Bill Requirements

Section One

HCA in conjunction with DSHS are required to develop best clinical practices to assist persons with behavioral health disorders and other chronic conditions who are also incarcerated or confined to a hospital. This will provide opportunities for preventative care and help support individuals transition back into their community.

Section Two

HCA is directed to suspend, rather than terminate, medical assistance by July 1, 2017 for persons incarcerated or committed to a state hospital. This must include the ability to apply for medical assistance in suspense status during incarceration.

Section Three

HCA must publish written guidance and provide trainings to identified entities such as behavioral health and managed care organizations, related to how they may best provide outreach assistance, transition planning and rehabilitation case management.

HCA will collaborate with the Washington Association of Sheriffs and Police Chiefs, Washington State Association of Counties and accountable communities of health to improve population health and reduce avoidable use of intensive services by requesting expenditur authority from the federal government to provide behavioral health services to persons who are incarcerated in local jails.

Workgroups:

- Re-Entry Workgroup
- IT Workgroup
- Pre-release Policy Outreach and Training

Stakeholders

Chehalis Tribe

Hoquiam Chief of Police

Clark County Corrections Community Health Plan of Washington (CHPW)

Department of Corrections (DOC)

Kittitas County Jail

Department of Social and Health Services (DSHS)

DSHA BHRA

Western State Hospital

Franklin County Jail

Ferry County Jail

Health Benefit Exchange (HBE)

King County Jail

Misdemeanant Association

Council on Public Defense

Northwest Health Law Advocates (NoHLA)

Snohomish County Jail

Spokane County Jail Thurston County Sherriff's Office

Whatcom County Sherriff's Office

Washington Association of Counties Washington Association of Sheriffs and Police Chiefs (WASPC)

Yakima County

Yakima Jail

Association of County Human Services Washington Council for Behavioral Health

Seattle King County Public Health

Representative Michelle Caldier

Substitute Senate Bill 6430

Medicaid Suspension and Care Coordination for the Institutionalized

Background

SSB 6430 is the result of 2 legislative outcomes: Substitute HB 1290 (2005) Directed DSHS to expedite the enrollment or re-enrollment of eligible person leaving state or local correction facilities and institutions of mental health Recommendations by the Legislative Behavioral Health Taskforce (2014-2016)

The Intent

- To provide continuity of care for recipients of Apple Health (Medicaid) during periods of institutionalization by:
- Suspending, not terminate existing coverage
- Applying for health care coverage in suspense Pursuing authority to waive some current CMS
- Identification and communication of Behavioral Health (BH) best practices to promote a smooth transition into the community

The Rational

- Persons with mental illness and substance use disorders need seamless access to treatment networks, services and health care coverage
- Access to care increases the chance of successful re-entry and is critical to reduce recidivism and reduce cost associated with:
- Relapse
- Decompensation Crisis care

upon release

Current and Future Policies:

- Current policy coverage for individuals incarcerated for less than 30 days is not terminated. once the stay exceeds 30 days, coverage is
- Future Policy coverage for individuals incarcerated will be suspended by placing them into an inpatient only coverage RAC. Upon release full coverage will be reinstated.

CMS Policies

- Inmate Exclusion: Prohibits the use of federal funding to provide Medicaid services to a person who is an inmate of a public institution
- Institutions for Mental Disease (IMD) exclusion: Prohibits the use of federal funds for treatment costs for persons aged 22-64 located in an IMD with more than 16 beds and for longer than 15 days in a given month.
- Federal Financial Participation is available for hospitalizations lasting longer than 24 hours

What does it mean to suspend?

- Today when an individual is institutionalized for over 30 days their coverage is ended:
- If an inpatient hospitalization lasting over 24 hours occurs the facility can apply to have that inpatient stay covered
- In the future institutionalization will not affect eligibility but it will determine the scope of coverage:
 - Coverage will not be ended but placed in a Recipient Aid Category (RAC) in our payment system which will only cover inpatient hospitalizations lasting over 24 hours when the individual is released full scope coverage is reinstated automatically without the need for action by the individual

Who will this Bill Affect?

