

The Affordable Care Act & Criminal Justice: Opportunities for Treatment = Benefits to Public Safety

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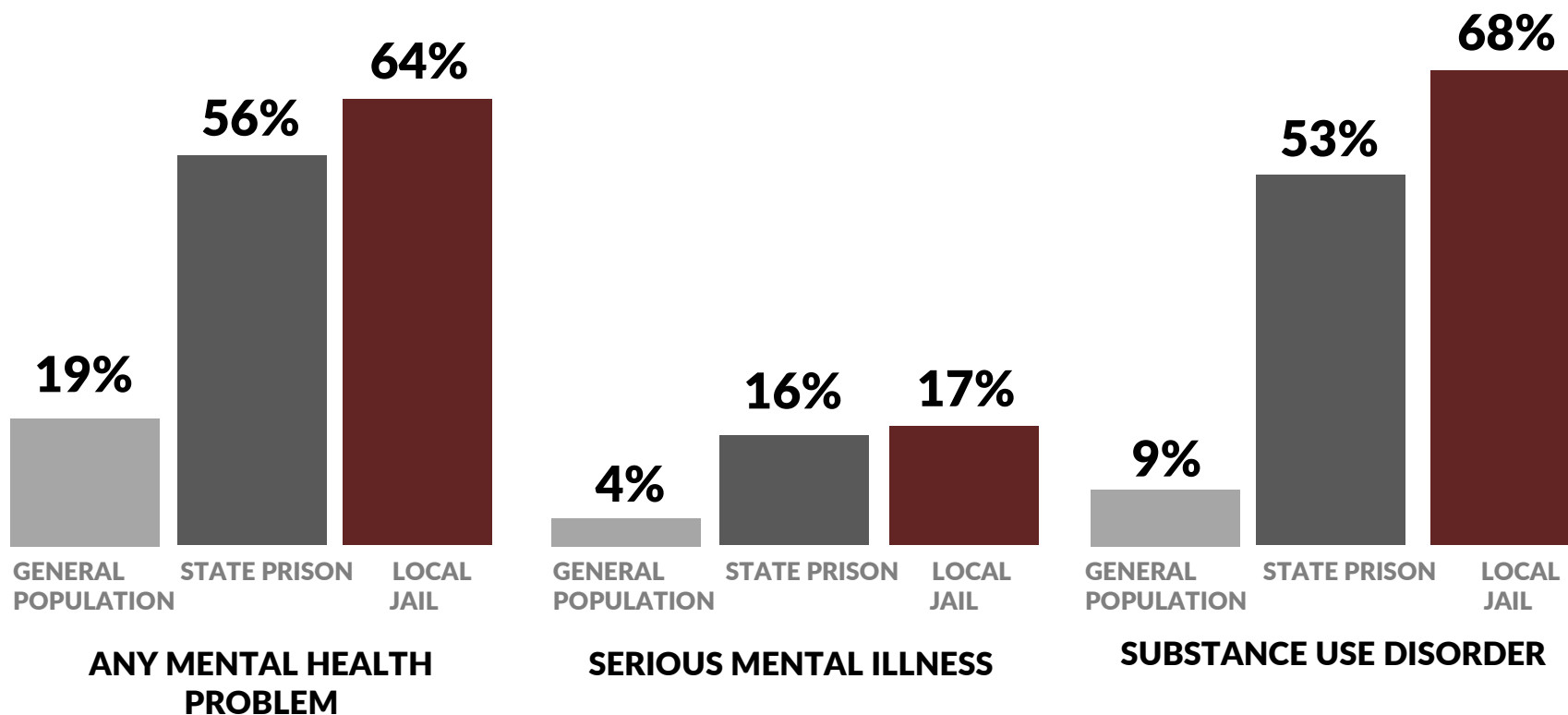
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TASC, Inc. **(Treatment Alternatives to Safe Communities)**

- **Founded in 1976**
- **Established to solve justice system problems**
- **Established statewide in 1980**
- **Serve 27,000 people per year**
 - Referrals from the Circuit Courts, Child Welfare and Corrections
- **300 employees statewide**

WHAT OPPORTUNITIES DOES THE ACA PRESENT TO THE JUSTICE SYSTEM?

There is a high concentration of people with substance use or mental health conditions involved in the justice system. The majority have traditionally been low-income, males and have been uninsured.

