NEW YORK STATE HEALTH HOMES: CARE MANAGEMENT FOR THE CRIMINAL JUSTICE INVOLVED POPULATION

New York State Correctional Medical and Behavioral Healthcare Workshop

Sponsored by the NYS Office of Mental Health Division of Forensic Services & NYS Commission of Corrections, in conjunction with the Mental Health Association in New York State, Inc.

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What is a Health Home?

- Section 2703 of the Affordable Care Act (ACA) authorized an optional Medicaid State Plan benefit to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions.

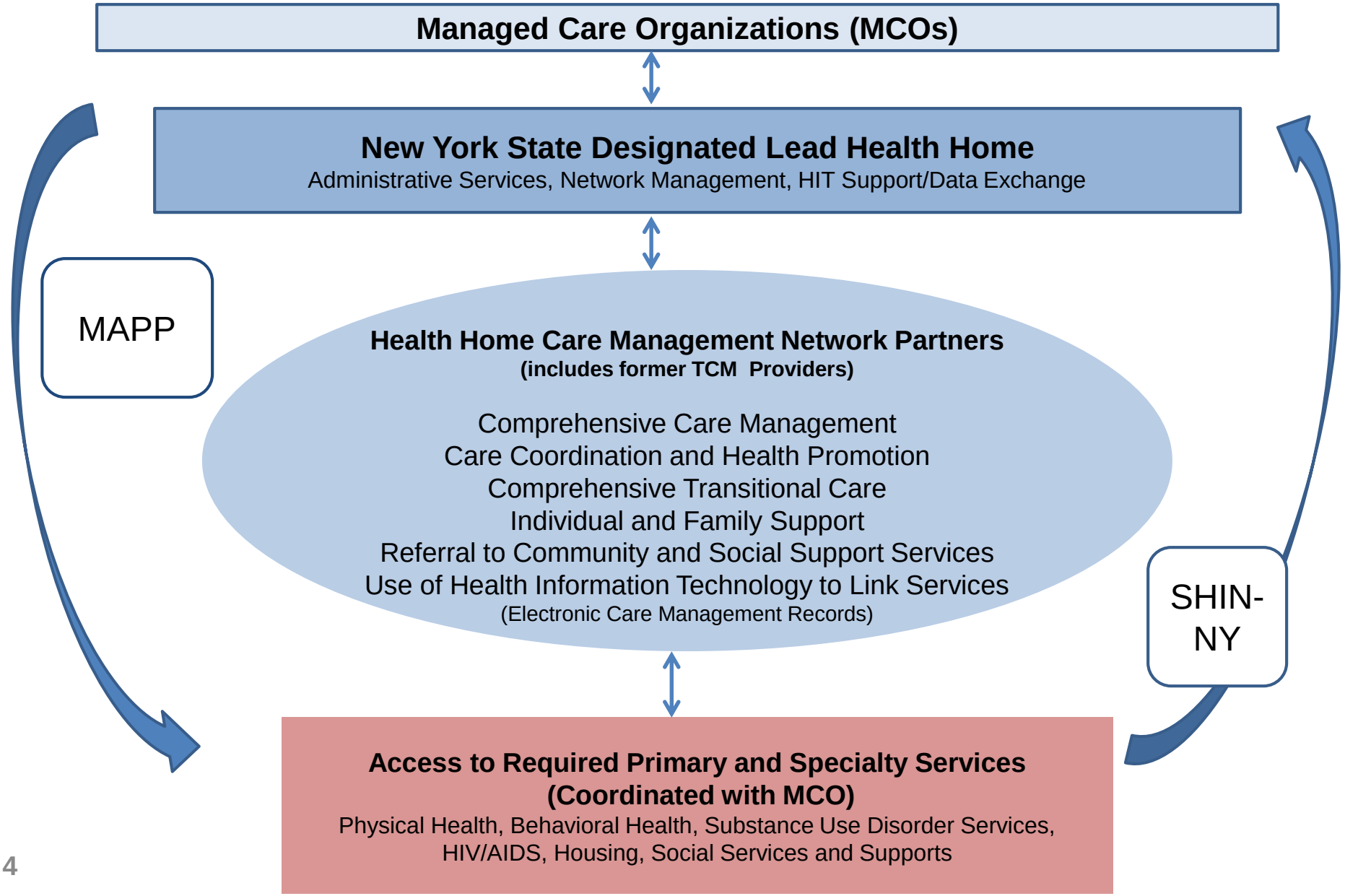
- Health Homes provide comprehensive, integrated, person-centered care management and coordination to Medicaid enrollees with complex needs through a network of medical, behavioral health, and social service providers.

