

Key Highlights from May 12, 2014, Criminal Justice and Health Home Workgroup Meeting

There were 2 presentations that were scheduled but for which there was no time.

- 1) Update on the Bronx Lebanon-Rikers HH Collaboration
- 2) Update on HH enrollment through NYC Probation

Medicaid Enrollment in DOCCS overview was provided by David Batcheldor from State DOH

Main discussion focused on the Clinton County enrollment pilot and future plans to be able to enroll through the NY State of Health/ Health Exchange.

Clinton county DOCCS employees began enrolling people through the Healthcare exchange while they were still incarcerated. He added that individuals incarcerated in local jails have not and are still not being enrolled in Medicaid while they are incarcerated. Clinton County's enrollment procedures do not apply to residents of New York City.

Income eligibility is determined by using federal tax rules, or MAGI. He said that applying MAGI makes eligibility determinations simpler. Mr. Allen also recommended that the application for Medicaid should be done online, through the Health Care exchange because the eligibility determination is processed almost instantaneously. He stated that the instant determination is possible because the information provided by the applicant is checked against the applicant's information in the IRS and SSA databases.

David Batcheldor clarified NYS Medicaid's policy regarding an individual's status if s/he is already enrolled in Medicaid, and subsequently incarcerated. He stated that historically, Medicaid receives a file from DOCCS which provides the names of incarcerated people. He stated that Medicaid runs the names through their system and suspends any named parties regular coverage and changes it to inpatient coverage (explained above). He stated that Medicaid is very hesitant to give individuals their Medicaid enrollment information until they are released. He stated that the fact that some individuals do not have their Medicaid information immediately upon release should not be a huge deal because most providers will still provide services if they know that the person will receive Medicaid information shortly.

Challenges with local jail—NYS DOH Medicaid does not get data matches from local jails but do get admission files. He stated that Medicaid does not get discharge files, which is a problem. He stated that it is problematic because it results in no reinstatement process. To address the issue of no reinstatement, Medicaid is working with sheriffs associations, DCJS, and other organizations to create a process. He added that local jails are not part of the interface, and hoped that questions would be added to allow an incarcerated individual to self-identify. He

stated that jails are interested in the prospect because they are eligible for a 50% reimbursement beginning in June.

David Batcheldor agreed to continue to consult with the CJ and HH workgroup on enrollment issues as the group's work continued.

Overview by Greg Allen of developments with the State Waiver, DSRIP, and the State budget

Another speaker who represented DSRIP (I did not get his name) spoke about the budget, waiver, and exchange: He stated that the State budget was successful in dealing with certain populations, programs relevant to the waiver, behavioral health. Although the \$5 million CJ and HH pilot did not make it into the state budget, Greg urged people to not be discouraged because that Health Homes specifications were being created to certify Health Homes for eligibility for a rate add on such as clinical training, staff training, etc to specifically address CJ needs. He stated that DSRIP could work with Health Homes to access criminal justice so they could get access to funds. He stated seed dollars will allow entities to build from current state to future state which allows more connectivity. He stated that each Health Home that met DSRIP standards had greater capacity to access. He clarified that DSRIP would not tie dollars to criminal justice piece. He stated that the next phase included money for long-term care staff training and 1959i services, social rehab, and intervention. He stated that everything else goes through the district door.

He stated that the waiver attempted to reduce avoidable hospitalizations, Medicaid by 25%, emergency department visits, inpatient admissions.

He also briefly mentioned the HARPs, and stated that the goal was to build a special needs plan to help people who need services by placing provider and plan attention to people who meet criteria.

He added that the end goal for Health Homes is integrated delivery to help members navigate, leading to accessibility to the entire Medicaid population.

He added that Conversation have been had with DOCCS community services regarding what discharge planning would be like to Health Homes, who is eligible, who has Medicaid, and where will they go.

At the conclusion of the workgroup meeting, the group agreed to at least 2 more meetings.