



Medicaid Suspension and Care Coordination  
Substitute Senate Bill 6430

# The Intent of SSB6430

To provide continuity of care for recipients of Apple Health (Medicaid) during periods of incarceration or commitments in a state hospital by:



# Background

- ✓ SSB 6430 is the result of two previous legislative outcomes and extensive stakeholder engagement:
  - Substitute HB 1290 (2005)  
**Directed DSHS to expedite the enrollment or re-enrollment of eligible persons leaving state or local correction facilities and institutions of mental health**
  - Recommendations by the Adult Behavioral Health Taskforce (2014-2016)  
**Over 100 individuals provided testimony, information or participated in stakeholder work groups which resulted in a recommendation to suspend Medicaid**
  
- ✓ The proposed policies and implementation plan of SSB6430 is the result of three workgroups with over 60 stakeholders

# Current Situation

## Center for Medicare and Medicaid (CMS) Policies:

1. Inmate Exclusion - Prohibits the use of federal funding to provide Medicaid services to persons who are inmates of a public institution
  - ✓ **The recent CMS State Health Official letter #16-007 states the ability to receive Federal Financial Participation (FFP) for approved work release programs**
2. Institution for Mental Diseases (IMD) Exclusion – Prohibits the use of federal funds for treatment costs for persons aged 22-64 who are hospitalized more than 15 days in a calendar month\*

\* Clarify is being sought regarding how the managed care IMD 15 day rule will affect suspension

# Current Policy

Today when an individual is incarcerated or committed in a state hospital for over 30 days their coverage is ended

If an inpatient hospitalization lasting over 24 hours occurs the confinement facility can apply to have that inpatient stay covered by Apple Health (Medicaid)

# What does it mean to Suspend?

In the future incarceration or commitment in a state hospital will not affect eligibility but will determine the scope of coverage:

Coverage will not end but, will be placed into a coverage category in the Medicaid 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

# Why Suspend Rather than Terminate?

- ✓ Persons with mental illness and substance use disorders need seamless access to treatment networks, services and health care coverage upon release.
- ✓ 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

- ✓ Suspension allows for quicker and easier reinstatement of coverage resulting in reduced work load and fewer incidences of uncompensated care.

# The Rationale

## Characteristics of WA Adult Jail Inmates:

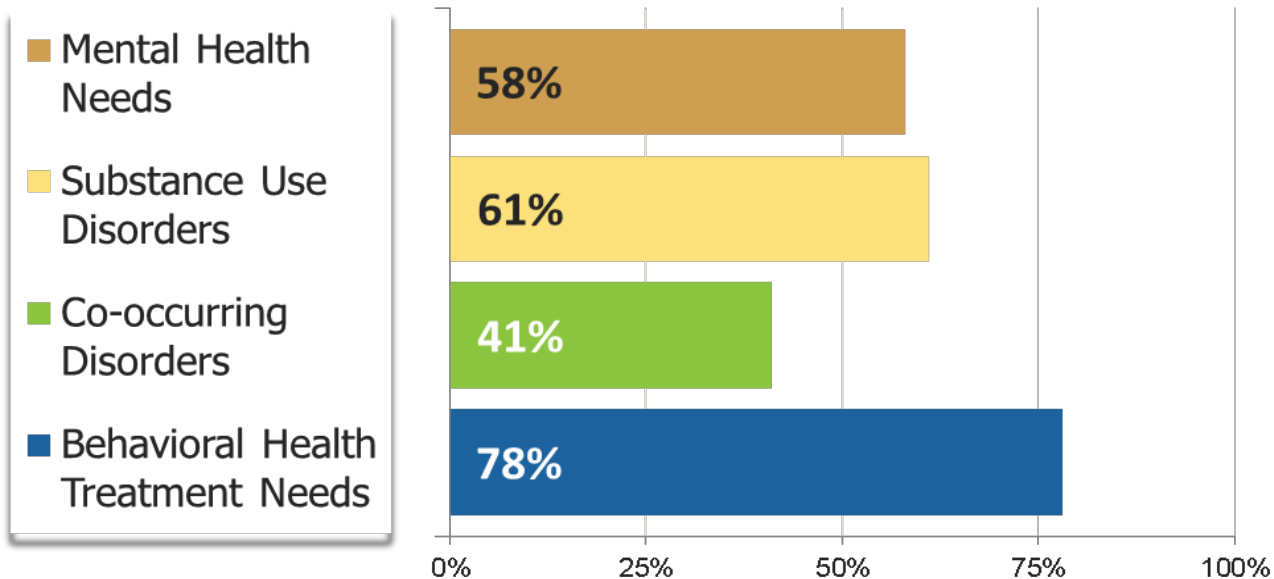
- A study of WA adult jail inmates followed those who were booked in 2013. Looking retrospectively and following this population into the future the study found that:
  - ✓ **86% of those had received DSHS or HCA services between 1999-2015 (not just medical)**
  - ✓ **In 2013, 31% were actively enrolled in Medicaid, this number expanded to 58% by 2014 due to the implementation of the ACA and continued growth is expected**