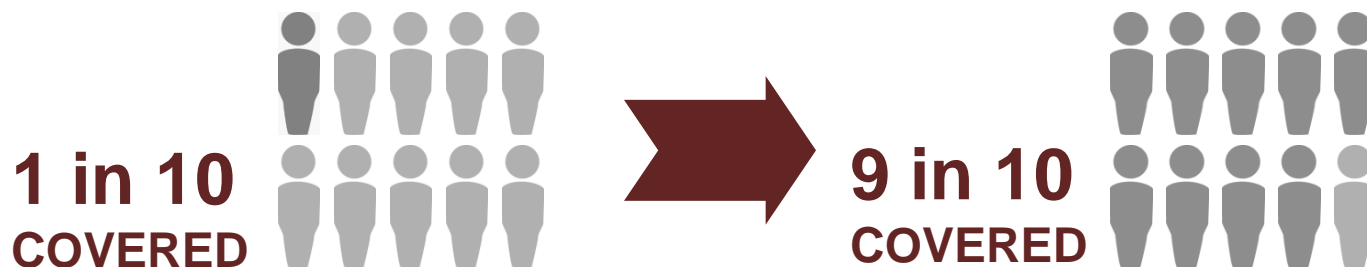


ACA 101

- The ACA seeks to reduce the number of uninsured in the United States.
- It does this in 2 ways:
 - By expanding **Medicaid** eligibility requirements to include for the first time, low-income single adults aged 19-64 without dependent children ("ACA adults" or "newly eligible"); and
 - By creating the **Marketplace**, a website by which people whose income puts them over the Medicaid eligibility limit, can shop for affordable private insurance plans with financial assistance from the government.

Individuals in the justice system are obtaining coverage at increasing rates.

- Prior to the ACA, 1 in 10 individuals involved in the justice system had any type of health insurance.
- In the next 3 years, that number is expected to become 9 in 10.



What's Covered?

- **Medical**
 - Physician (doctor's office) services
 - annual exams
 - access to specialists
 - immunizations
 - diagnosis and treatment
 - Hospital services
 - inpatient
 - outpatient
 - labwork, x-rays
 - emergency room care
 - surgeries

What's Covered? (continued)

- **Dental**
 - exams, fillings, root canals, extractions, dentures come standard
 - some managed care plans offer extra dental services such as cleanings up to twice per year
- **Vision services**
 - exam, eye glasses
- **Pharmacy**
 - Prescription drugs
- **Transportation**
 - Transportation to and from appointments, and in some cases, to and from pharmacy depending on need.
 - Can be in form of bus or train fare, cab, or Medi-Car depending on need

What's Covered? (continued)

- **Substance Use Services** (Rule 2060)
 - Medically Monitored Detoxification Services
 - Outpatient Treatment
 - Intensive Outpatient Treatment
 - Residential Substance Abuse Treatment
 - Some medications, e.g. Vivitrol, Suboxone, Zubsolv and generics
- **Mental Health Services** (Rule 132)
 - Assessments
 - Outpatient
 - Intensive Outpatient
 - Residential (16 beds or fewer)
 - Case Management
 - Crisis Intervention
 - Assertive Community Treatment
 - Psychotropic Medications
 - Medication Administration & Monitoring

Opportunity for courts & probation

- Reduce probation violations and new arrests due to untreated or undertreated substance use and mental health conditions.
- Gain these results across all probationers, not just among the "lucky few."

