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December 2<sup>nd</sup>, 2024

# **1115 Reentry Demonstration Waiver**

Multnomah County

Local Public Safety Coordinating Council

# Agenda

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1. What is a Medicaid Waiver?
2. Expanding Medicaid Services in Jails, Prisons and Detention Facilities
3. Service Levels
4. The Pre-Trial Population and The Short-Term Model
5. Partner Engagement to Date
6. Timelines and Next Steps

## Presenters:

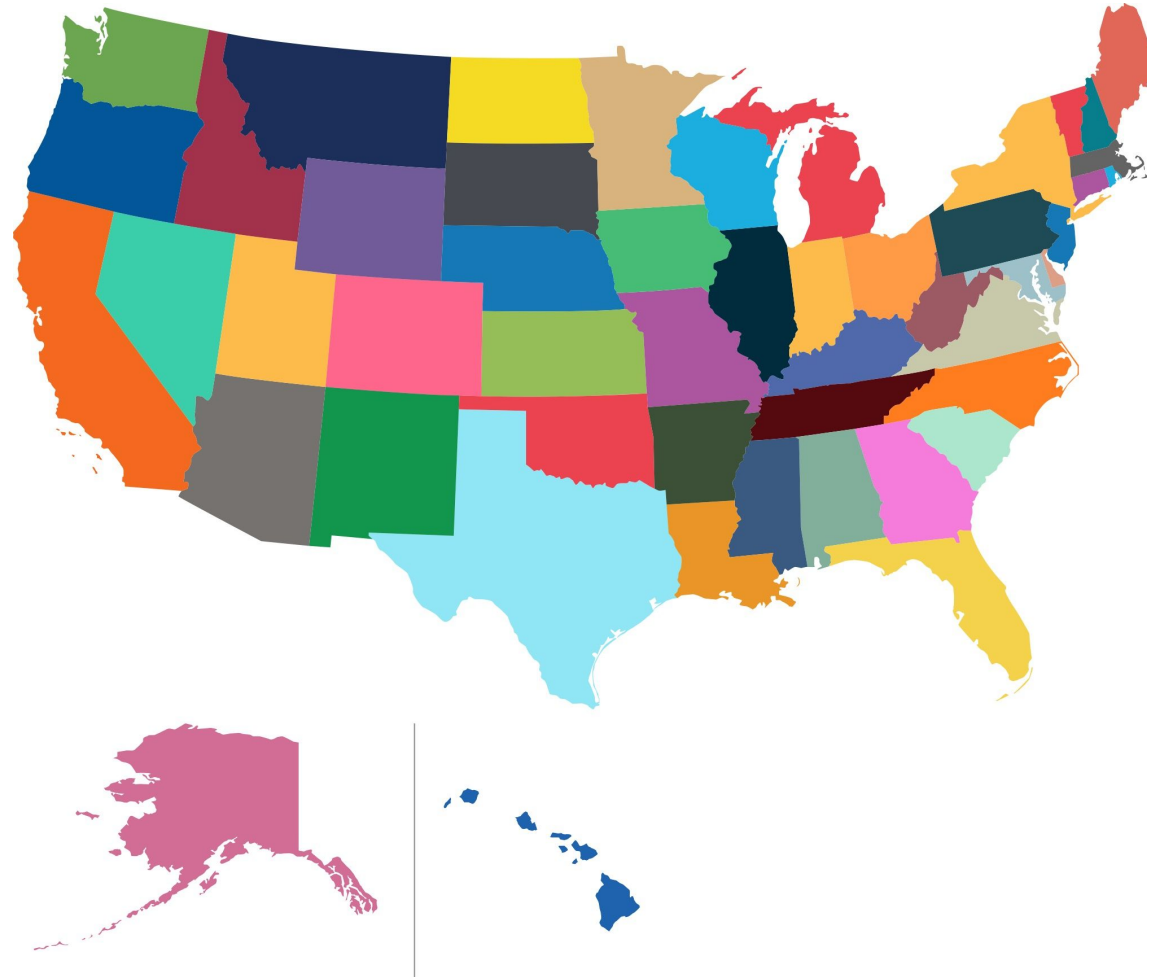
Rachael Lee, Reentry Healthcare Program Operations & Policy Analyst, adults releasing from incarceration

Kimberly Hoover, Medicaid Manager, 1115 Waiver-Carceral Lead

# What is a Medicaid Waiver?

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- The federal government has a standard set of rules each state must follow to get funds for Medicaid.
- States can ask the federal government for permission to change their Medicaid rules.