New York State Health Home Model

Health Homes must have connected under a single point of accountability all of the following:

- One or more hospital systems
- Multiple ambulatory care sites (physical and behavioral health)
- Community based organizations, including existing care management and housing providers

New York State Health Home Model



Health Home Care Management Services

Health homes provide the following Health Home services in accordance with federal and State requirements:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care
- Patient and family supports
- Referral to Community and Social Support Services
- Use of Health Information Technology to Link Services

Health Home care management is an opportunity to link CJ involved individuals to systems of health, behavioral health and community care and supports to reduce disparities and recidivism rates….

New York State Health Home Population

- More than five million Medicaid members in New York State.
- 805,000 individuals meet the Federal criteria for Health Homes.
- Target enrollment for NYS is 446,000 (prioritizing for highest risk). Over 140,000 individuals engaged to date.
- There are 33 Health Homes serving all counties of the State (some Health Homes serve more than one county)

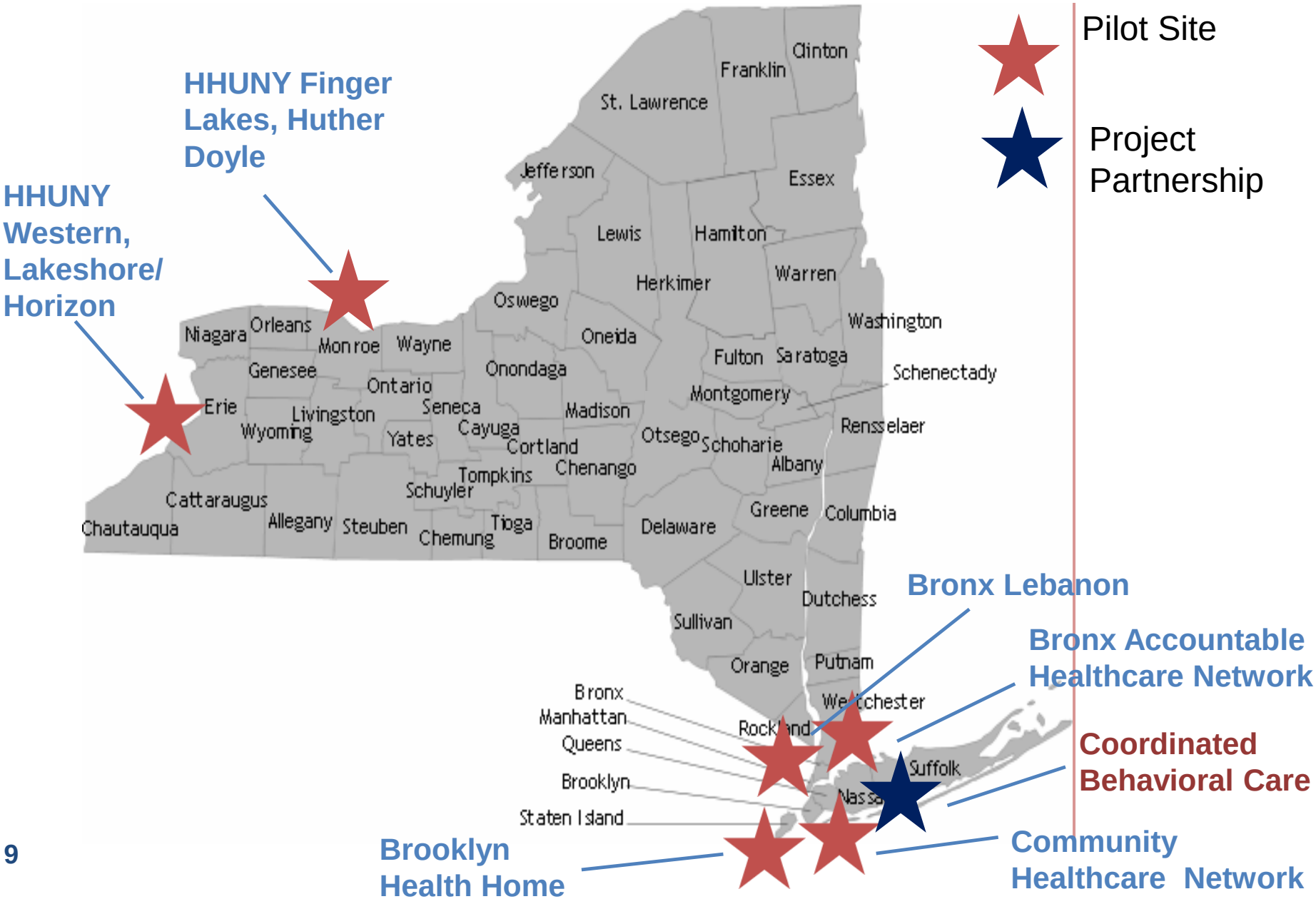
Who is Eligible to be Enrolled in Health Home?