- An individual is considered institutionalized if they are residing involuntarily in a public institution. This would
- City/County Jails
- Department of Corrections (prisons)
- Juvenile Detention Centers
- Juvenile Rehabilitation Centers
- The DSHS Special Commitment Center
- Institutions for Mental Diseases (IMDS - E. & W. State Hospital)

- Population size by facility:
 - DSHS Special Commitment Center (SCC) 4 facilities
 - Average daily population (ADP): 280 individuals

The Scope

- Institution for Mental Disease (IMD's) 4 facilities
- # of beds 1,141 Tribal Jails – Approx. 8 facilities
- WA DOC 12 Facilities ADP: 18,299
- City/County/Jails 59 Facilities, 300,000 bookings/yr/ ADP: 12,014
- Juvenile Rehabilitation (JR) 11 facilities ADP: 442
- Juvenile Detention Centers 32 Facilities

Incarceration and Health

health Issues but incarceration itself has a lasting

Not only do justice involved tend to have greater

The strongest negative effects of incarceration

diseases, effects on marriage and

unemployment which are closely

tied to health outcomes

Immediate Impact - Suicide, depression

Long Term Impact - Prolonged stress and its

physical implications, Exposure to infectious

and significant impact on health

emerge after release:

ADP: 373

- High mortality rates following release from prison (WA):
- Risk of Death (w/in 2wks of release): 12.7 times that of

Incarceration and Health Disparities

Terminating benefits due to incarceration has

a much greater impact on access to health

Medicaid suspension is process that while

applied to all, may be one opportunity for

care for people of color

addressing health disparities

- Drug overdose due to a decrease in tolerance
- Suicide, cancer, car accidents

Adult justice involved and Medicaid

- (not just medical)

- were Medicaid clients
- Current day enrollment or eligibility for this

Physical and Behavioral Health Needs Justice involved have special behavioral health needs:

- 58% mental health issues
- 61% substance use disorder
- 41% co-occurring disorders
- 78% behavioral health treatment needs

The prevalence of chronic medical conditions among for the justice involved is also high:

- Overweight 47%
- Hypertension 24.7%
- Obesity 24.7%
- Arthritis 23.1%
- Asthma 13.9% Hepatitis - 12.9%

- **Mortality Rates**
- Risk of Death: 3.5 times that of other WA state residents
- other WA state resident
- Cardiovascular disease
- Homicide
- (all relatively equal)

A RDA study of WA adult jail inmates found that:

- 86% had received DSHS or HCA services between 1999-2015
- Pre ACA 31% were Medicaid clients
- Following implementation of the ACA in 2014, 58%
- population is expected to be much higher

Juvenile justice involved and Medicaid

- Medicaid Eligibility for Youths in Juvenile Rehabilitation
- During a 12 month review 84% of JR youth were found to be Medicaid eligible

JR vouth have an increased need for access to care:

- For FY15 in the JR Youth population: 62% had mental health needs
- 54% had substance abuse disorders
- 45% had co-occurring disorders < 1% deemed medically fragile

Policy Proposals

Suspend immediately and indefinitely – will suspend upon

incarceration and will not terminate regardless of how long

incarceration will be, unless other eligibility factors change

Classic Medicaid renewals will follow the current process

MAGI notifications regarding coverage changes

Notices will have a statement that coverage

Suspension of both MAGI and Classic Medicaid in all

centers and SCC)

MAGI Medicaid will auto renew

will be handled electronically

will be suspended if incarcerated

populations (jails, DOC, JR, state hospitals, detention



Proposed Implementation Plan

apply for suspended Medicaid coverage or have their current coverage

Use existing DOC interface to suspend coverage for those in prison

• Ability to apply while in custody will vary by facility - Most jails will

not have the resources to ensure all inmates are able to apply while

• Create city/county jail interface modeled after DOC interface to

• Create manual process to address special populations:

Gather clarification from CMS regarding policy changes

• Improve upon systems interface; add automation where

DSHS Special Commitment Centers

Has Medicaid/Gets Incarcerated Today - Actual

Daily OMNI Interface w/DOC Interface exists in P1?

