

MENTAL HEALTH AMERICA

NEW MEDICAID CRIMINAL
JUSTICE GUIDELINES

Colorado's Efforts Implementing Medicaid Rules
Inclusive of and Specific to the Criminal Justice
Population.

- ▶ With the expansion of Medicaid to single adults, many states are enrolling individuals for Medicaid benefits upon release from the criminal justice system.
- ▶ Treatments and services are now possible for the incarcerated population but confusion on what services and when to deliver.
- ▶ In spring of 2016, CMS issues guidance to the states on who, when and what services are allowed under Medicaid for this population.

CMS GUIDANCE LETTER – APRIL 28, 2016

- ▶ Medicaid coverage can be crucial to ensuring a successful transition following incarceration.
- ▶ Many individuals in the justice involved population have a high prevalence of long untreated, chronic health care conditions.
- ▶ There is a high incidence of substance use and mental health disorders.
- ▶ Enrollment has the potential to obtain services and improve well being.
- ▶ Enrollment will help individuals with disabilities obtain critical community services and avoid crises and unnecessary institutionalization.

WHY COVER JUSTICE INVOLVED PERSONS?

- ▶ Medicaid is still not permitted for payment while an individual is incarcerated, with the exception of an off site hospital stay if it is beyond 24 hours.

PRISON INCARCERATION

- ▶ CMS uses three conditions to identify if a person is eligible within the justice system upon release: parole, probation or full release to community:
- ▶ Freedom of Movement
- ▶ Resident can use community resources, like libraries, grocery stores etc.
- ▶ Residents can seek health care in the broader community the same as other Medicaid recipients.

PAROLE AND COMMUNITY CORRECTIONS

- ▶ Enrolling inmates into Medicaid upon entry or upon release.
- ▶ Suspension of Medicaid rather than disenrollment.
- ▶ Data sharing between Medicaid and Department of Corrections – will notify the mental health center well ahead of release.
- ▶ Integration of two computer systems with a new interchange – enabling more accurate enrollment in Medicaid.

COLORADO'S EFFORTS

- ▶ Extending benefits to inmates in community corrections (half way houses).
- ▶ Services covered: wrap around services, case managers, medical home visits.
- ▶ Upon release, medication supply for 10 days for physical needs, 30 days for psychotropic medications.
- ▶ Medicaid pays for treatments from either fee for service model or capitation, depending on treatment source.

COLORADO'S EFFORTS

- ▶ Housing
- ▶ Vocational Education

SERVICES NOT COVERED



- ▶ Medicaid is working with county jails in El Paso County and Denver on the suspend function.
- ▶ Medicaid is working with county departments of human services to enroll jail inmates through the Medicaid expansion of the ACA.
- ▶ CMS has provided a one time grant to offset costs to the counties who wish to participate in the enrollment effort.

JAIL PILOT PROGRAM

- ▶ El Paso County Jails saved \$1.2M in the first 18 months of enrolling inmates in Medicaid.
- ▶ Medicaid treatments are not allowed during the jail stay, but savings were realized from reduced hospital stays by single adults through the ACA expansion upon release.

EARLY RESULTS

- ▶ Counties pushing back on enrollment efforts due to costs of providing staff.
- ▶ Jail work release is NOT covered by Medicaid. CMS guidance does not mention jails, although Colorado and other states have been seeking advice on this.

LIMITATIONS

Colorado is continuing to have discussions with CMS on additional possibilities.

Colorado is having discussions with other states to see what they are doing.

Data collection, especially fiscal savings, will play a large role in the decision to expand Medicaid services in community and jail settings.

Future Steps