# 1115 Waiver Programs

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- Health Related Social Needs (HRSN)
  - Climate Benefit - launched March 2024
  - Outreach and Engagement Benefit - launched March 2024
  - Housing Benefit – launched November 2024
  - Food and Nutrition Benefit – Launching January 2025
- Young Adults with Special Healthcare Needs (YSCHN)
  - Launching January 2025
- The Benefit Update Project
  - Starting January 2027
- The Reentry Healthcare Program
  - Launching January 2026



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# **Expanding Medicaid Services in Jails, Prisons, and Detention Facilities**

# Impact of Gaps in Coverage (1 of 2)

~~The health needs of those who are incarcerated are significant, unique, and inequitable.~~



## Health

Disproportionate adverse health outcomes

- 12.7 times mortality rate two weeks post release from prison.<sup>1</sup>
- 58% of people in state prison and 63% of people in jail meet the criteria for drug dependence or abuse.<sup>3</sup>
- 10x more likely to overdose on opioids.<sup>4</sup>



## Equity

Gaps in care exacerbate racial inequities

- 10% of incarcerated individuals in Oregon are Black, while Black individuals make up less than 2% of the state's total population.<sup>6</sup>
- 6x as many Black youth are incarcerated in Oregon as are white youth.<sup>7</sup>

# Impact of Gaps in Coverage (2 of 2)

~~The health needs of people who are incarcerated are significant, unique, and inequitable.~~



Social risk factors are exacerbated by incarceration

- **10x** homeless rates for formerly incarcerated people.
- **41%** of children in Oregon's foster care system have at least one parent who is incarcerated.
- **70%** of youth that exit foster care as adults are arrested at least once by age 26 nationally.



Preventable negative outcomes create significant costs

- Major cost expenditures are associated with incarceration, recidivism, overdose, and other related negative outcomes.

# Overview: Expanding Medicaid into Carceral Settings

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**Oregon's pursuit of limited expansion of Medicaid to incarcerated and recently incarcerated individuals can increase positive health and social outcomes.**

**Current:** Incarcerated and recently incarcerated individuals do not have Medicaid.

- Incarcerated people lose Medicaid access due to federal law
- Upon release from carceral facilities individuals experience a coverage gap
- Gaps in coverage lead to difficulty in access to health care and vital services

**Future:** Extending limited Medicaid eligibility in carceral settings will achieve various things

- Close a coverage gap
- Create progress toward a healthier Oregon
- Proactively reduce health equity gaps in Oregon
- Reduce social and financial costs related to recidivism and other negative outcomes



# Impacted Facilities

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Eligible carceral populations are held across four types of institutions

1. State Prisons – 12 facilities across the state holding about 13,442 individuals
2. **County Jails - 31 facilities across the state holding about 6,582 individuals**
3. Oregon Youth Authority - 9 facilities across the state holding about 525 individuals
4. Juvenile Detention- 11 facilities across the state holding about 298 individuals

# Federal Consolidated Appropriations Act (FCAA)

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- Creates **requirements** to expand Medicaid coverage of some services to a subset of people who are incarcerated. Go-live is **no later than January 2026**.
- Who it's for: **eligible individuals who are incarcerated and post-adjudication.**
- **Is mandatory for all states.**
- It requires that Medicaid enrollment be offered 30 days before release to:
  - **Youth under age 21.**
  - **Former foster care youth up to age 26.**
- It also includes certain Medicaid services like:
  - Targeted case management.
  - Medical, behavioral and dental screenings and diagnostic services.

# 1115 Reentry Demonstration Waiver

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Builds on FCAA requirements and will provide a method for Carceral Facilities (CF) to build and pay for systems to offer new services.

- Adds that **all OHP eligible youth and adults** who are incarcerated can be offered Medicaid enrollment 90 days before release.
- Includes select Medicaid services such as medication assisted treatment (MAT), care coordination, and medication administration.
- Becomes effective **January 1, 2026**.
- **Eligible CF must opt-in to participate.**
- Offers capacity building funds to prepare facilities for implementation.