# The Rationale

## Characteristics of WA Adult Jail Inmates:

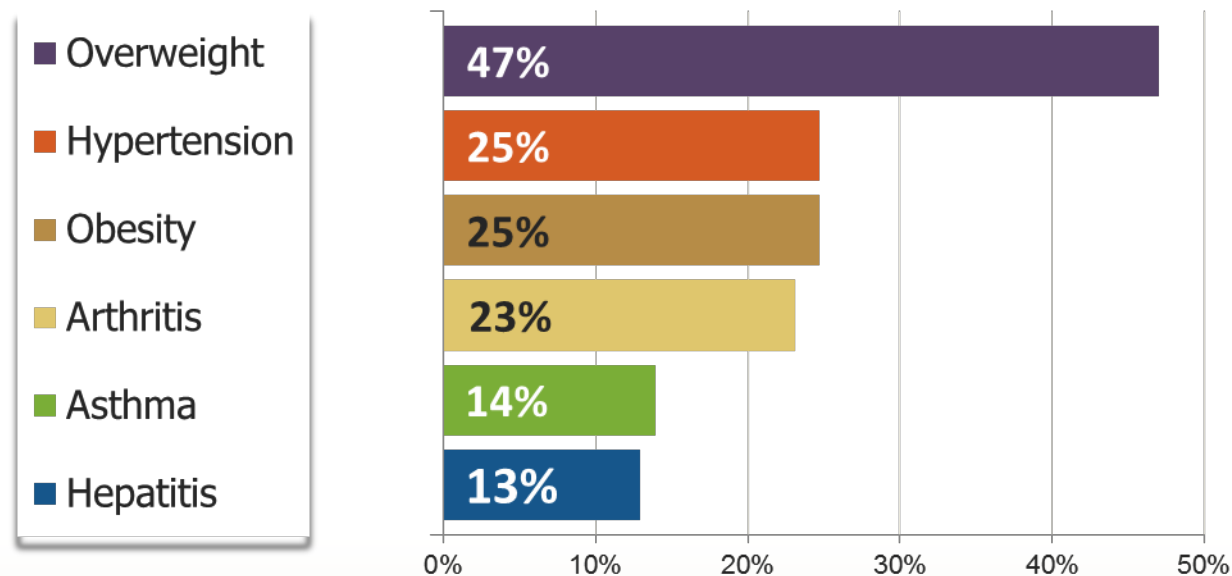
### Medicaid Clients



Source: DSHS, RDA Behavioral Health Needs of Jail Inmates in Washington State, January 2016

# The Rationale

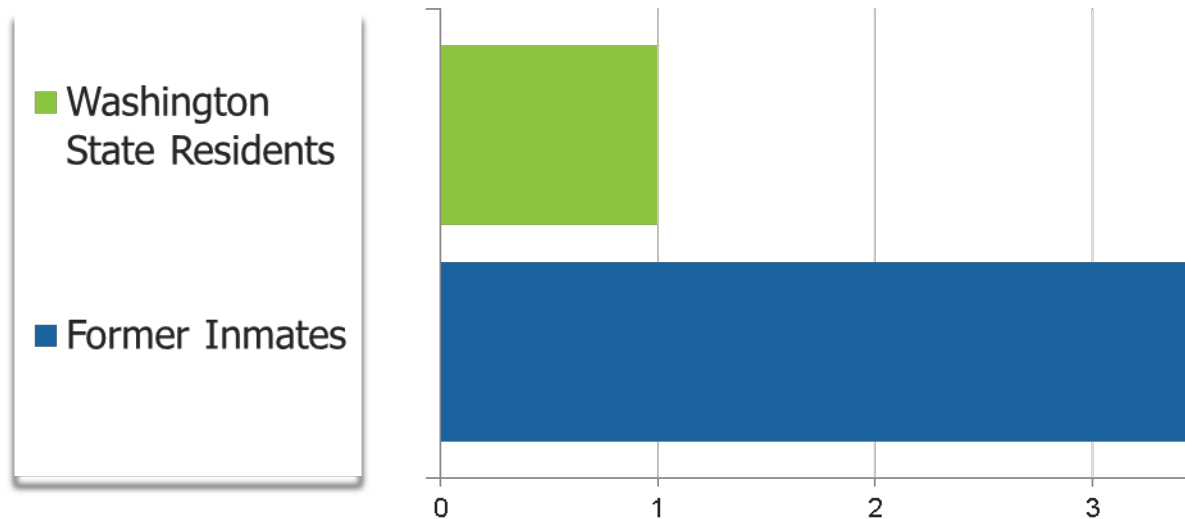
The prevalence of chronic medical conditions among U.S. adult jail and prison inmates is high:



