlated with higher rates of recidivism compared to their counterparts.
- States' corrections spending continues to rise
  - 30% increase nationwide from 2005 to 2014
  - Nationally, 1 in 14 state general fund dollars were spent on corrections

\*US Department of Justice. Bureau of Justice Statistics. (January 21, 2016). *Correctional Populations in the United States, 2014*.

\*\* US Department of Justice. (February 2015.) *Medical Problems of State and Federal Prisoners and Jail Inmates*.



# GOAL: ENHANCING CORRECTIONS-MEDICAID CONNECTIONS

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## Current Activities:

- Medicaid is actively working to strengthen the linkages with DPSCS
- Medicaid is convening key stakeholders to evaluate enrollment and care coordination strategies at the front and back end of an individuals' involvement in the justice system;
- Medicaid is working with national consultants to identify gaps, challenges, priorities, and best practices to improve current initiatives.

## Goals:

- Improve eligibility and enrollment processes/data analytic capabilities between programs.
- Improve post-release care and coverage connections.



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# Medicaid Eligibility and Inmate Exclusion for Justice Involved



6

# MEDICAID ELIGIBILITY: INCARCERATION STATUS

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- Most incarcerated individuals are eligible due to the ACA Medicaid expansion for adults as of January 1, 2014
  - Income below about \$16,394 for a household of 1
- There are no special rules or exceptions to MAGI-based income eligibility for incarcerated individuals
- State Medicaid agencies must accept applications from incarcerated individuals
  - Incarceration status is not an eligibility criteria in Medicaid
- This differs from the Marketplace, where an individual cannot use the Marketplace to buy a private insurance plan if they are serving a sentence in jail or prison, BUT it may be used if the individual is detailed pretrial but not yet convicted.



# THE INMATE EXCLUSION PRECLUDES MEDICAID FROM PAYING FOR MOST OF AN INMATE'S CARE

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- The Inmate Exclusion
  - The “inmate exclusion” prohibits “payments with respect to care or services for any individual who is an inmate of a public institution (except as a patient in a medical institution”
  - Purpose is to ensure Medicaid does not pay for care that is the responsibility of state/local governments
  - Applies to individuals who are incarcerated or confined in state or federal prisons, jails, detention centers, or other penal facilities
- Exception for patients in a medical institution
  - Medicaid can pay for services provided during an inpatient stay of at least 24 hours in a medical institution, such as an acute care hospital\*

*\*Note that federal funds are also available for health services furnished to infants living with an inmate*





## MEDICAID ELIGIBILITY: SERVICE SUSPENSION STRATEGY

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- In Maryland, individuals enrolled in Medicaid at the time of incarceration are not disenrolled from the Medicaid program, but have their enrollment suspended or “turned off”.
- Maryland inmates enrolled in an MCO are moved to Fee-for-Service (FFS)
  - Files are received daily from Maryland Department of Public Safety and Correctional Services (DPSCS)
- A weekly process is run to find any new inmates that have matching MCO eligibility.
  - If found, inmate is disenrolled from the MCO and moved to Medicaid fee for service (FFS) to allow for payment of inpatient hospitalization



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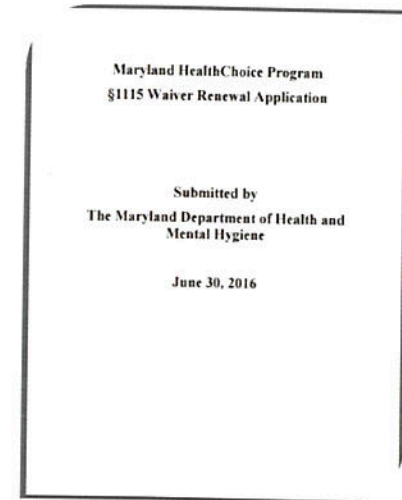
# 1115 Waiver



# 1115 WAIVER RENEWAL

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- One way Maryland is addressing the needs of this population is through an initiative titled “*Transitions for Criminal Justice Involved Individuals*” under its recent 1115 HealthChoice waiver renewal proposal.
- Maryland is seeking approval to provide presumptive eligibility (PE) for Medicaid for individuals leaving jails and prisons
- If approved, this initiative would launch July 1, 2017.