# Reentry Health Care Services Program

## 1115 Waiver

Family planning services

Reentry healthcare plan

### FCAA

#### \*Targeted Case Management\*

- Comprehensive needs assessments, development of a person-centered care plan, referrals and related activities, monitoring and follow-up activities, and TCM must continue for at least 30 days post-release.
- States must provide medical, behavioral, and dental screening and diagnostic services
- Screening services:
  - comprehensive health and developmental history, comprehensive unclothed physical examinations, appropriate vision and hearing testing, appropriate laboratory tests, and dental screening services.

#### Behavioral & Physical Health

- Behavioral health crisis & stabilization services
- **\*Medication Assisted Treatment (MAT)\***
- Substance use disorder services

#### Diagnostic, treatment, & prevention services to stabilize common & communicable health conditions including:

- Hepatitis
- HIV
- Tuberculosis
- Blood pressure
- STIs

#### Medication & Pharmacy

- **\*Pharmacy-in-hand at release\*** Diabetes
- Pharmacy coverage
- Medication management

\*Mandatory for 1115 waiver

# Capacity Building Funds

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Oregon has requested capacity building funds to assist correctional facilities implement the reentry waiver

## What are Capacity Funds?



Capacity building funds are available to provide **start-up funding** to correctional facilities for the planning and implementation of reentry services, meaning these are **one-time funds** that are not meant to be used to sustain the delivery of reentry services.

## Capacity building funds may be used for the following activities:

- Medicaid enrollment and suspension planning activities
- IT systems
- Reentry services planning activities
- Hiring of staff and training
- Electronic Health Records
- Billing System
- Development of protocols and procedures



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# Service Levels

# Service Levels

Services	Service Level	Impact to Correctional Facilities
<ul style="list-style-type: none"> <li>OHP coverage screening and application assistance</li> <li>Incarceration date notification</li> <li>Release date notification to support unsuspension/reactivation of benefits</li> <li>Targeted case management</li> <li>Screenings and diagnostics</li> </ul>	Service Level 1 (FCAA)	Required for all facilitates - <i>eligible population is individuals who are post-adjudicated up to age 21 or former foster care youth up to 26</i>
<ul style="list-style-type: none"> <li>Pre-release planning and additional case management services</li> <li><b>Medication-assisted treatment (MAT)</b> through medications to treat substance use disorders in addition to behavioral, counseling, or peer support</li> <li>30 days of medications in hand at release</li> </ul>	Service Level 2 (1115 Reentry Demonstration Required)	Optional but <u>required for facilities to be eligible for capacity building funds</u> – <i>eligible population is anyone who is incarcerated and eligible for OHP (level 2 &amp;3)</i>
<ul style="list-style-type: none"> <li>Lab and radiology services</li> <li>Community Health Worker services</li> <li>Limited medical services</li> </ul>	Service level 3 (1115 Reentry Demonstration)	Not required, but reimbursed by Medicaid



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# **Reentry Services for the Pre-Trial Population: The Short Term Model**



# Reentry Services for the Pre-Trial Population: The Short Term Model

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The **short-term model** provides minimum requirements for correctional facilities that hold individual pre-trial, such as county jails and county juvenile detention facilities, to provide reentry services.

Correctional facilities must provide all clinically appropriate services throughout an individual's incarceration. The 1115 Demonstration is focused on supportive reentry services that are paid for with Medicaid dollars, these services are not meant to replace existing carceral responsibilities, but instead enhance reentry processes.

