Medicaid Eligibility After Release from State Institutions

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SAMHSA - CMS Invitational Conference
Baltimore, MD, September 2007
The Problem

- No federal financial participation (FFP) for Medicaid services provided to
  - Individuals in correctional facilities or
  - Working age adults in institutions for mental disease (IMDs)

- Most states
  - Consider these adults as ineligible for Medicaid
  - Will not accept Medicaid applications until after discharge
Working-age adults with mental illness leaving correctional facilities and IMDs need treatment:

- Many have only Medicaid as a possible for access to care
- May be eligible for Medicaid or federal disability benefits but face significant application barriers, delays in coverage
- Are at high risk for re-entry to correctional facilities, IMDs
A Collaborative Effort to Design, Implement, Evaluate Model Program

SAMHSA

Oklahoma

MPR
Project Goals

- Minimize gap between discharge from correctional facility/IMD and Medicaid enrollment
- Improve access to treatment for individuals with mental illness by helping those eligible for Medicaid
- Prevent unnecessary re-entry to IMDs and correctional facilities
Active Partners in Oklahoma

- Department of Mental Health and Substance Abuse Services (ODMHSAS)
- Department of Corrections (DOC)
- Oklahoma Health Care Authority (OHCA)
- Department of Human Services (DHS)
- Social Security Administration (SSA), State Office
- Division of Disability Determination (DDD) in Department of Rehabilitation Services
Today’s Session

- Review of key policy, program issues
- Intervention & evaluation designs
  - IMDs
  - Correctional facilities
- “Lessons learned” to date
Key Dimensions of Problem

- Adults with mental illness leaving state institutions
  - Some are Medicaid eligible as custodial parents or pregnant women
  - Low-income, childless adults: Medicaid eligible in many states only on basis of disability
  - Most are found disabled through SSA disability determination process (Medicaid applications follow SSA disability determination)
Disability Determinations

- Average time to decision: 4 months (excluding consultative exam)
  - Anecdotal reports: Adults with MI take longer

- For SSI/SSDI applicants
  - Consent forms
  - Gathering of information re medical and functional status
  - Consultative exam if needed
Key Questions

- For individuals who have Medicaid at entry:
  - Can enrollment be suspended and then re-instated at discharge (assuming they otherwise remain eligible)?
  - If so, how can this be done? If not, how can the re-application process be facilitated?

- For potentially eligible individuals who want to apply:
  - How can the Medicaid application process be facilitated prior to discharge so that qualified individuals can obtain coverage at discharge?
Developing Model Programs

- Planning process, identification of target population
- Suspend eligibility, facilitate applications, or both?
- Establish pre-release agreements/MOUs, other interagency collaboration at state, local levels
- Train staff on standardize discharge planning & application procedures
- Develop/refine data systems to track client progress
- Implement, evaluate
A New Program at Griffin Memorial Hospital and Central Oklahoma Community Mental Health Center (COCMHC)
### Adults with Mental Illness Entering Griffin, FY2004

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<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Total (age 19-64)</td>
<td>2,002</td>
<td>100</td>
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<tr>
<td>Medicaid enrolled</td>
<td>857</td>
<td>43</td>
</tr>
<tr>
<td>Not enrolled, probably eligible</td>
<td>1,032</td>
<td>52</td>
</tr>
<tr>
<td>Not enrolled, probably not eligible</td>
<td>112</td>
<td>6</td>
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Sources: ICIS, MMIS, OESC
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<thead>
<tr>
<th>Qualifying via blind and disabled category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>857</td>
<td>100</td>
</tr>
<tr>
<td>Qualifying via blind and disabled category</td>
<td>495</td>
<td>58</td>
</tr>
<tr>
<td>Qualifying via other categories</td>
<td>362</td>
<td>42</td>
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</table>

Sources: ICIS, MMIS
Implications

- Statewide: Many clients enter IMDs who are not enrolled in Medicaid but probably can be
- Many of those not Medicaid enrolled are likely to qualify via disabled category
- SSA applications must be completed to obtain Medicaid
Program Context

- For clients with Medicaid at entry to Griffin
  - Length of stay: Usually too short to lose coverage before discharge

- For low-income clients without Medicaid at entry
  - Admission is an opportunity to identify potentially eligible, but not enrolled, clients
  - SSA, Medicaid applications may start before discharge
  - Support for completing applications must be transferred to community clinics, offices
Operational Challenges

- Identifying Medicaid/SSA status at entry
  - Routine checks for Medicaid
  - Need for new links to local SSA office

- Starting SSA application for designated clients
  - Busy clinical staff, lack of training, client reluctance
  - Short length of stay, other priorities for discharge
  - Tracking multiple steps in complex process

- Transferring responsibility to local CMHCs
  - Potential loss of clients, tracking information
  - Busy clinical staff, lack of training
  - New links with local SSA, DHS offices
Overview of Program: Griffin – Local CMHC

Intervention Time: Nine Months

- **Identify target population**
  - Clients, age 18 and up, who will be discharged to Cleveland or McClain counties

- **Determine Medicaid status**
  - If not Medicaid eligible, conduct financial eligibility screen for:
    - SSI/SSDI
    - Medicaid