# TRANSITIONS FOR CRIMINAL JUSTICE INVOLVED INDIVIDUALS

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- Project aim: Presumptive eligibility (PE) for Medicaid for individuals leaving jails and prisons
- What is PE?
  - “Presumptive eligibility is a Medicaid policy option that permits states to authorize specific types of “qualified entities” ...to screen eligibility based on gross income and temporarily enroll eligible [individuals]”\*
  - PE lasts 30-60 days starting on the day an individual submits their application via eMedicaid.
  - PE ends at the end of the PE period or when full Medicaid eligibility has been determined.
- Ultimately, the goal is to provide a pathway to **full** Medicaid coverage upon release and allow individuals access to health care services through temporary eligibility determination.

\*Source: Health Affairs. (January 9, 2014). *Hospital Presumptive Eligibility*.

12



# PRESUMPTIVE ELIGIBILITY FOR MARYLAND'S INMATES

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- Corrections and Local Health Department (LHD) staff will be trained as Presumptive Eligibility Determiners (PEDs)
- PEDs will assist individuals in completing the eligibility application through Maryland Health Connection
- If outstanding verification items or connectivity issues make the completion of a full application difficult, PEDs will proceed with the PE application and encourage the applicant to complete a full application at a later date
- While eligibility is temporary, individuals eligible for PE receive full MA benefits during this temporary period
- PE enrollees are not placed in an MCO, but in Fee-For-Service, during the temporary period



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# Connecting Criminal Justice to Health Care (CCJH) Initiative



## CCJH: OVERVIEW

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- Spring 2016, Maryland and Los Angeles County were selected to participate in CCJH, a national initiative that explores states' strategies to connect justice-involved individuals to health care.
  - Supported by US Department of Justice's Bureau of Justice Assistance
  - Facilitated by 2 technical assistance entities: the Urban Institute and Manatt Health Solutions.
- Main goals of the initiative:
  - Encourage connections across Medicaid offices and state and local criminal justice agencies.
  - Design, implement, and revise promising strategies.
  - Strengthen the capacity of state and local justice agencies to monitor the effects of program policies and practices.

**Maryland and Los Angeles will serve as national examples for other states.**

15



## CCJH: MARYLAND PARTNERS & GOALS

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- DHMH is leading a cohort of 3 state and 6 county health and correctional entities
  - State: DHMH, MHBE, and DPSCS
  - County: Health Departments and Detention Centers in Baltimore, Harford, and Washington Counties
- 3 Learning Collaboratives (LCs):
  - LC1: Linking individuals to coverage – August 2
  - LC2: Providing care coordination – September 21
  - LC3: Identifying sustainable funding – October/November
- Main goals for DHMH:
  - Increase coordination across all relevant health and criminal justice entities
  - Improve data collection and exchange
  - Leverage available workforce
  - Ensure appropriate resources are available and accessible





## CCJH: CURRENT ACTIVITIES

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- DHMH has begun assessing available resources and designing potential strategies to implement enrollment and care coordination activities.
  - Many local health departments, detention centers, and navigators are moving forward with enrolling individuals into Medicaid.
- Since the start of the initiative, all three counties have made tremendous progress in enrollment.
  - Resources identified: caseworkers/enrollment assisters, IT capabilities, space
  - Connections strengthened: Case managers and enrollment assisters across health department and detention centers are connecting regularly to discuss enrollment processes
  - Enrollment processes implemented or close to being implemented: the three counties were in different stages of planning and implementation when we first began the initiative
- DHMH hosts regular calls with stakeholders to track efforts throughout the state.



## CCJH: STATEWIDE PROCESS

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- DHMH is exploring ways to establish a coordinated and sustainable statewide process that includes both enrollment and care coordination.
- DHMH's Major Priority: **DATA**
  - Medicaid continues to have conversations with private and public entities that have data expertise for the incarceration population
  - Real-time (or close to real-time) Data is key to ensure the State:
    - Abides by the inmate exclusion rule, and
    - Reduces gaps in health coverage after individuals leave correctional facilities.
  - Data will be used to determine when to:
    - Enroll inmates into Medicaid prior to release,
    - “Turn on” MCO post-release, and
    - Connect individuals to an MCO/behavioral health providers post-release.



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*Questions?*