Reentry Service Activity	Intake	Week 1 of Limited-Service Package							Week 2	Remaining Incarceration
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8–14	Thru Release
Medicaid screening	X (w/in 3 days of incarceration)									<p>Once a member is released to the community, full Medicaid will be activated. If a member is sentenced, reentry <u>limited</u> service benefit package will be stopped and resumed 90-days prior to release.</p>
Medicaid enrollment	X (w/in 7 days of incarceration)									
Medications and Medication Administration	X	Correctional facilities are responsible for initiating and continuing all medications as soon as a need is identified.								
Medications for SUD/MAT	X (continuation)							X (initiation)		
Case Manager Assignment/Scheduling				X						
Complete Health Risk Assessment (HRA)								X (As soon as intake, no later than day 14)		
Complete Reentry Person-Centered Service Plan (PCSP)								X (As soon as intake, no later than day 14)		
Outreach to clinical provider or traditional health worker(s)		Appointments with clinical providers or traditional health workers must be scheduled within 5 days of a need being identified via the HRA, as well as any time during incarceration if a need is identified.								
Diagnostic services (e.g., lab/radiology)		Diagnostic services must be initiated within 5 days of a need being identified via the HRA, as well as any time during incarceration if a need is identified.								
Case Management–Warm Handoff		Warm handoff between pre- and post-release case manager can occur at any point before release, but must occur at least 14 days before release date, if known. For individuals with unknown release dates, the warm handoff meeting should occur as soon as the CCO/FFS case manager is identified and available to meet. Post-release case manager is responsible for outreach to <u>correctional facility</u> /pre-release case manager if warm handoff is not completed prior to release.								
Clinical Consultation–Professional-to-Professional Handoff		If an individual has reentry limited-service package active for 14 days, meaning the HRA is completed, and the need for a professional-to-professional clinical handoff is identified, it should occur before release or within two business days after release. Community-based provider is responsible for outreach to <u>correctional facility</u> if not completed prior to release.								
Medication Upon Release		Must be provided to all individuals with an active Reentry limited benefit package who began a medication regimen while incarcerated.								

- Reentry service delivery should begin as close to intake as possible.
- Medicaid reimbursement will only be available to those who are enrolled in Medicaid
- For the purpose of this model, Day 1 is the first day the member is placed in the reentry limited-service package.
- If the individual is not yet enrolled, Day 1 would be the day the Medicaid application is submitted to OHP.
- OHA will only approve a facility to go-live if it has processes in place that meet the minimum requirements.



# Partner Engagement to Date

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OHA has actively sought feedback from implementation partners to inform the policy design and implementation planning processes for OHP's carceral work, including the 1115 Reentry Demonstration and FCAA requirements.



# Partner Engagement to Date

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- Interagency Workgroups (timeframe): OHA, County Jails, OYA, DOC, County Juvenile, Local MH programs, Correctional Health. Topics: Billing, Eligibility and Enrollment, Data & Systems, Pharmacy and Service Delivery.
- Readiness Assessment Pilots: OHA worked with adult and youth counties to develop the carceral facility readiness assessment.
- Site Visits: OHA policy analysts have reached out to every facility and every County and offered to walk through the FCAA and 1115 Waiver.
- CCO Workgroups: Invites were sent to every CCO. Topics: CCO scope of responsibility, Operating Model for service delivery & How will CCO and Carceral Settings work together



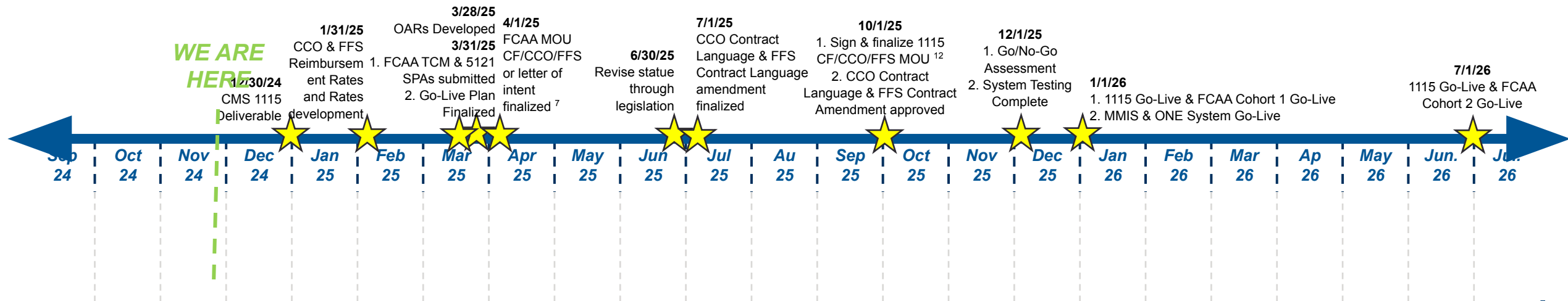
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# Implementation Timeline and Next Steps

# High-Level Implementation Milestones

## Major Milestones Completed Pre-November

- **Approval of CMS Standard Terms and Conditions:** CMS approved Oregon’s defined state responsibilities and federal involvement in the demonstration project.
- **Completed Readiness Assessments:** The critical path helps in tracking program milestones, ensuring that the project stays on schedule and meets its deadlines. This is crucial for maintaining the overall timeline and avoiding delays.
- **Completed Interagency Workgroups:** OHA held workgroups with participants from the Department of Corrections, Oregon Youth Authority, county jails, and juvenile county detention facilities to inform program design and CMS deliverables.
- **Launched Coordinated Care Organizations (CCO) Workgroups:** OHA initiated engaging CCOs to begin defining roles and responsibilities that may be shared with carceral facilities.