# The Rationale

## High Mortality Rates Following Release from Prison (WA):

- Risk of Death: 3.5 times that of other WA state residents

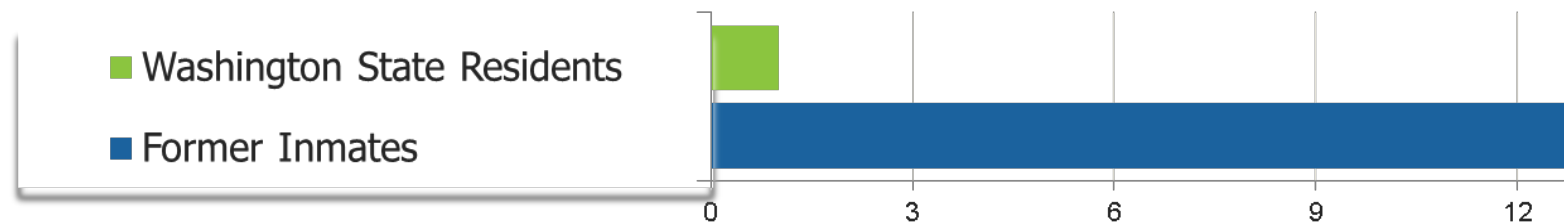


Release from Prison – A High Risk of Death for Former Inmates, New England Journal of Med. January, 2007 WA inmates vs. general pop

# The Rationale

## High Mortality Rates Following Release from Prison (WA):

- Risk of Death (within 2 weeks of release):  
12.7 times that of other WA state resident



- ✓ **Drug overdose due to a decrease in tolerance**
- ✓ **Cardiovascular disease**
- ✓ **Homicide**
- ✓ **Suicide, cancer, car accidents (all relatively equal)**

# The Rationale

High Mortality Rates Following Release from Prison (WA):

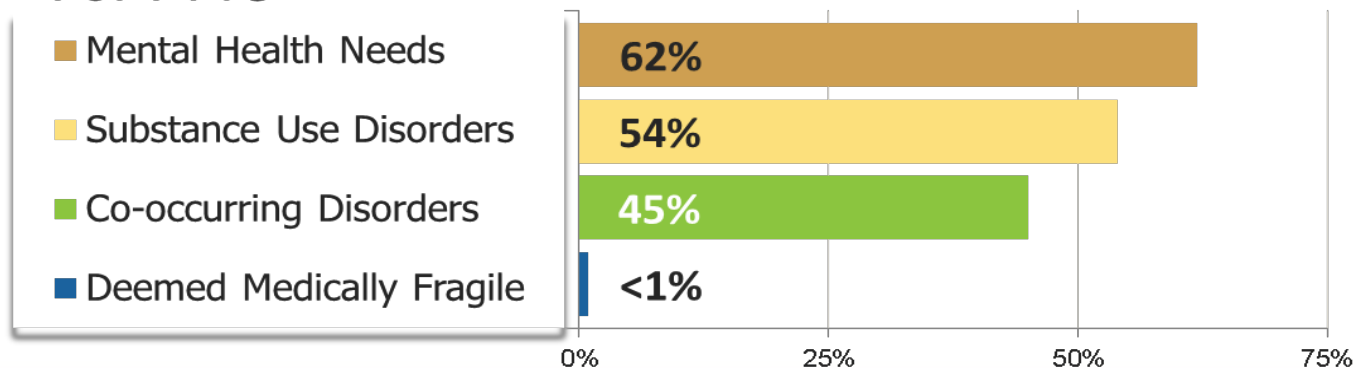
Persons with mental illness may have particular difficulty obtaining care and medications once they have returned to the community

# The Rationale

Medicaid Eligibility for Youths in Juvenile Rehabilitation (JR) is high:

- During a 12 month review 84% of JR youth were found to be Medicaid eligible
- JR youth have an increased need for access to care.

