

**19th Annual National TASC Conference on
Drugs, Crime & Reentry
Health Care Reform: Health and Public
Safety Meet and Greet
New York's Health Homes and Criminal
Justice**



Presented by:
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Legal Action Center -- who we are:



- ⌘ Legal and Policy Advocacy for people with addiction histories, criminal records, and HIV/AIDS
- ⌘ Fight discrimination
- ⌘ Advocate for the expansion of services and resources for these issues
- ⌘ Co-Chair national Coalition for Whole Health, over 100 national, state and local members advocating for strong ACA implementation for MH/SUD.
- ⌘ Helped to create NY Coalition for Whole Health

Executive Changes on Public Safety and Health



- ❧ *"It is of compelling public importance that the State conduct a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure."* - Governor Andrew M. Cuomo, January 5, 2011
- ❧ Governor Cuomo Announces Closure of Seven State Prison Facilities-- Action fulfills Governor's pledge to make appropriate changes based on declining inmate population and provides \$184 million in savings to state taxpayers over next two years. June 30, 2011

Health Care Reform: A Time of Tremendous Opportunity



Includes:

- ❧ Landmark victories in health coverage for substance use disorders and mental health
- ❧ Greater understanding of addiction as treatable chronic health condition
- ❧ Mental Health Parity and Addiction Equity Act prohibits discrimination
- ❧ The Affordable Care Act (ACA) aims to expand SUD care dramatically by requiring coverage at parity in both health insurance exchanges and Medicaid expansion
- ❧ Lots of opportunity with or without ACA

Health Homes



- ❧ Section 2703 of the ACA created the new health home Medicaid option for beneficiaries with multiple chronic conditions.
- ❧ Health homes are meant to build on other care coordination models to create linkages to community and social supports, enhance coordination of physical health, mental health and substance use care, and to improve health outcomes for high-cost patients.

Health Homes



- ❧ The ACA describes certain “comprehensive and timely high quality services” that health homes are expected to provide. These services include:
 - ❧ Comprehensive care management;
 - ❧ Care coordination;
 - ❧ Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
 - ❧ Individual and family support;
 - ❧ Referral to community and social support services, if relevant; and
 - ❧ The use of health information technology to link services.
- ❧ When provided by a health home provider arrangement, the above services qualify for a temporary enhanced federal funding rate of 90% for the first two years after approval of the health home by CMS.

