

September 24, 2013 Meeting of Health Home and Criminal Justice Workgroup

Distributed via email October 8, 2013

Brief Recap/Overview

The meeting began with Greg Allen providing a brief overview of the workgroup's mission and its accomplishments to date. In laying out the mission and the group's efforts to date, he spoke about:

- The goal of health homes;
- The need to involve the criminal justice system
- The high needs and extra costs presented by this population and the need for them to be provided with integrated care management and services;
- Taking advantage of the opportunity for health homes provided within the Affordable Care Act;
- The discussions within the Governor's Office about how to deal with those being discharged from the criminal justice system that led to the creation of the workgroup;
- Efforts to weave in Alternative to Incarceration and the bringing together of the criminal justice system, the treatment system, care management.
- The decision not to build model from scratch but rather to depend on local innovation and build upon it.

Greg also gave an update on the state's waiver application. He described the waiver as:

- Key to dealing with the crisis in services in Brooklyn and other communities, brought about by drops in inpatient utilization
- Important for dealing with the large number of nursing homes which are on the brink of insolvency

He explained that the state was in active discussions with the Center for Medicaid and Medicare Services (CMS) about the waiver and had sent several design drafts to CMS, but that all of the drafts remained faithful to the Medicaid Redesign Team's (MRT) blueprint.

He also explained that CMS suggested that the state might be able to achieve many of the waiver's goals through a State Plan Amendment (SPA), which would be easier than a waiver. The SPA would:

- Allow enhancement of the health home infrastructure
- Be a simpler vehicle to achieve a federal match.
- Allow the state to pay providers an enhanced rate to meeting certain criminal justice process and outcome requirements.

John Coppola of the New York State Association of Substance Abuse Providers (ASAP) raised the question of whether the metrics being developed by the Workgroup's Metrics sub-committee might be used as the process and outcome measures Greg had mentioned in discussing the SPA.

Greg replied that this was not currently part of the discussion, although there was likely to be interest in criminal justice metrics which will require some tweaking. He explained that the group's efforts might fit into the waiver's "New Models of Care" section. He also spoke about the national attention on the Committee's efforts.

Criminal Justice Mandate Subcommittee

Paul Samuels of the Legal Action Center gave an overview of the work to date done by the CJ Mandate Subcommittee. He explained that the committee contained representatives from OASAS, DOCCS, DOHMH, EAC TASC, CASES, LAC, and some of the health homes. Paul said that the group saw its charge to determine the interplay of criminal justice mandates and health care needs with the goal of making sure that the system works in the best way possible to ensure that people get the services they need. He also emphasized that the group felt its charge extended beyond just those in health homes to all parts of the health care system.

Paul said that the group had decided that its first task was to figure out what the current landscape was and then think about how to begin addressing it. He also spoke about the background to this issue – NYS Social Security Law 364-j, which requires managed care to pay for care mandated by courts, which had been created specifically because some managed care companies were refusing to cover such care.

Paul then spoke about the need to engage all the players involved:

- Managed care plans
- Courts
- District Attorneys
- Other parties in the CJ system

He also laid out some of the key concerns, including:

- The problem with trying to achieve public safety goals by mandating a specific treatment modality (e.g. residential)
- Denial of certain types of care (specifically Medication Assisted Treatment)
- The need for the courts to have confidence in those performing the assessments and making the referrals
- The need to develop a standardized assessment tool and that these assessments be carried out by trusted and neutral staff.

Paul also mentioned existing resources and materials from the National Association of Drug Court Professionals that could help resolve some of the above concerns. The group then discussed if the CJ Mandate subcommittee work could be informed by managed care plans. John Coppola of ASAP spoke about a new ASAP pilot

working with the court system to ensure that proper assessments be conducted by treatment professionals. He explained that there would be significant attention paid to the pilot's outcomes. He said that the focus of the outcomes would not just be on length of stay, but also on the individual's care needs and other measures of length of treatment. Paul expressed interest in the effort but emphasized that the committee first needed to hone its message.

This discussion led to a broader conversation about the involvement of Managed Care plan representatives in the overall CJ and HH workgroup. Greg emphasized that, while the State was currently running the health homes in cooperation with the plans, in January and July 2015 (NYC and rest of state), everything would be run through the plans. Therefore, Greg suggested that it might make sense to engage the plans in the Workgroup and the pilot process so that they are aware of the group's work and its direction. He suggested engaging plan representatives in both the main group and the sub-committee. Many members of the group agreed with Greg's suggestion and felt that now was an appropriate point to start engaging the plans.

Operations Subcommittee

Bob Lebman of Huther Doyle and co-chair of the Operations subcommittee presented highlights of the most recent meeting of the subcommittee. He began by explaining that the Committee had very much emphasized the need to look at what was already being done so as not to duplicate efforts and in order to learn from what is already out there.

Bob then outlined the discussion about the efforts that were already taking place in Monroe County. He explained that Huther Doyle would be placing a care manager into the country correction facility two days per week starting the following week, with the goal of having a plan in place before individuals leave the facility, which would require beginning planning far enough ahead of time. (He later also mentioned the committee's efforts to do similar accounting downstate.)

Additionally, Huther Doyle is working through the Monroe County District Attorney's (DA) Office, as well as other regional DAs, in order to also be able to target the non-incarcerated population, thereby preventing incarceration. As a side note, Bob mentioned that Judge Schwartz, the longtime Monroe County drug court judge, who recently reached mandatory retirement age, was joining Huther Doyle's board. He explained that Judge Schwartz gets the need for services.