For FY15

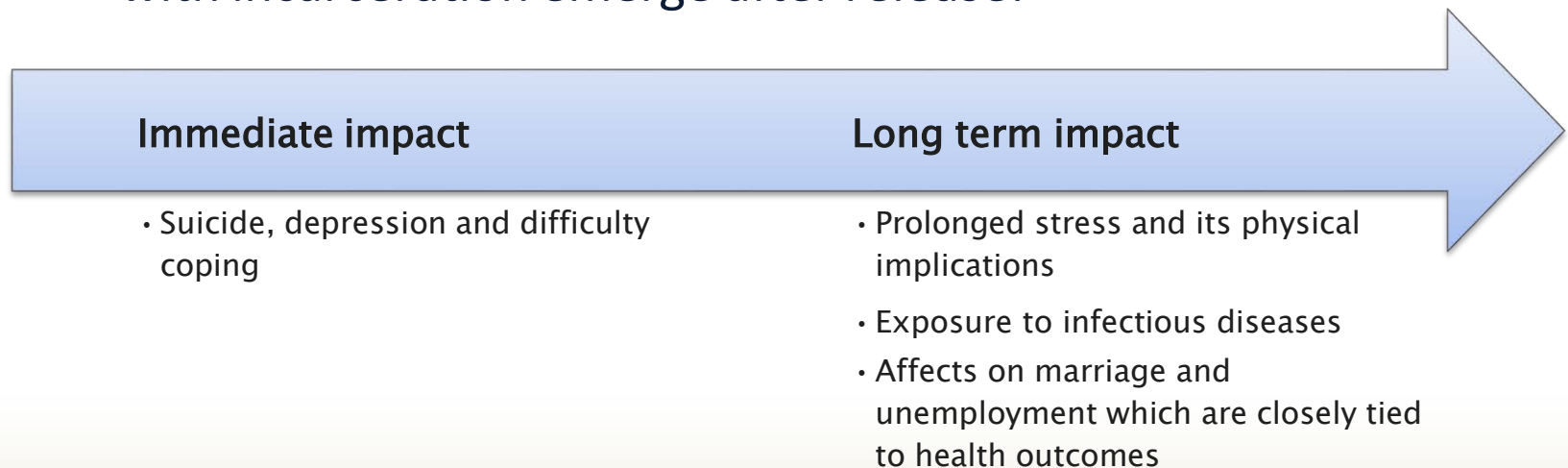


Source: JRA – Chronic Medical Conditions not tracked

# The Rationale

## Incarceration and Health

- Not only do justice involved tend to have greater health issues but incarceration itself may have a lasting and significant impact on health
- The strongest negative effects that appear to be associated with incarceration emerge after release:



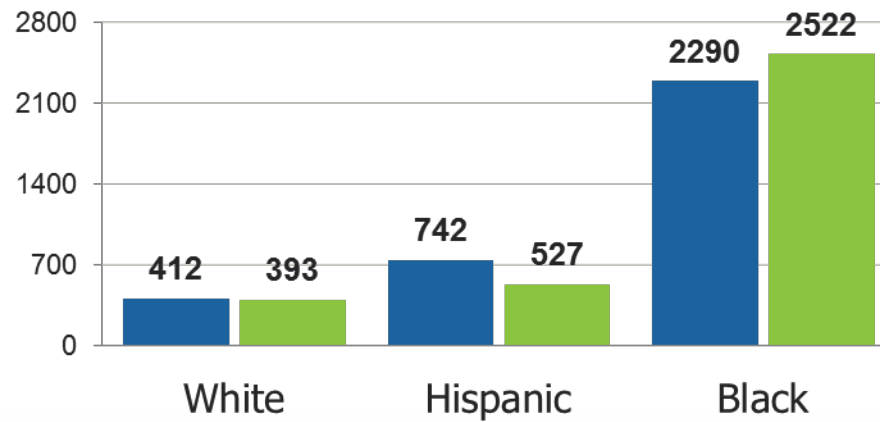
# The Rationale

## Incarceration and Health Disparities

- Terminating benefits due to incarceration has a much greater impact on access to health care for people of color
- Medicaid suspension is a process that when applied to all incarcerated individuals, may result in an opportunity for addressing health disparities

### Rates of Incarceration

■ US  
■ WA State



Rates are calculated per 100,000 population



# The Scope

## Department of Corrections (DOC)

- 12 Facilities
- Total offenders in confinement\* (FY16) 18,299
- Average length of stay: 23.1 months
- 7,975 Admissions FY16 (non-violators)
- 7,882 Releases FY16 (non-violators)

DOC \* not including work release

# The Scope

## City/County Jails

- 57 Facilities
- Average daily population: 12,014
- Average length of stay: 14 days
- 41–44% out with in 24 hours; 55% out within 7 days