- Persons enrolled in Medicaid with:
  - At least two chronic conditions
  - One qualifying chronic condition: (HIV/AIDS) or one serious mental illness
- Chronic Conditions include (but are not limited to):
  - Mental Health condition
  - Substance Use Disorder
  - Asthma
  - Diabetes
  - Heart Disease
  - BMI>25 (overweight or obese)

Challenges

- Medicaid enrollment and eligibility obstacles
  - Delays in Medicaid enrollment verification
  - High percentage of clients without insurance
- Data sharing and HIT connectivity
- Resources
- Working with the State Prison System
  - Mobility of incarcerated population
  - Variability in release sites
  - Identification of eligible persons prior to discharge – prison system uses different diagnoses coding system requiring cross-walk to Health Home eligible diagnostic criteria.

Health Homes and Criminal Justice Pilots



Common Themes

- Each site is working with criminal justice partners to identify and engage formerly incarcerated individuals.
  - Sites are communicating with the criminal justice Health Home system through a mix of informal and formal partnerships.
  - Sites in NYC are working with Transitional Health Services at Rikers.
  - Multiple sites are working with Division of Parole to identify candidates.
  - Some sites are working with drug and mental health courts.
  - One site has their County Sheriff and County DA serving on the board of the lead CJHH agency, creating buy-in and collaboration.
  - Two sites noted leveraging relationships that already existed between the community-based agencies in their network and the criminal justice system.
- Sites will be surveyed to get an update on progress to date.

Data Sharing

Ability to share data is critical. Medicaid data is subject to strict federal and State protections; criminal justice agencies have only been allowed to have limited access to data on Medicaid recipients.

Use cases from parole and probation were presented to CMS to pursue a more liberal interpretation of Medicaid Confidential Data (MCD) restrictions-CMS initial reaction was positive and expanded agreements will be pursued to:

- Allow greater sharing of data between DOCCS, DCJS, and DOH/OHIP for quality assurance and population management;
- Drive data sharing down to the provider/community level, e.g., share Health Home assignment information with parole and probation.

Proposed Metrics

- Primary
  - Linkage to Care
  - Retention/Maintenance in Care
- Secondary:
  - Clinical markers (change in HIV+ CD4 & VL, for DM, A1c)
  - Access to treatment:
  - Self-reported Wellness:
  - Emergency Department visits
  - Homeless shelter stays
- Tertiary:
  - Recidivism: Number arrested and incarcerated on new charges within 12 months of release
  - Time in correctional facility: number of days incarcerated in the year prior to index incarceration compared to number of days incarceration in the year following release from index incarceration

Medicaid Eligibility

Pilot Project: Applications through Clinton County

MOU between Clinton County DSS and NYS DOCCS: Clinton County reviews and process applications for all NYS DOCCS inmates Statewide, except for those who lived in NYC prior to incarceration.

- 5,249 Medicaid-Only Applications
- 4,695 Approvals
- 554 Denials
  - 505 Active in Another County
  - 7 Incarcerated Individual's Request
  - 42 Miscellaneous, e.g. deceased

Medicaid Eligibility

Enrollment through New York State of Health

Eligibility for Medicaid through the Exchange will be determined based on IRS tax rules, using the new Medicaid income eligibility level

- SDOH has worked with the NYS DOCCS to arrange Certified Application Counselor training for their clerks, so that they can process applications from individuals incarcerated in a NYS correctional facility.
- In June, changes were made to the online application to enhance the NYSoH's ability to accept applications from incarcerated individuals.
- As part of this effort, SDOH worked with the Sheriffs' Association, local correctional facilities, local departments of social services and Navigators/CACs to provide application assistance to individuals incarcerated in local correctional facilities

Medicaid Eligibility

Reinstatement through the New York State of Health

- The process for suspending and reinstating inmates on the Exchange has been technically challenging but the system continues to be enhanced to improve these processes (e.g., changes to on-line application).

- Inclusion of other files related to incarcerated persons (e.g., Rikers) to this process is planned.

- WMS individuals continue to be reinstated automatically at release.