# CF Readiness Assessment Dashboard

## Correctional Facility Readiness Assessment Completion Statistics

Please use the **gauges** and **interactive map** below to view statewide Readiness Assessment completion statistics overall and grouped by Adult/Youth and Facility Type. You can use the **table view** to group facilities by status and click the link to the facility's readiness assessment response pdf.

Note: this page is updated daily at 8am and 12pm.

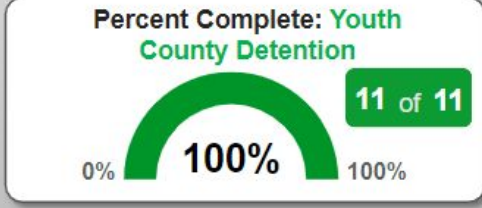
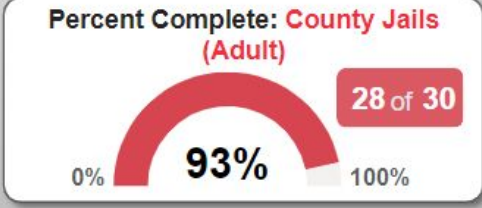
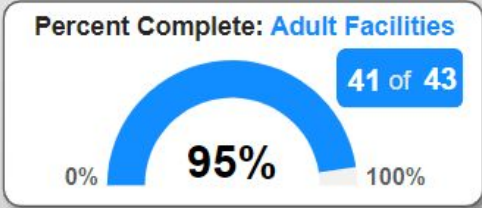
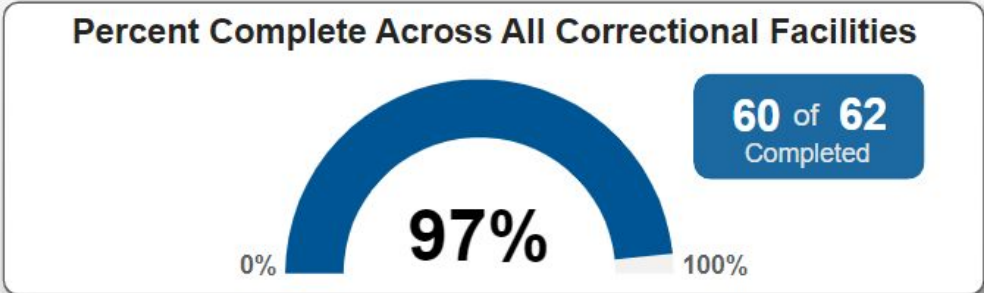


### Days Until Readiness Assessment Due

0 : 00 : 00 : 00  
Days Hours Minutes Seconds

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Facility Name	Facility Type	RA Status
Baker County OR Jail	County Jail	RA Completed
Benton County OR Jail & Corrections	County Jail	RA Completed
Clackamas County OR Jail	County Jail	RA Completed
Clatsop County OR Detention Center	County Jail	RA Completed