New P1 ID created

New P1 ID created

New P1 ID created

New P1 ID created

Now P1 ID created

Integrate additional institutions if not previously captured in

Deliver BH best practices training to support care coordination

• Implement pilot initiatives for care coordination and BH best

Create BH best practices training to support care coordination

• Identify pilot opportunities for care coordination and BH best

• Identify best practices for outreach and enrollment in all facilities

Determine behavioral health (BH) best practices

-DSHS special commitment center

Phase One: May 2016-July 2017

suspend coverage in jails

Create communication plan

Phase Two: July 2017 - TBD

Tribal Jails

• IMD's

Manually address family coverage

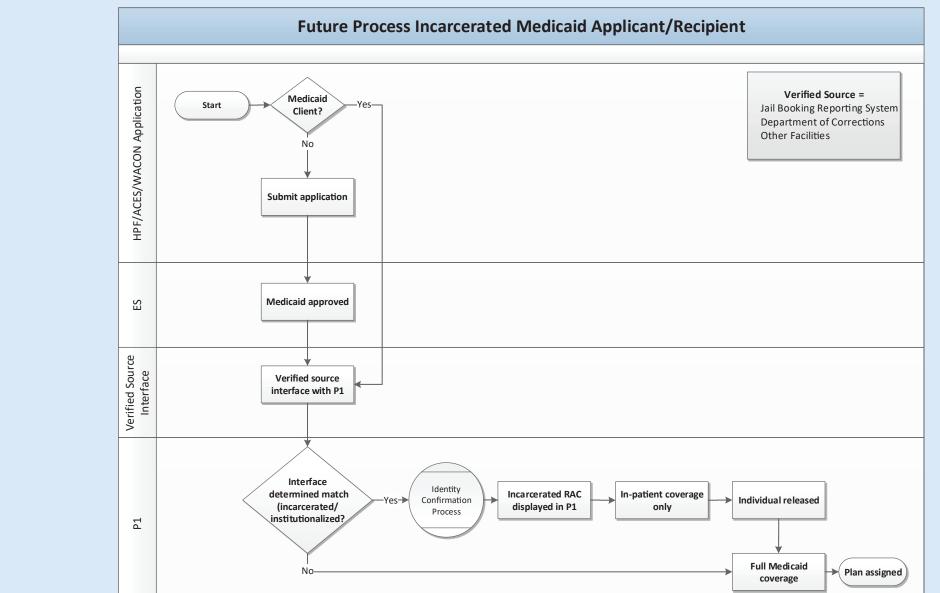
Juvenile Rehabilitation

Detention Centers

-State Hospitals (IMDs)

-Juvenile Rehabilitation

-Juvenile detention centers



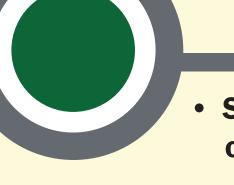
Questions? Contact medicaidsuspension@hca.wa.gov

2005

HB 1290 - Directs DSHS to leaving an institution

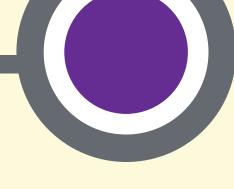
in IMDs and city/county jails. Convene PIMA stakeholder groups





2013

SSB 6312 passes calling for creation



2015

Behavioral health (BH) task force practices and the suspension of Medicaid 2016

SSB6430 signed into law

Stakeholder groups formed March/April 2016

Governor Inslee Executive Order 16-05 – April 2016

Submit legislative report – December 2016

CMS provides clarification regarding work release and FFP SHO#16-007

• SSB 6430 stakeholder workgroups continue (monthly, biweekly, weekly) - May 2016 ongoing President Obama launches Data Driven Justice Initiative – June 2016

 Legislative report drafted – September 2016 Determine suspension policies (IT, interface, etc.) Aug 2016 and ongoing

Determine BH & Care Coordination best practices – Aug 2016 ongoing

 Develop training material for care coordination and enrollment – Spring 2017 Begin WAC Drafting Training on care coordination & BH best practices - Spring/Summer 2017

 System design for suspension data/interface Jan 2016 – July 2017 Suspension Go Live in P1 – July 2017 Implement BH/care coordination pilots Spring 2017 ongoing

 Incorporate populations into suspension which previously were not September 2017 ongoing

Fine-tune/apply lessons learned Ongoing

HCA 19-600 (12/16)