HIT Connectivity

DCJS and DOH discussed connecting NYSID numbers with Medicaid data systems to:

- Operationalize quality measures and benchmarks for the CJ involved population.
- Facilitate outreach and enrollment and track linkages of CJ involved population in Health Homes.

Challenges with matching NYSID numbers-may contain multiple (erroneous) names and addresses, include arrests for minor offenses, etc. Need to develop protocols for sharing data more strategically. Use may be for local county jail system.

The DIN (DOCCS Identification Number) may be a better resource for prison system-conversations will be pursued with DOCCS as part of negotiating expanded Medicaid data access.

HIT Connectivity

OHIP is developing a web-based portal: Medicaid Analytics Performance Portal (MAPP) for wide scale communication and Medicaid population management

- MAPP will be the forum for building Performing Provider Systems (PPS) under DSRIP.
- MAPP will facilitate communication between Health Homes, MCOs, care management agencies, and localities to better manage high needs, high risk Medicaid enrollees-including those involved in the criminal justice system.

Resources

- Delivery System Reform Incentive Program (DSRIP): Part of the Medicaid waiver that will allow the State to reinvest $8 billion in federal MRT savings to achieve comprehensive reform of the healthcare safety net system.
- Safety net providers will be required to form Performing Provider Systems (PPS); conduct Community Health Assessments to identify the needs in their communities including the CJ population; and select projects based on these needs; incentive payments contingent on meeting established milestones.
- These reforms will benefit the criminal justice involved population who are widely served by the safety net system; specific community health assessments can identify opportunities to do so.

Resources

- Health Home Development Funds: $190.6 million of the MRT waiver has been allocated to Health Home development in four key areas:
  - Workforce Training and Retraining
  - Member Engagement and Health Home Promotion
  - Clinical Connectivity and HIT Implementation
  - Joint Governance Technical Assistance
- Funds would be distributed via a rate add-on; guidance around approved uses of the funds will include improved linkages with criminal justice.

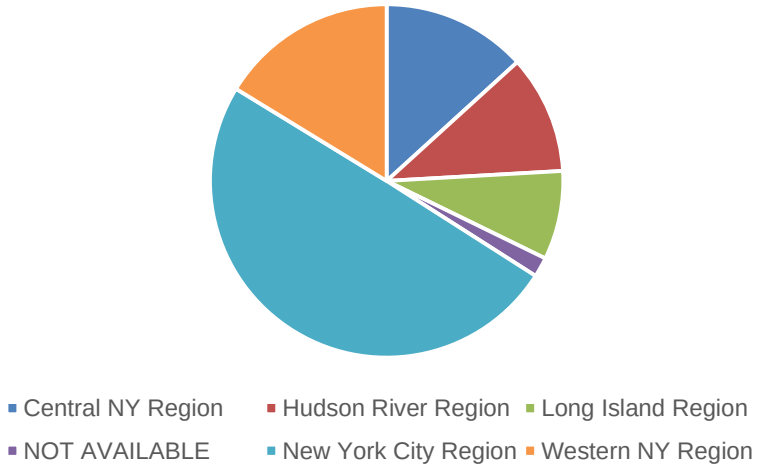
Working with the State Prison System

- DOCCS has shared a deidentified cohort of 22,000 releasees with OHIP.
- Staff are using this cohort to test and refine data matching and “hot-spotting” strategies to better target Health Home interventions
- These interventions will be more fully leveraged when data-sharing agreements are expanded and member-level data can be shared.

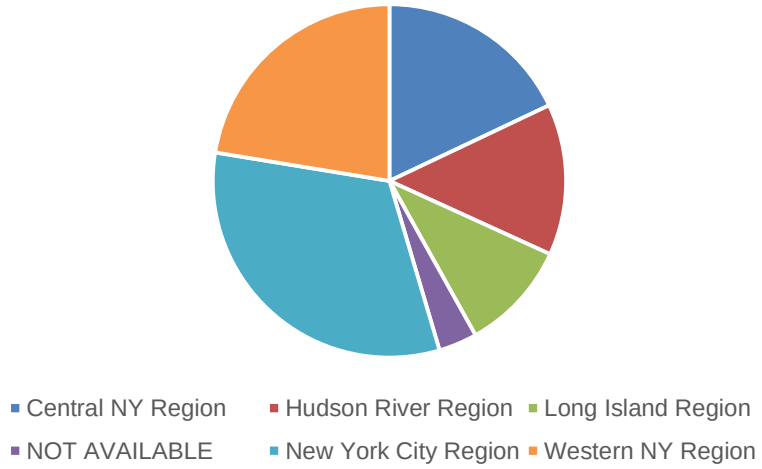
Solutions: Working with the State Prison System

- Of these 22,000 releasees:
  - 18,193 have a Medicaid Client Identification Number (CIN)
  - 12,024 have Medicaid claims in CY 2013.
  - 2,019 have a Health Home Assignment.