- **Start application process for:**
  - SSI/SSDI
  - Medicaid

  Sequence, timing depends on client status

- **Follow up, tracking**
The New Program

- Specialized training (SOAR) for caseworkers at Griffin, Central Oklahoma CMHC

- Standard use of application tracking checklist
  - Eventually translated into new electronic data system
Evaluation Design

- Study period: July 1, 2007 – March 31, 2008

- Components
  - Implementation
  - Outcomes

- Implementation evaluation to provide, for example:
  - Summary of how program was carried out
  - Number in target population
  - Percent with, without Medicaid
  - Percent without Medicaid completing SSA, Medicaid applications
  - Barriers to implementation (from qualitative interviews)
Outcomes Evaluation

- Summarize effects of intervention on:
  - % without Medicaid obtaining Medicaid within 3 months of discharge
  - % using mental health/medical services
  - % re-entering IMD, correctional facilities within 3 months post-discharge

- Compare intervention group with:
  - Baseline group (same target population one year earlier, before program intervention)
  - Individuals discharged to other similar county
A New Program at Three Facilities in the Oklahoma Department of Corrections

Joseph Harp Correctional Center
Mabel Bassett Correctional Center
Oklahoma State Penitentiary
<table>
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<tbody>
<tr>
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<td>1,482</td>
<td>100</td>
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<tr>
<td>Medicaid enrolled</td>
<td>226</td>
<td>15</td>
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<tr>
<td>Not enrolled,</td>
<td>942</td>
<td>63</td>
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<tr>
<td>probably eligible</td>
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<tr>
<td>Not enrolled,</td>
<td>314</td>
<td>21</td>
</tr>
<tr>
<td>probably not eligible</td>
<td></td>
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<td>100</td>
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<tr>
<td>Qualifying via blind and disabled category</td>
<td>94</td>
<td>42</td>
</tr>
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<td>132</td>
<td>58</td>
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Sources: ICIS, MMIS, OMS
Prison inmates with Medicaid coverage at entry typically lose it before discharge (most sentences > 12 months)

For potentially eligible inmates
  - Medicaid application must be completed at least 30 days before discharge
  - Disability application must be completed first
Operational Challenges

- Dramatic, rapid rise in number of inmates with serious mental illness since late 1990s
- Problems with initiating, tracking SSA applications
  - Busy clinical staff, lack of training, client reluctance
  - Other priorities for discharge
  - Hard to track multiple steps in complex process
  - Pre-release procedures: in place but not used
  - Need for new links with local SSA, DHS offices
The New Program

- **Late 2006**: Department of Mental Health appropriated funds for three new “discharge managers”
  - Are employees of mental health department, based in correctional facilities
  - Use systematic approach to discharge planning
  - Have credibility with DOC and community mental health staff

- **Mission**: Enhance discharge planning for inmates with serious mental illness in mental health units
The New Program (continued)

- **January – February 2007:** Completed hiring of discharge managers, identified case loads, began discharge planning coordination

- **March-May 2007:** Training in SSA, Medicaid applications (SOAR training, plus Medicaid module)

- **June 2007:** Meetings held with staff in partner agencies (local SSA, DHS offices); began use of Web-based reporting system to track application procedures
Program Overview: DOC Facilities

Intervention Time: Nine Months

6–9 months from release:
- Identify target population
- Screen for income, resource eligibility
- Request consents

120 days from release:
- Start SSI/SSDI application

60 days from release:
- Start Medicaid application

45 days from release:
- Submit Medicaid application

Day of release:
- Direct person to local SSA office
- Fax certificate of release to local DHS office

Monitor application status
Evaluation Design

- Study period: July 1, 2007 – March 31, 2008

- Evaluation components
  - Implementation
  - Outcomes

- Implementation evaluation to provide, for example:
  - Summary of how program was carried out
  - Number in target population (approx. 100)
  - Percent with, without Medicaid
  - Percent without Medicaid completing SSA, Medicaid applications
  - Barriers to implementation (from qualitative interviews)
Outcomes Evaluation

- Summarize effects of intervention on:
  - % without Medicaid obtaining Medicaid within 3 months of discharge
  - % using health/medical services
  - % re-entering IMD, correctional facilities within 3 months post-discharge

- Compare intervention group with:
  - Baseline group (same target population one year earlier, before program intervention)
Lessons Learned

- Compared with developing policies for suspending Medicaid eligibility, developing methods to facilitate applications may be more attractive to some states because it:
  - Avoids the risk of inappropriate billing for FFP
  - May require fewer changes to existing data systems
  - Potentially allows states to claim administrative expenses for application assistance
Lessons Learned

- Completing a disability determination for residents of state institutions & coordinating it with the Medicaid application process while an individual is still institutionalized may require:
  - Substantial collaboration among multiple state agencies and local institutions
  - Waiving of certain application requirements (e.g., in-person interviews)
  - Effective pre-release agreements between local institutions and local SSA offices

- Emphasis on evaluation helps program planning
Next Steps

- Continue to monitor program and assemble database (ongoing)
- Analyze evaluation data (March-July 2008)
- Complete final report (September 2008)
Questions or Comments?

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