Common Themes

Each site is working with criminal justice partners to identify and engage formerly incarcerated patients.

- 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.
- One site has a coordinator on site to ensure connectivity.
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
Data Sharing

Ability to share data is critical. Medicaid data is subject to strict federal and State protections and criminal justice agencies have not been allowed access to data on Medicaid recipients.

- Interagency discussions on crafting MOUs that would allow greater sharing of data between DOCCS, DCJS, and DOH/OHIP
- Driving data sharing down to the provider/community level: use cases from parole and probation are being prepared for discussion with CMS on a more liberal interpretation of Medicaid Confidential Data (MCD) restrictions. Currently client consent is needed to communicate Health Home status to CJ agencies.
Medicaid Enrollment

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
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 Enrollment

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.
OCFS and DOH are developing a confidentiality agreement to allow DOH to connect NYSID numbers with Medicaid data 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

A process for matching NYSID numbers and Medicaid Client Identification Numbers (CIN) records would have to be developed.
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.

- Budget Initiatives
State Prison System

- Ability to share member-level data with DOCCS and DCJS is critical to working with the State Prison system to identify opportunities to create better linkages with Health Homes—working on a path forward for data sharing agreements.

- 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 that will be more fully leveraged when member-level data can be shared.
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)

- Central NY Region
- Hudson River Region
- Long Island Region
- New York City Region
- Western NY Region
- NOT AVAILABLE

Unique HH Members in Outreach (838)

- Central NY Region
- Hudson River Region
- Long Island Region
- New York City Region
- Western NY Region
- NOT AVAILABLE
State Prison System

Unique Recipients w/MA Svc Claims

- MENTAL DISORDERS  ALL DSMIII C
- NATURE OF INJURY, ADVERSE EFFECTS AND POISONING
- CIRCULATORY SYSTEM DISEASES
- DIGESTIVE SYSTEM DISEASES
- DISEASES OF THE MUSCULOSKELETAL SYSTEM
- DISEASES OF THE NERVOUS SYSTEM
- DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE
- NEOPLASMS
- DELIVERY AND COMPLICATIONS OF PREGNANCY
- CONGENITAL ANOMALIES
- EXTERNAL CAUSE OF INJURY
- SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS
- INFECTIVE AND PARASITIC DISEASE
- DISEASES OF THE RESPIRATORY SYSTEM
- SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH
- ENDOCRINE, NUTRITIONAL, METABOLIC
- GENITOURINARY SYSTEM DISEASES
- NOT AVAILABLE
- DISEASES OF BLOOD & BLOOD FORM
- REASON FOR SPECIAL ADMISSIONS AND EXAMS
- CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORALITY
DISCUSSION