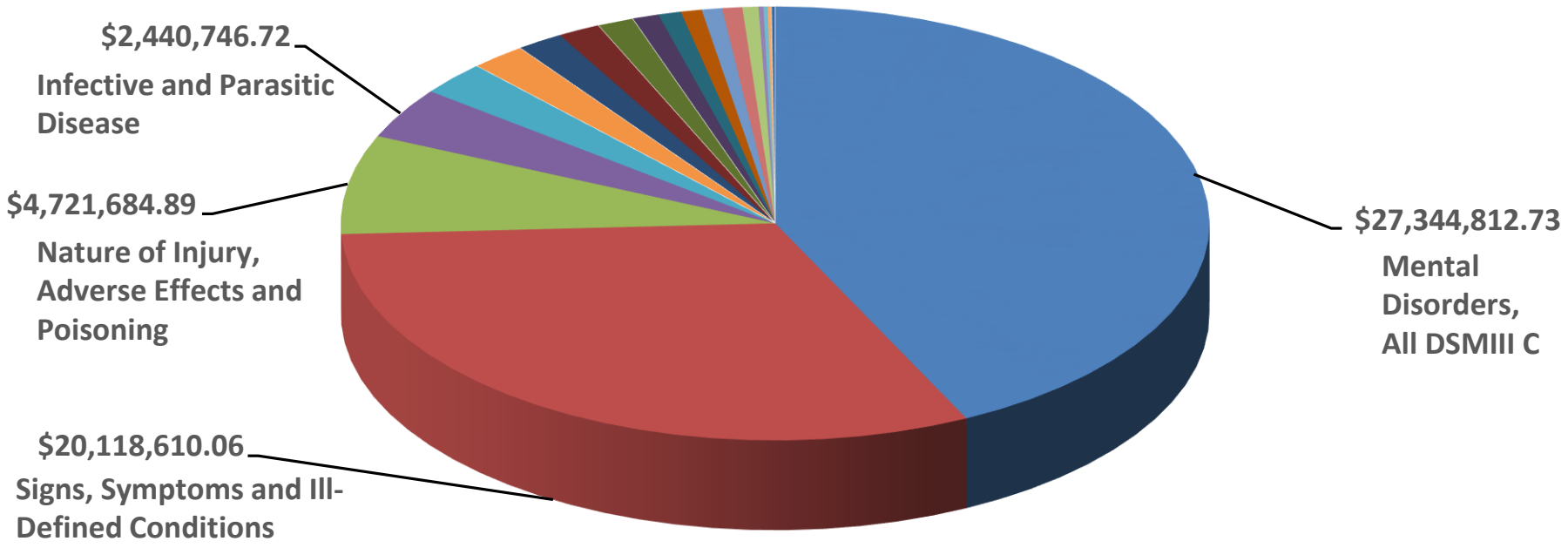
Unique HH Members Enrolled (327)



Unique HH Members in Outreach (838)



UNIQUE DOCCS RECIPIENTS (N=12,024) W/ MA Services in 2013: Total Spend $63,962,826



- MENTAL DISORDERS ALL DSMIII C (8,597)
- SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS (9,390)
- NATURE OF INJURY, ADVERSE EFFECTS AND POISONING (2,107)
- INFECTIVE AND PARASITIC DISEASE (1,170)
- CIRCULATORY SYSTEM DISEASES (1,107)
- DISEASES OF THE RESPIRATORY SYSTEM (1,075)
- DIGESTIVE SYSTEM DISEASES (931)
- SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH (3,341)
- DISEASES OF THE MUSCULOSKELETAL SYSTEM (1,827)
- DISEASES OF THE NERVOUS SYSTEM (1,316)
- ENDOCRINE, NUTRITIONAL, METABOLIC (831)
- NOT AVAILABLE (1,076)
- DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (590)
- GENITOURINARY SYSTEM DISEASES (485)
- NEOPLASMS (148)
- DISEASES OF BLOOD & BLOOD FORM (180)
- DELIVERY AND COMPLICATIONS OF PREGNANCY (54)
- REASON FOR SPECIAL ADMISSIONS AND EXAMS (432)
- CONGENITAL ANOMALIES (38)
- EXTERNAL CAUSE OF INJURY (14)
- CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY (7)
- N/A00 (3)

DISCUSSION