# The Scope

## Juvenile Detention Centers

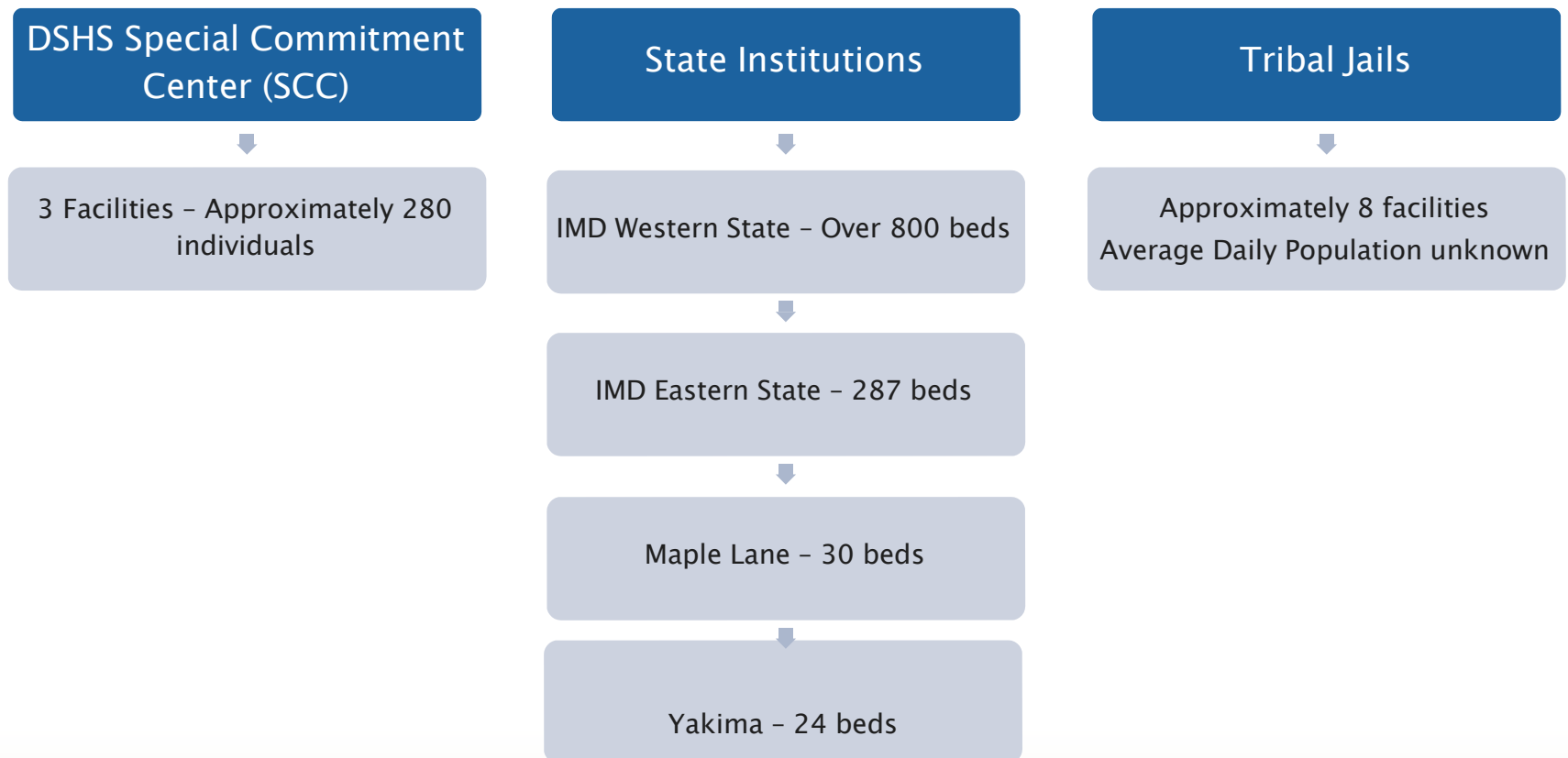
- 32 Facilities
- Average daily population\*: 373 Youths
- Average length of stay: 4 days (typically 1-2)

## Juvenile Rehabilitation (JR)

- 3 Facilities\*\*
- Average length of stay: 301 days (43 weeks)
- Average monthly population: 442

\* Determined with available data from 19 of 32 facilities \*\* JRA facilities which suspension will impact due to lack of freedom of movement

# The Scope

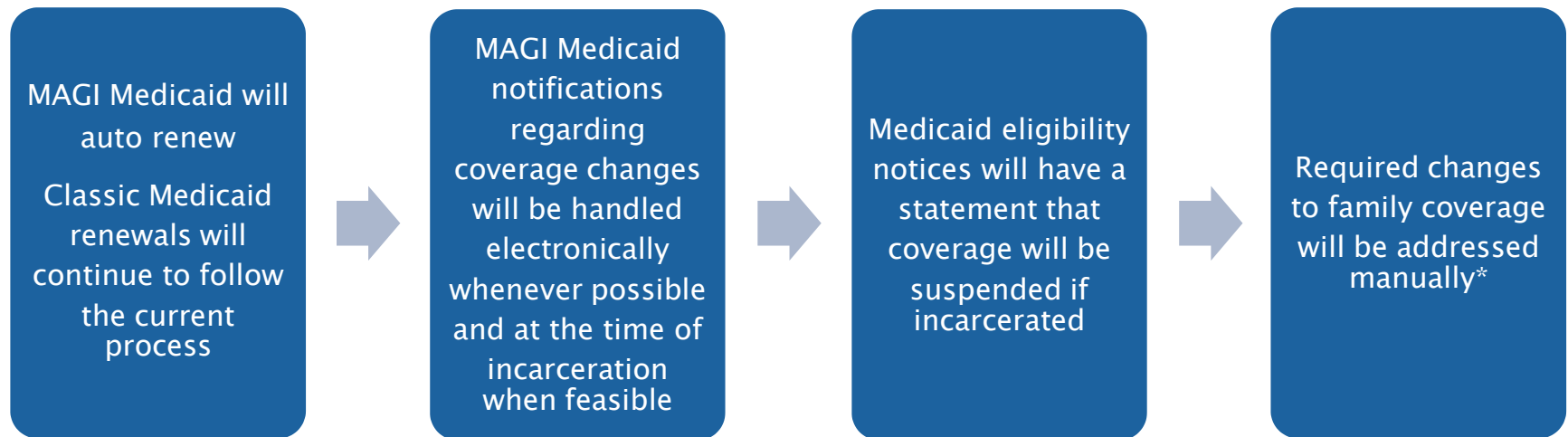


# Policy Proposals

Suspension of both MAGI and classic Medicaid in all populations (Jails, DOC, JR, state hospitals, detention centers and SCC)

Suspend immediately and indefinitely Medicaid will be suspended upon incarceration and coverage will not terminate regardless of the incarceration period, unless other eligibility factors change