Bob also talked about the importance of ensuring that Medicaid is in place, especially in state facilities, before individuals are released. He also spoke about the delays in activating or being able to use Medicaid upon release, and the importance of ensuring that is changed.

Lastly, Bob talked about the Committee's earlier efforts to identify gaps around acuity, funding, coordination, and contact. Tracie Gardner of the Legal Action Center

then explained that the Committee had decided to create a grid, with the help of John Volpe of NYC DOHMH and Dr. Tom Smith of OMH, to collect information about what services currently exist, what populations they serve, etc.

Tiger Team Acuity Group

Rosemary Cabrera of Community Healthcare Network gave an overview of the work being done by the Criminal Justice Acuity Tiger Team to figure how to identify acuity levels for individuals leaving the criminal justice system who do not have a Medicaid history, in order to ensure that payment levels to the health homes are sufficient.

Rosemary explained that the team had created two separated population buckets, those who are still incarcerated and those who were recently released from incarceration.

For those who are still incarcerated, the team identified a number of risk factors for determining acuity, including:

- Lack of connectivity to medical providers in the community
- Homelessness and lack of social support
- Medication/treatment non-adherence
- Repeat offending
- Cognitive deficits
- Deficits in daily activities

For those in the community, risk factors included:

- Lack of connectivity to medical providers
- Medication/treatment non-adherence
- Inappropriate ED use or repeated hospitalizations for preventable conditions
- Meeting the HH criteria under Department of Corrections' Community Supervision Unit
- Homelessness and lack of social support
- Repeat offending

Rosemary also explained that the team had begun defining many of these terms more clearly. She said that the team had decided that the criminal justice population would begin with a baseline acuity level number, with additional acuity points added for additional risk factors.

Lastly, Rosemary highlighted some of the recommendations being made by the team to improve the process, including:

- Looking at quality indicators to see if reducing costs in prison/jail
- Using existing assessment tools, such as COMPAS

There were a number of questions in response to the presentations, including one question about the rationale for defining "repeat offender" as somebody who committed the same crime again, rather than any new crime. However, because of

time constraints, it was decided instead that the whole workgroup would be given an opportunity to follow up later with the team chairs in writing with feedback and questions.

Survey

Alejandra Diaz of the Governor's Office briefly explained that she would soon be sending a follow-up to an earlier survey she had sent and that the information that was collected through the survey would be used to fill in the grid being developed by the Operations Committee. She told the health homes to be prepared to receive the survey in the next two weeks.

Enrollment

Anne Marie Massaro of the State Department of Health's Office of Health Insurance Programs presented on upcoming efforts to enroll the incarcerated population onto Medicaid, both through the new Exchange and outside of it.

She began by describing the new Pilot Project to begin enrolling onto Medicaid individuals incarcerated in Department of Corrections and Community Supervision (DOCCS) facilities who were not living in New York City prior to their incarceration. She explained that this would be done through an MOU between DOCCS and the Clinton County Department of Social Services. She, along with her colleague David Bachelder, explained that the reason for excluding those living in New York City was due to a lack of time, systems problems and because the WMS system in New York City was different from the system being used in the rest of the state. She also explained that the pilot involve having 17 individuals, all DOCCS employees, going into prisons, taking applications, gathering other necessary information, getting applicants' signatures, and then sending the information to Clinton County.

Anne Marie then described the new enrollment process through the Exchange, the New York State of Health which was slated to go live on October 1st and begin enrollment January 2014. She explained that most Medicaid eligibility determinations would now be performed through the Exchange (unless the individual was over the age of 65, was disabled, or was blind). She explained that most of the necessary information gathering would be accomplished through matching through the computer system, thereby allowing instant matching in most cases. She also explained that, for those who were unable to navigate the system on their own, the state would have Certified Application Counselors and Navigators in each county of the state.

Anne Marie explained that the Exchange would perform daily data matches with DOCCS to determine who was incarcerated. She said that the state was also working on developing a match system with Rikers in the near future. However, no data match exists or is currently foreseen for other local jail around the state. She explained that if the applicant was incarcerated and eligible for Medicaid, they

would be placed on “suspended,” inpatient Medicaid only coverage. (If individuals are not eligible for Medicaid, they will have to wait until release, as the Affordable Care Act regulation does not allow for insurance enrollment with tax credits while incarcerated). If the Exchange identifies an individual as incarcerated who is not, the individual will have a chance to contest. They will be given 90 days of coverage while they dispute their incarceration, which they can do providing documentation to the state demonstrating that they have been released.

When an individual who is incarcerated is released back into the community, the Exchange will be notified on the day they leave the facility and their Medicaid should be reinstated the next day, through the Exchange. At this point, individuals should be able to obtain services. The coverage will be reinstated for up to five months, giving the individual time to renew. Individuals will not however be automatically issued with a card at release. If the individual needs a card, he or she will need to request one through the Exchange call center at (855) 355-5777.

Because local jails are not currently required to report admissions and releases to DCJS, files will not be sent to the Exchange. As a result, all information reporting will still depend on local relationships, usually through e-mails, phone calls or meetings with the local jails, though the exchange is still exploring other options.

Anne Marie and David also discussed the fact that, while community and long-term care would be covered through Medicaid, nursing home would not be covered, and would continue to flow through the counties.

The group decided that it would need to add a new sub-committee that would address enrollment issues, including looking at options for training individuals going into the facilities. Anne Marie agreed to advise and participate in such an effort (once the Exchange is up and running). Also, because the workgroup was short on time, she and David agreed to respond (after the Exchange was up and running) to any questions people might have and the Legal Action Center agreed to collect any such questions.