

Concept for Continuity of Substance Abuse and Addiction Care for Ex-Offenders Upon Parole or Release

Business Problem:

More than 65 percent of the 2.3 million people incarcerated in the United States meet criteria for substance abuse or addiction.¹ Of the 650,000 people released from prison each year,² the vast majority re-enter society with little, if any, supports needed to break the cycle of addiction and substance abuse. This lack of support frequently leads to recurrence of addiction activities and inability to find and keep employment — and is a direct factor to the re-arrest of nearly two-thirds of ex-offenders within three years of release.³

Solution:

Perform a health risk assessment (HRA) and develop a care plan as part of Medicaid pre-enrollment prior to a prisoner's release date — enabling them to begin or continue treatment immediately upon release.

Concept:

Although individuals will not receive most Medicaid covered benefits while incarcerated, they can be determined eligible for Medicaid prior to release. Under this concept, someone who is determined eligible for Medicaid while incarcerated will have his or her HRA completed prior to release.

Medicaid requires an HRA be completed for each beneficiary within 90 days of his or her enrollment. This assessment determines the recipient's individual health needs and to ensure they are receiving appropriate care. The HRA, and resulting care plan, can cover several areas of health care, including potential addiction issues. For the general population, this

assessment may be done as part of the eligibility process, during enrollment, or post enrollment while the individual is already enrolled in the health plan. Depending on the State, the assessment is performed by State employees, the Medicaid Enrollment Broker, or by Managed Care Organization (MCO) staff post-enrollment.

Importantly, performing the pre-release HRA establishes a baseline to avoid future costs to the individual, the State and society by starting the individual on a path toward care management as early as possible. This health assessment is the ideal vehicle to identify individuals leaving incarceration who need interim case management (CM) prior to enrollment in a health plan and provide them with CM services under fee for service (FSS) during the interim between their release date and the day their care is assumed by the MCO at enrollment. A soft hand off can then be completed between the interim CM provider and the MCO, if needed. As long as the incarcerated individual has been determined eligible for Medicaid, which can be done prior to their release and enrollment, assessment and CM are covered under existing Medicaid Administrative Claiming (MAC) funding⁴ as an administrative cost of coordinating care to the beneficiary.

Proposed Exception to Policy:

MAC funding already covers administrative functions under Medicaid such as eligibility intake and education/outreach programs prior to release. Clear direction to State Medicaid Directors and potentially an explicit exemption to Medicaid policy will need to be made to include the HRA and CM services in MAC funding.

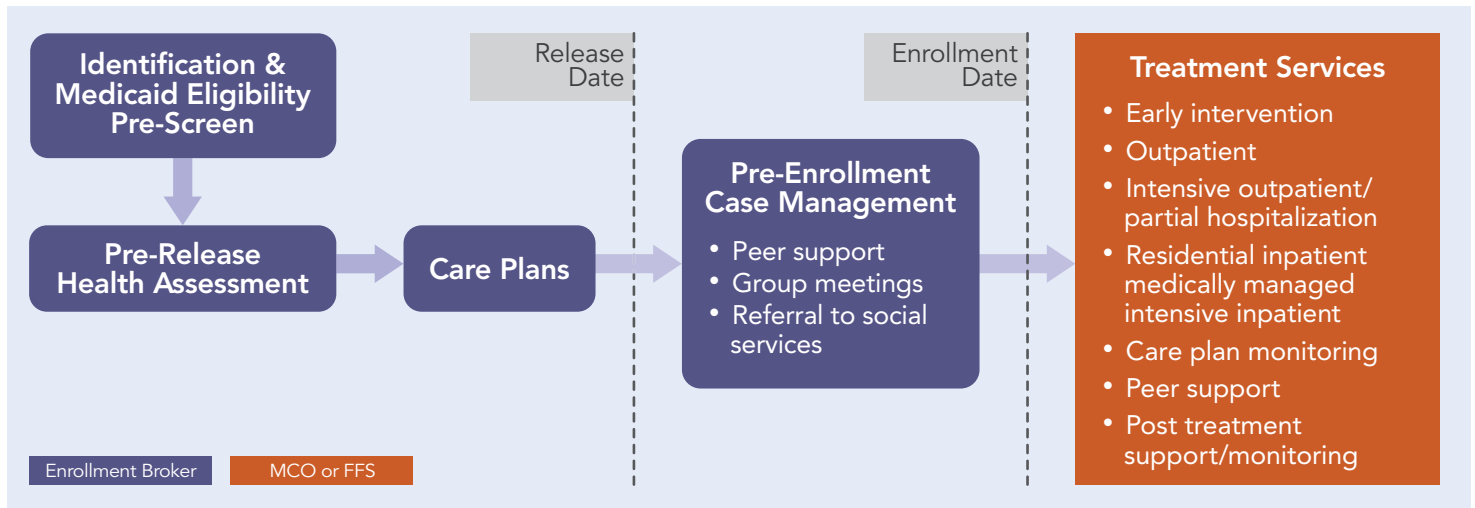
¹ <https://www.centeronaddiction.org/newsroom/press-releases/2010-behind-bars-ii>

² https://www.justice.gov/archive/fbci/progmenu_reentry.html

³ <https://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx>

⁴ http://www.cochs.org/files/medicaid/cochs_medicaid_MAC.pdf

Example Solution Structure:



In the scenario illustrated above, this solution is managed by the independent Medicaid Enrollment Broker and comprises three phases:

- **Pre-Release:** The Enrollment Broker prescreens prisoners ready for reentry for Medicaid eligibility. This may be all prisoners or those specifically identified by the institution as having potential substance abuse or other health problems. A Pre-release HRA is performed for those determined Medicaid eligible and individual care plans are developed that may include short- and long-term treatment recommendations to include clinical treatment, continuation of pre-release programs, group sessions, and peer-support, among others.
- **Interim Case Management:** During the post-release, pre-enrollment period, case management is delivered by the Enrollment Broker. Although the Enrollment Broker doesn't deliver clinical services, it provides intensive case management to guide and assist individuals while also monitoring and ensuring compliance with their care and treatment plan. All clinical and treatment services performed in accordance with the plan are billed

to Medicaid by the individual providers under Fee for Service.

- **Post-Enrollment Treatment:** The Enrollment Broker hands off the pre-release HRA, care plan and case files to the MCO, which assumes responsibility for case management and treatment.

Alternative Scenarios:

Retroactive MCO Enrollment: Health care coverage by the MCO is retroactive to the prison release date. The pre-release HRA and care plan are provided to the MCO prior to release, and the MCO provides case management and treatment starting on the release date.

Ongoing Case Independent Case Management of Addiction Treatment: Clinical and addiction treatment services are delivered by providers, independent of the MCO, and billed to Medicaid under FSS. The Enrollment Broker or other independent provider delivers ongoing, intensive case management to guide and assist individuals while also monitoring and ensuring compliance with their care and treatment plan.