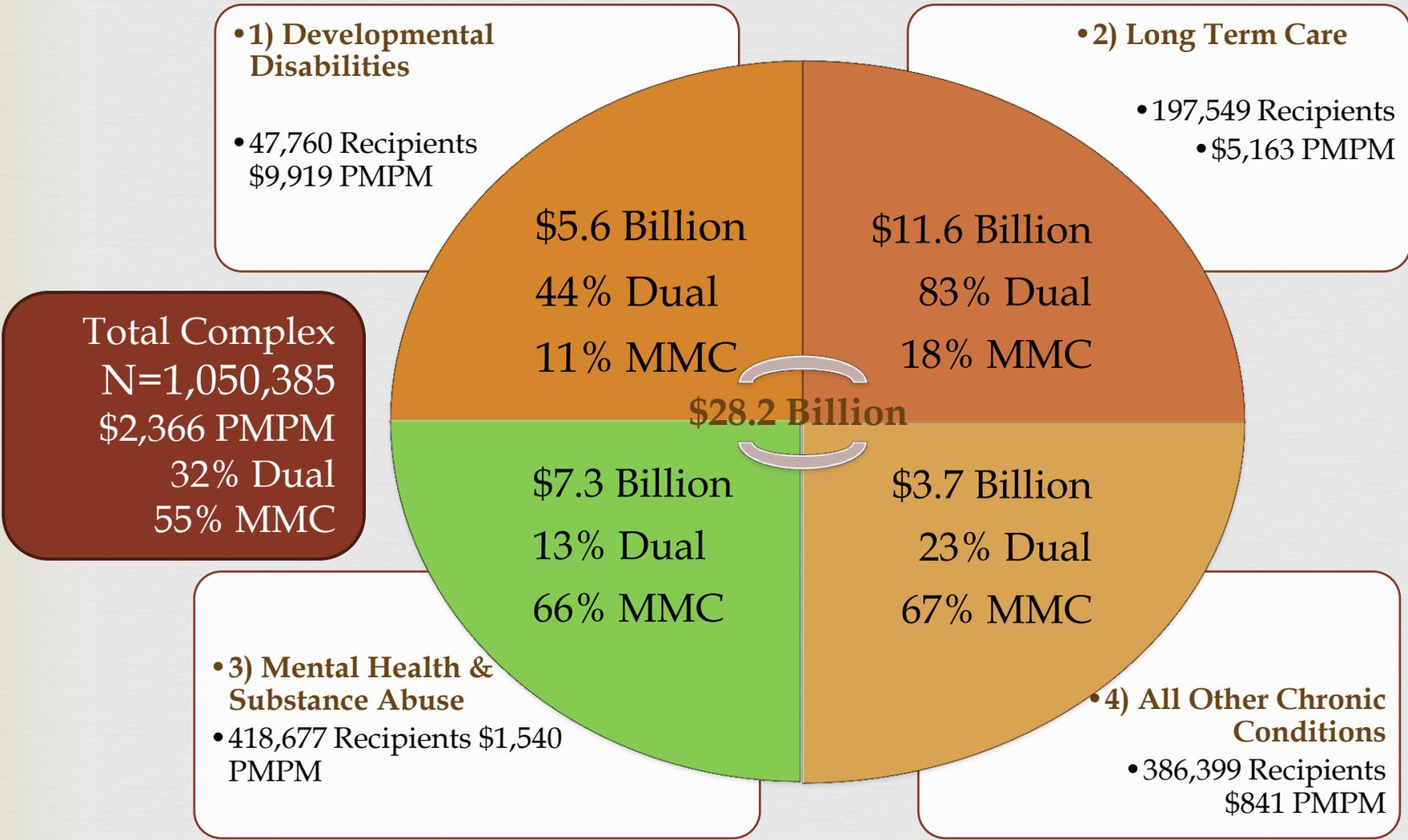
New York State



- ☞ New York has elected to offer health home services to individuals with two or more chronic conditions, HIV/AIDS and the risk of developing another chronic condition, or one serious mental illness. Qualifying chronic conditions include mental health conditions, substance use disorders, asthma, diabetes, heart disease, and BMI over 25.

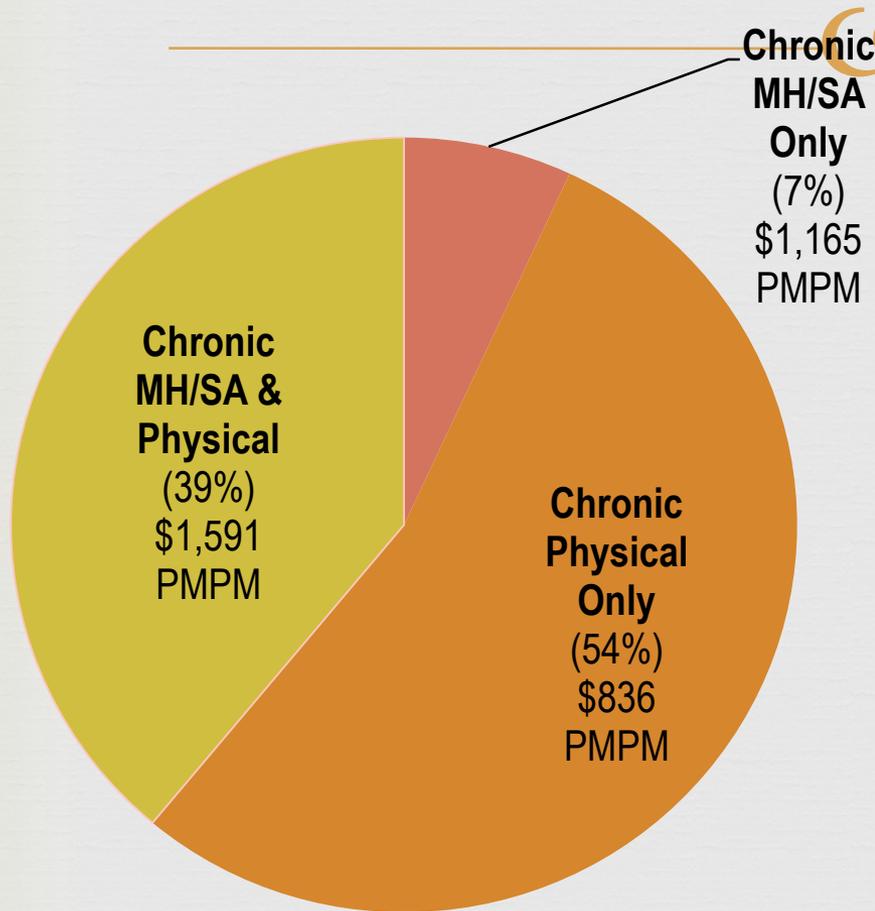
Health Home Eligibles in NYS

(1M Medicaid Members out of 5M)



Physical and Behavioral Health

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	# Adults	Total Medicaid Spend (in Millions)	PMPM Spend
Chronic MH/SA & Chronic Physical	284,525	\$5,204	\$1,591
Chronic MH/SA Only	50,573	\$620	\$1,165
Chronic Physical Only	395,383	\$3,714	\$836
Total Adult	730,481	\$9,538	\$1,156

Important Changes in Medicaid Made by the ACA



- ❧ The ACA expands Medicaid eligibility to parents and childless adults below 133% FPL for the first time in most states. New York currently covers parents to 150% FPL and uses a waiver to cover childless adults to 100% FPL.
- ❧ Beginning January 1, 2014, the federal government will begin paying an enhanced FMAP rate for New York Medicaid's childless adult population. The enhanced rate for this population will be at least 75 percent in 2014, 80 percent in 2015, 85 percent in 2016, 86 percent in 2017, 90 percent in 2018, 93 percent in 2019, and 90 percent federal funding for 2020 and subsequent years.