# Policy Proposals



# Proposed Implementation Plan

## Phase One: Spring 2016 – July 2017

Beginning July 2017, justice involved individuals will be able to apply for suspended Medicaid coverage or have their current coverage suspended

Use existing DOC interface to suspend coverage for those in prison

Create city/county jail interface modeled after DOC interface to suspend coverage in jails

# Proposed Implementation Plan

## Phase One: Spring 2016 – July 2017

Create a separate process to address special populations:

- State Hospitals (IMDs)
- Juvenile Rehabilitation
- DSHS Special Commitment Center
- Tribal Jails
- Juvenile Detention Centers

Gather guidance from CMS regarding care coordination services provided while incarcerated



# Proposed Implementation Plan

## Phase One: Spring 2016 – July 2017

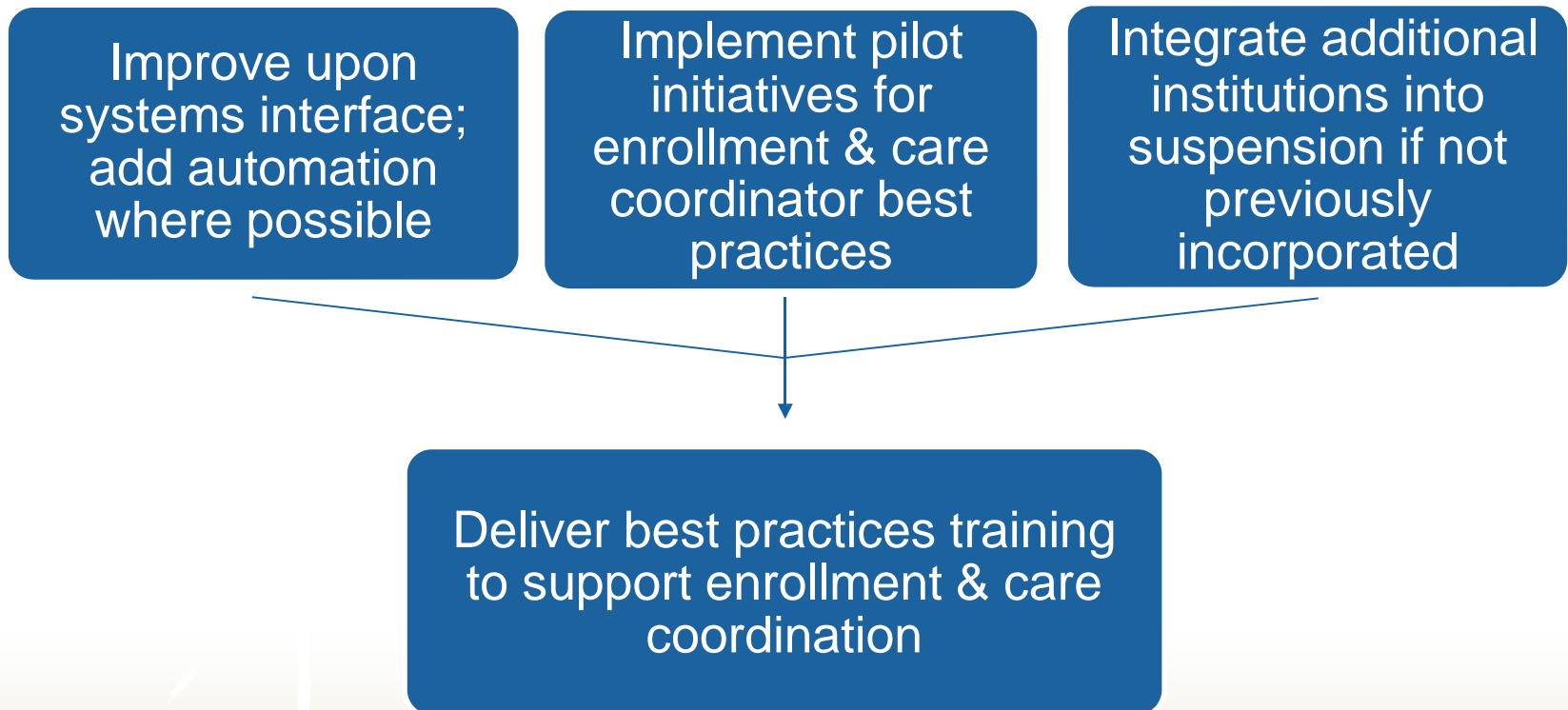
Identify best practices for behavioral health, outreach and enrollment

Identify pilot opportunities for enrollment, care coordination and behavioral health best practices

Create behavioral health best practices training to support care coordination

# Proposed Implementation Plan

## Phase Two: July 2017 and beyond



# Example of the Suspension Process

An Individual is taken  
into custody 6:00 p.m.  
Friday night



Saturday at 12:00 a.m.  
HCA receives JBRS  
booking data and  
Medicaid Coverage is  
suspended



Sunday at 12:00 a.m.  
HCA receives JBRS  
booking data and  
Medicaid coverage is  
reinstated