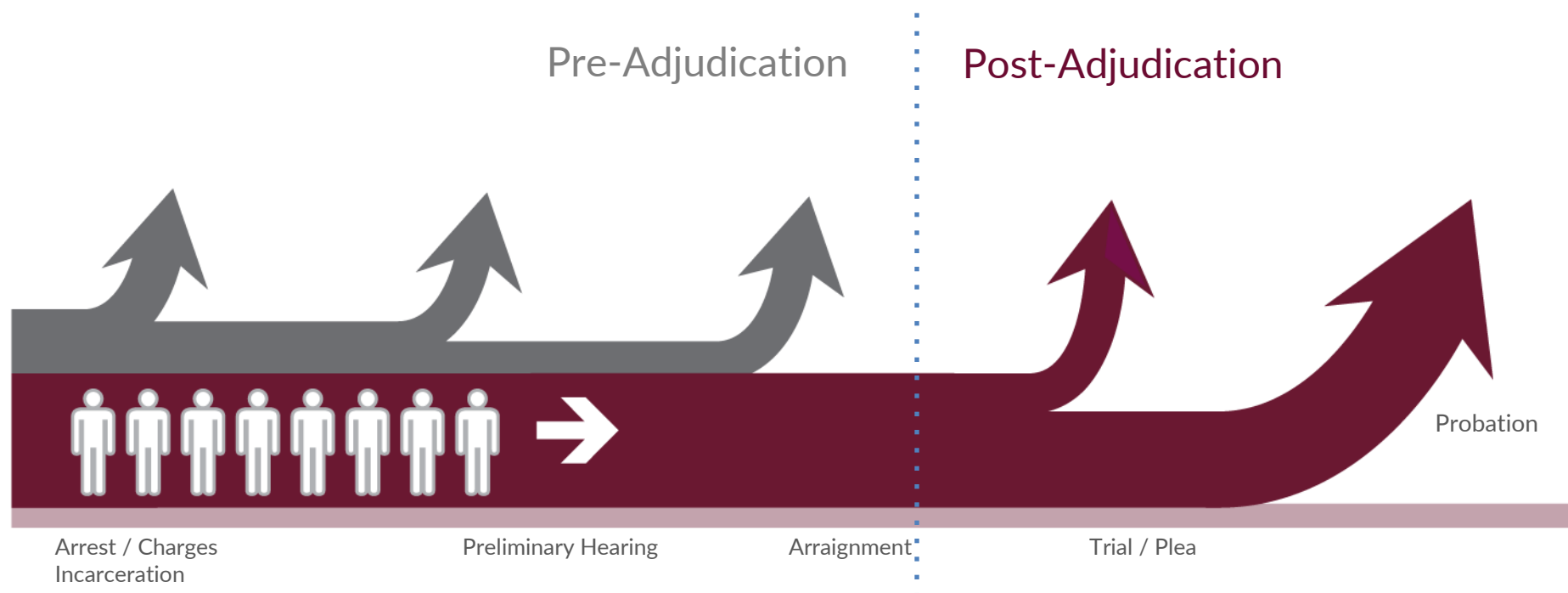
Opportunity for Jails

- Reduce "familiar faces" –people who reappear due to untreated or undertreated conditions
- Reduce jail health care expenditures

Taking ACA pilots to scale

- Get to everybody, beyond programs
- Practice this in your ARI project, then export it and replicate it throughout the system

Opportunities for enrollment, diversion, and connection to treatment in the community can be implemented at various points across the justice system continuum.



**WHAT IS NEEDED TO ACHIEVE
THIS?**

Enrollment

- Universal screening early in the justice system process for substance use and mental health treatment
- Partner with community organizations who have made providing application assistance a part of their operational practice.

Matching to appropriate services

- Outpatient, intensive outpatient, and residential
- Capacity expansion is needed in the community

Timely access to treatment upon release

- Utilizes insurance coverage to pay for services
- Secure appointments in the community prior to release
- Follow-up mechanism needed to ensure services were accessed
- Sustains stabilization achieved during custody
- Potential to reduce recidivism

ELEMENTS FOR CONSIDERATION

Transitions in Multiple Large Interconnected Systems – At the same time!

- health systems
- justice systems
- mental health
- substance use
- primary medical



Multiple Funding Streams at Play

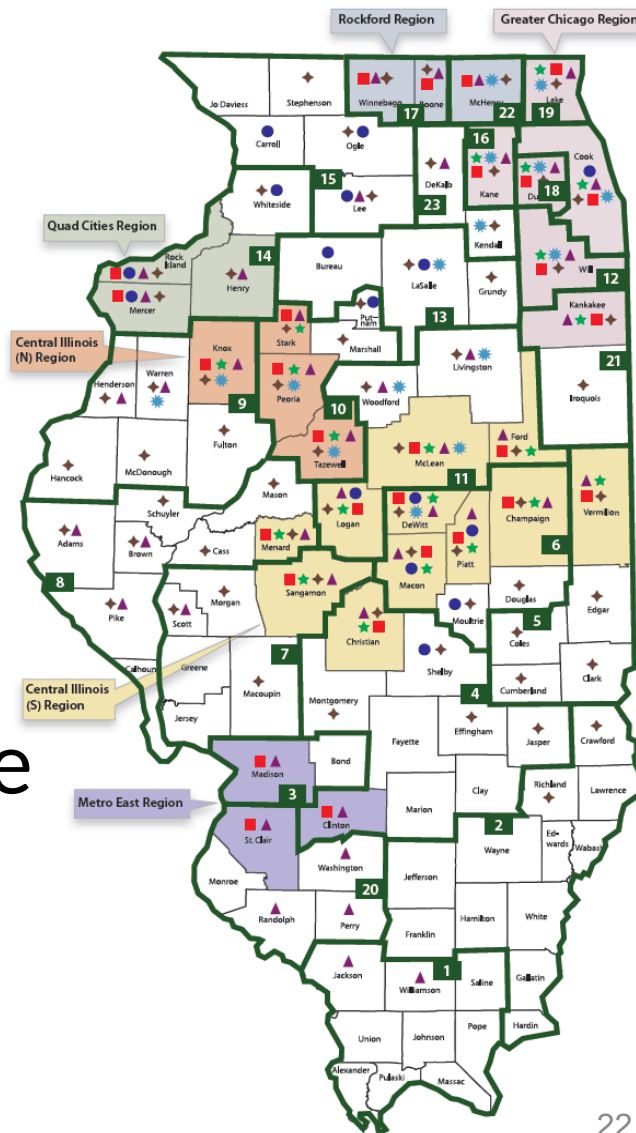
- Multiple funding streams are now paying for the same services
 - State General Revenue Funds
 - ARI grant funds
 - County funds
 - Medicaid
 - Fee for Service
 - Managed Care
- We are still testing the boundaries to see just how much can be leveraged from Medicaid.