# CF Readiness Assessment Dashboard

## Correctional Facility Requested Assistance and Local Health Provider Resources

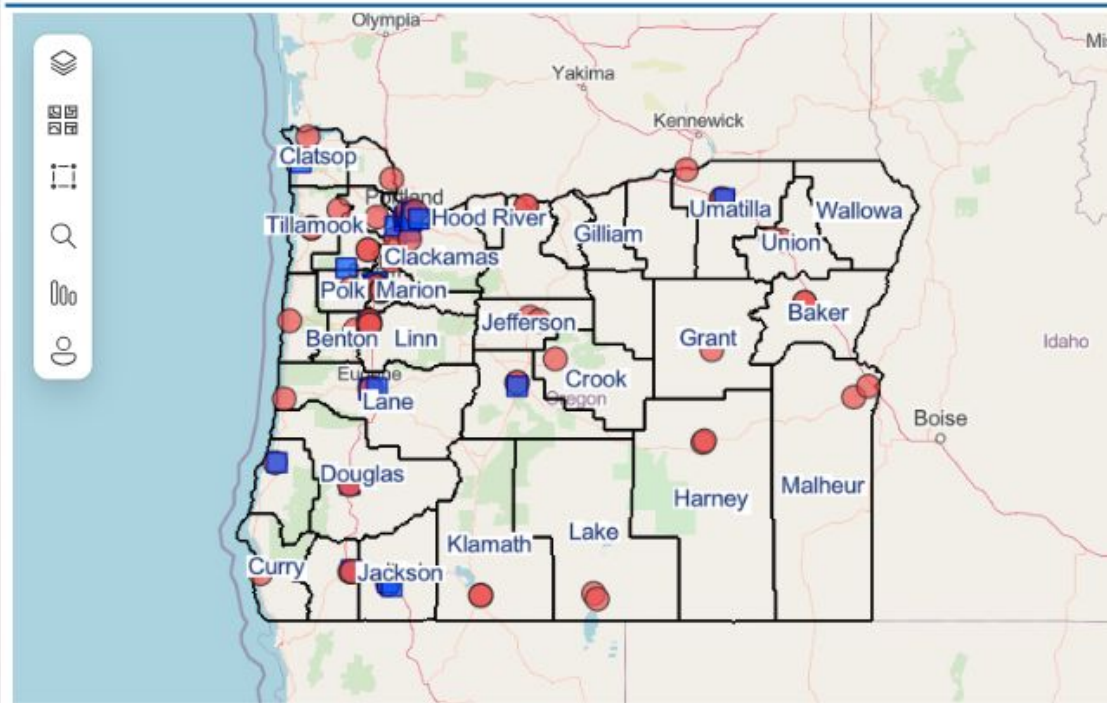
Please use the **boxes** to filter to a county, then **select the CBO** to view the services they offer, then **select the CF** to compare the services a CBO offers with what the CF needs. You can use the map to zoom and see how far away the CBO is from the CF.

Note: this page is updated daily at 8am and 12pm.



### Select County

Baker County	Clackamas County	Columbia County	Crook County	Deschutes County	Grant County
Benton County	Clatsop County	Coos County	Curry County	Douglas County	Harney County



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- CF
- OTP
- FQHC
- CMHP
- LPHA
- Other CBO

### Select CBO

All

Service	Offered?
Developmental Screenings	Yes
Vision Screenings	Yes
Hearing Screening	Yes
Dental/oral health screenings	Yes
Chronic health condition screenings	Yes
General physical Exam	Yes
Vaccines (shots) at recommended doses	Yes
Gender-affirming care	Yes

Clear Filters on CBO

### Select Correctional Facility

All

Service	Offered?
Developmental Screenings	No
Vision Screenings	Yes
Hearing Screening	Yes
Dental/oral health screenings	No
Chronic health condition screenings	Yes
General physical Exam	Yes
Vaccines (shots) at recommended doses	Yes
Gender-affirming care	No

Clear Filters on CF

# CF Readiness Assessment Dashboard

## Correctional Facility Requested Assistance and Local Health Provider Resources

Please use the **boxes** to filter to a county, then **select the CBO** to view the services they offer, then **select the CF** to compare the services a CBO offers with what the CF needs. You can use the map to zoom and see how far away the CBO is from the CF.

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### Select County

Jackson County	Josephine County	Lake County	Lincoln County	Malheur County	<b>Multnomah County</b>
Jefferson County	Klamath County	Lane County	Linn County	Marion County	Polk County

### Select CBO

All

*This feature is still in progress and is not yet functional.*

Clear Filters on CBO

### Select Correctional Facility

All

*This feature is still in progress and is not yet functional.*

Clear Filters on CF

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Legend: CF (red circle), OTP (blue square), FQHC (yellow square), Tribal Health (blue diamond), CMHP (pink square), LPHA (purple square), Other CBO (green square)



# Next Steps

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- Multnomah County has completed and submitted their Readiness Assessment!
- Your policy analyst is working on your readiness assessment report (11/24-12/24)
- Meetings between OHA the Sheriff's Office and the Corrections Health Division (12/24-)
- Multnomah County decides it's service level (12/24-3/25)
- Technical assistance & Possible CBF (1/25-1/26)
- Implementation!

# Thank you!

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