Saturday night at 5:00  
p.m. the individual is  
released

# Work Release & Other Situations

Eligibility Prior to Suspension Policy Implementation (July 2017)

Correctional Type	Inpatient Coverage	Full Coverage
DOC Community Supervision/ Misdemeanor Probation		✓
DOC Work Release**		✓
City/County Jail Work Release	✓	
IMD *	✓	
Halfway House		✓
Day Jail Reporting		✓
Electronic Home Monitoring		✓

\* Within certain age ranges

\*\* Refer to list of approved facilities

# Work Release & Other Situations

After July 2017 incarceration or commitments to a state hospital will not affect eligibility, it will determine scope of coverage

Correctional Type	Full Coverage
DOC Community Supervision/ Misdemeanor Probation	Active
DOC Work Release**	Active
City/County Jail Work Release	Suspended
IMD *	Suspended
Halfway House	Active
Day Jail Reporting	Active
Electronic Home Monitoring	Active

\* Within certain age ranges

\*\* Refer to list of approved facilities

# Updates

## Legislative Report

• Submitted December 1<sup>st</sup>, 2016 and released to stakeholders and available on HCA website

## Communication Plan

• Includes an update and posting of materials to the SSB6430 webpage (on the HCA website) with stories outlining how suspension will impact the individual as well as a concise one page overview of the project

## Outreach and Training

• The Outreach and Training workgroup is currently identifying best practices for enrollment, care coordination, and behavioral health. Future work will include identification of pilot opportunities and the development of training materials.

# Outreach and Training Workgroup

The purpose is to work with stakeholders and subject matter experts to determine:

- Behavioral health and care coordination best practices
- Content of trainings
- Delivery method of training
- Timelines
- Necessary resources
- Identify reimbursement or financial opportunities

# Outreach and Training Workgroup

Areas of scope identified by the Outreach and Training workgroup :