Important Stepping Stones between Public Safety and Health



- ❧ At LAC's urging, two federal Secretaries of Health and Human Services directed states to restore Medicaid eligibility for people leaving prison or jail.
- ❧ LAC worked with other advocates on the very early efforts to facilitate Medicaid applications for people who are about to leave prison.
- ❧ LAC provided information about provision of Medicaid law that allows federal reimbursement for certain institutional care provided in the community for people in prison. As a result, the State decided to enroll every eligible person in prison onto Medicaid so that it can recoup tens of millions of dollars in federal reimbursement annually.

Opportunities for the Criminal Justice System



- ❧ Meeting of the minds between Deputy Secretaries of Public Safety and Health led to recognition that much of the criminal justice population suffers from multiple chronic conditions, including HIV/AIDS, mental illness and addiction, and hence are exactly the patients that health homes have been designed to serve.
- ❧ Efforts are underway to capitalize on opportunities to improve the engagement of the criminal justice population into the healthcare system through the state Medicaid Redesign and federal ACA implementation.

Preliminary 2011 NYC CJ Data

- Sample of 2,055 unique Medicaid IDs from NYC CJ data; 1,121 members matched to HHs
- Medicaid IDs matched to the calendar year 2011 Health Home eligible population.

Population	# of Recips
DD	14
LTC	24
MHSA	1,062
OTHER	21
Grand Total	1,121

Opportunities for the Criminal Justice System



- ❧ **Improve Health and Reduce Recidivism and Incarceration of Criminal Justice Population by**
 - ❧ (1) Enrolling Them in Medicaid and
 - ❧ (2) Linking Them To and Providing Them the Health Care They Need
- ❧ **Enroll All Eligible Individuals in the Criminal Justice System onto Medicaid**
- ❧ **Link Individuals in the Criminal Justice System to Health Homes**
- ❧ **Inclusion of criminal justice services in the waiver or through other mechanisms that would allow payment for these services with Medicaid funds which, when the ACA takes effect in January 2014, will mostly be paid by the federal government.**

Enroll every eligible person in prison onto Medicaid



- ❧ DOCCS currently facilitates the enrollment onto Medicaid of individuals at Mid-Hudson and Queensboro.
- ❧ Individuals entering DOCCS facilities who are enrolled on Medicaid are having their Medicaid suspended (as required by state law).
- ❧ Rikers already enrolls many individuals onto Medicaid as part of discharge planning. Lessons learned from this experience are being used to inform efforts around the state.
- ❧ Efforts are under way to identify how best to facilitate enrollment onto Medicaid of individuals in other parts of the criminal justice system, including police, courts, probation, ATI and reentry programs and substance use and mental health programs.

Health home and criminal justice pilot project



Goals:

- ❧ Engage the criminal justice population in health homes by creating 6 health home pilots that will pioneer effective engagement of people in state prisons, local jails and probation and alternative to incarceration/reentry programs.
- ❧ Identify models for successful collaborations between the health care and criminal justice systems to engage and serve this population most effectively.

CJ & Health Home Pilot Project participants



- ❧ Bronx: Bronx-Lebanon Hospital and Montefiore Medical Center
- ❧ Brooklyn: Community Healthcare Network and Maimonides Medical Center
- ❧ Monroe County: Huther Doyle
- ❧ Buffalo: Alcohol & Drug Dependency Services, Inc. (ADDS)

Health home and criminal justice pilot project



- ❧ Establishment of workgroup
- ❧ Identification of implementation issues
- ❧ Information sharing
- ❧ Identification of metrics for the pilot
- ❧ Data match
- ❧ DOCCS

Other initiatives and next steps



- ❧ New York has applied for a five-year, \$10 billion 1115 waiver from the federal government, to allow the state to implement Medicaid Redesign. This money would come from savings to the federal government as a result of Medicaid Redesign. Negotiations between New York State and the federal Centers for Medicare and Medicaid Services (CMS) are currently underway.
- ❧ NYS DOCCS HIV/HCV Oversight Law – Statutory Connection
- ❧ Determine what other services can be funded

The Glass is Very Much Half Full!

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