Health Literacy

- Most people in the justice population have no experience accessing care via the mainstream healthcare system.
- Need to understand:
 - What having insurance means
 - How to use it
 - How to keep their benefits
 - Redetermination

Managed Care

- Illinois is rolling out managed care right alongside Medicaid expansion
- Managed care exists in most populous areas of the state
- Other areas are in Fee for Service (FFS)



Accessing Care in a Managed Care Environment

- Accessing services requires that members go to “in-network” providers the way most private employer sponsored insurance does
- While services are covered, many must first go through the prior authorization process first.

Accessing Care in a FFS Environment

- Members can go to any provider that accepts Medicaid.
- Illinois Health Connect is the designated "care coordination" entity for fee for service enrollees.

Prior Authorization

- Many services that are covered must first meet “medical necessity” criteria determined by the Managed Care Organization (MCO) before they are approved for payment or authorized.
- Most commonly affects access to residential treatment and some medications.

Provider Certification

- Individuals must go to “in network” providers.
- These providers must be Medicaid-certified.
- In managed care, they must also have a contract with managed care plans.
 - Some exceptions

New challenges

- Managed care organizations may not automatically cover residential treatment services, despite a court order.
- Must be considered "medically necessary" and the appropriate level of treatment determined by the MCO.
- Many have been successful placing in IOP.

New way of thinking for both systems

- Justice system will have to adjust its practices to leverage the benefits of Medicaid coverage.
- Medicaid managed care system will need to adjust its practices to facilitate timely access and avoid delayed care accessed in more expensive settings, e.g. hospitals.

POLICY & ADVOCACY

The Influence of the Justice System

- Policy changes at the local or state level may be required to make the benefits of the ACA work for the justice system.
- Medicaid policies are being molded as we speak.
- In 3-5 years, changes will be harder to make as policies are solidified.
- Justice system representatives can shape the implementation of Medicaid and Medicaid managed care so that it works for this population.
- Incentive for health care system is reduced costs.

Justice System Policy Wins

- **Passed HB 1046 (98th General Assembly)**
 - Removed 30 day prior to release requirement for Medicaid applications made in prison or jail to ensure continuity of care upon release.
- **Governor's Work Group on Justice Populations (2011-2014)**
 - Cross agency working group created under the Governor's Healthcare Reform Implementation Council under the Quinn administration
 - Included HFS, DHS, IDOC, TASC, AHP, and others
 - Developed the resource [guide](#): *A Culture of Coverage for Justice-Involved Adults in Illinois: A Resource Guide for Implementing the Affordable Care Act for Criminal Justice Personnel in Illinois*
- **Cook County jail enrollment**
 - HFS allowed fingerprint based identification information to fulfill the identity requirement for Medicaid applications inside the jail, when CountyCare was still an early Medicaid expansion program.

Importance of information sharing & advocacy during this time

- On the ground staff should flag issues regarding access to care to the appropriate person within organization.
- Issues should be investigated and trouble-shooted to identify the root problem.
- Issues pointing to the need for policy changes should be taken to appropriate contact or forum for change., e.g. trade association, Medicaid policy group, etc.

WHAT'S NEXT?

Action Steps

1. Assess what is currently in place: map programs, # served, and impact.
2. Identify where the large numbers of un-served individuals are and their treatment needs.
3. Understand Treatment system and Medicaid funding.
4. Prioritize activities to link clients to care.
5. Shift/Re-invest current funding to fill gaps in care.
6. Evaluate, reform, and carry on.

Questions?

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