## Type of Care

Behavioral  
health/physical  
health/supportive  
services

## Populations (not location):

Juvenile Rehabilitation

DOC

Juvenile Detention

Special Commitment Centers

City/County Jails

Tribal Jails

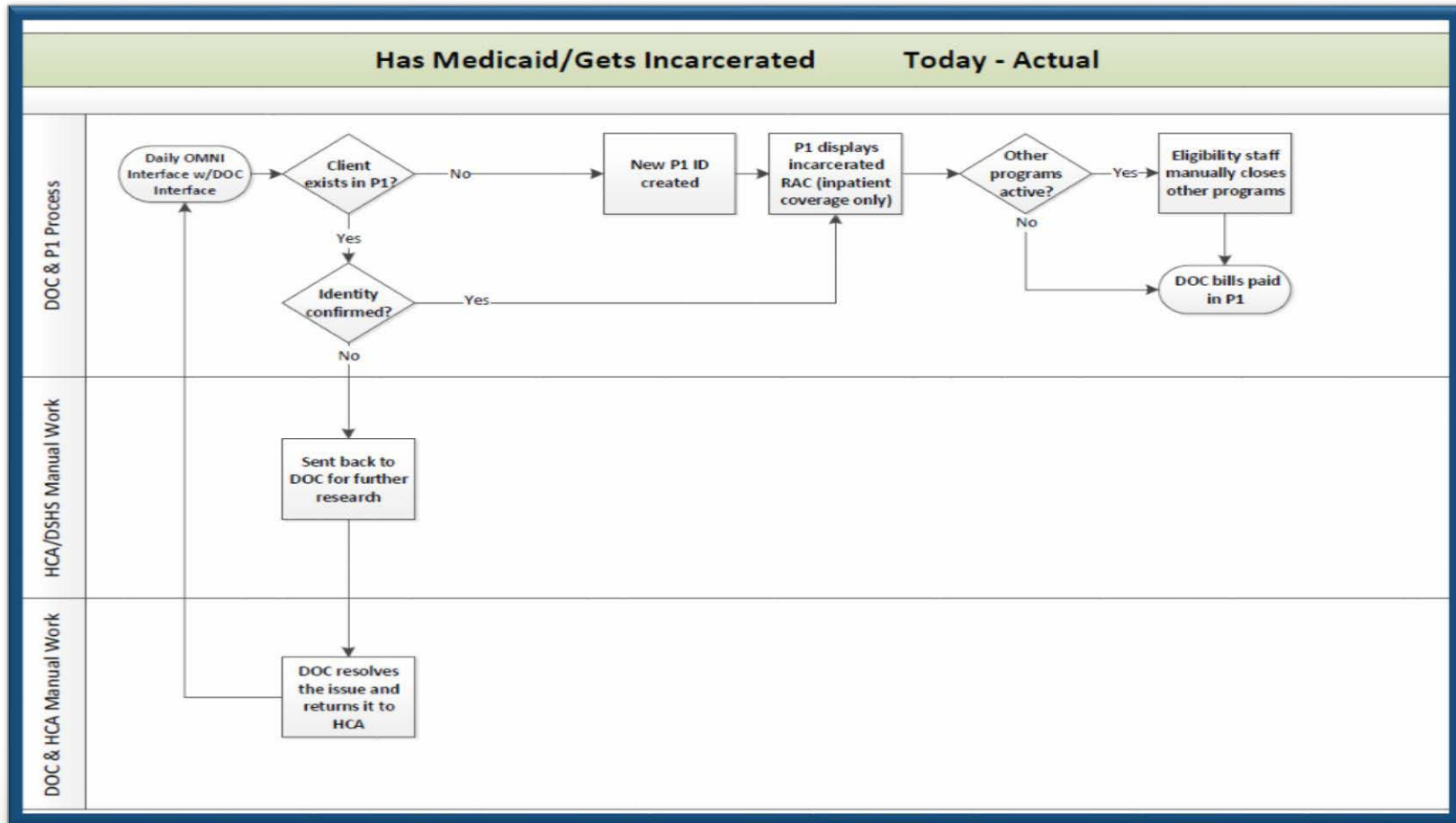
State Hospitals



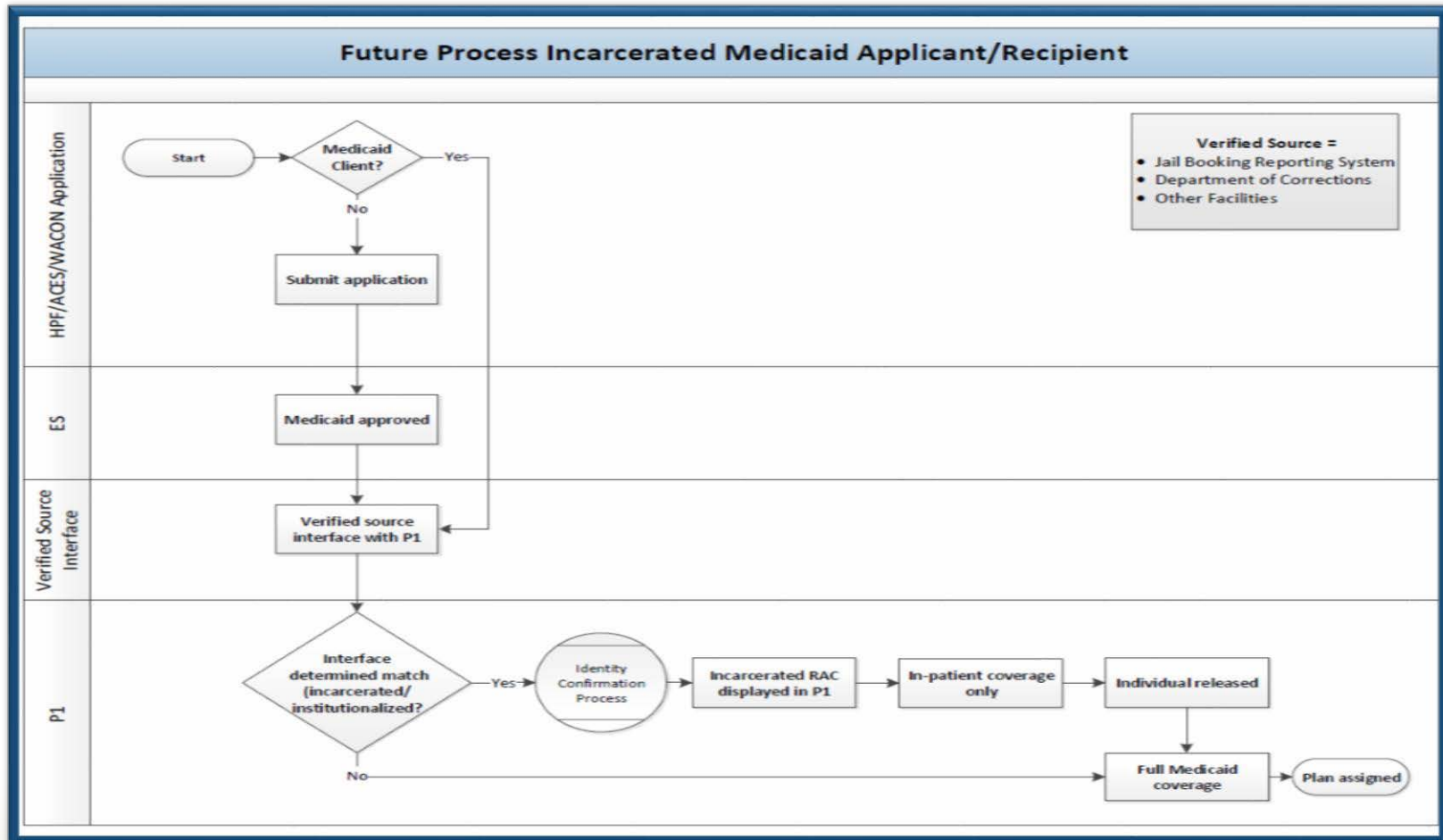
# Outreach and Training Workgroup



# Process Flow - Today



# Process Flow - Future



# Contact Us

Do you have questions  
or would you like to get  
involved?

Email

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