

Behavioral Health and Integration Strategies Subcommittee

December 6, 2023

Presented by:
Daniel Darting
Lexis Mitchell



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Department of Health Care
Policy & Financing

Introductions



Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Objectives

- Housekeeping
- DOC Metric
- OCL Cap Alignment
- 1115 Waiver Discussion
- Announcements



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Housekeeping

- Meeting Minutes: November
- Co-Chair Opening
- Meeting materials are posted on the BHIS Webpage



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DOC Metric

Matt Pfeifer, HCPF



Metric: Behavioral Health Engagement for Members Releasing from State Prisons

- Part of the Performance Pool incentive funds
- Definition: Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days.
- Statewide metric
- Six (6) month delay for claims runout

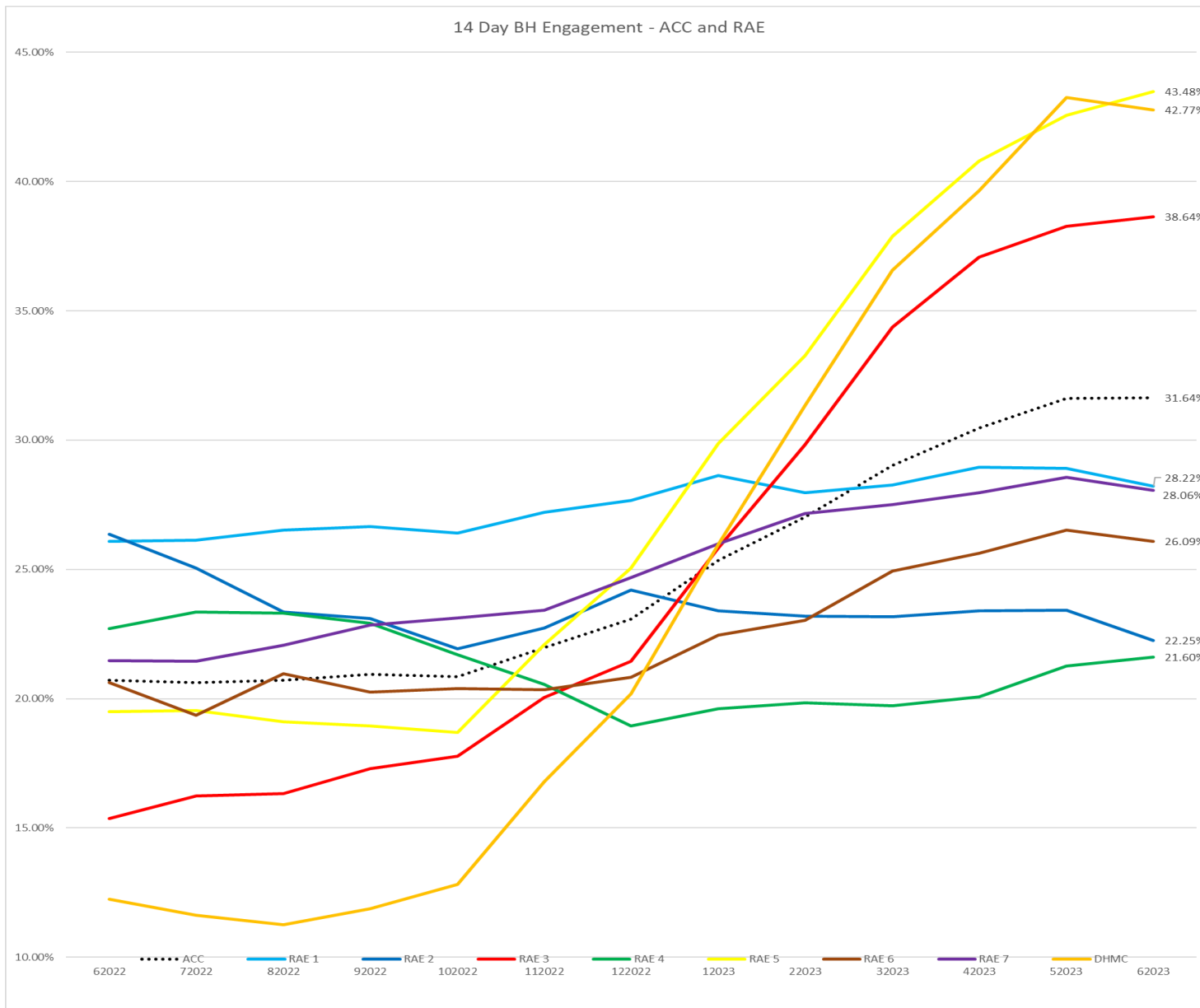


DOC Metric

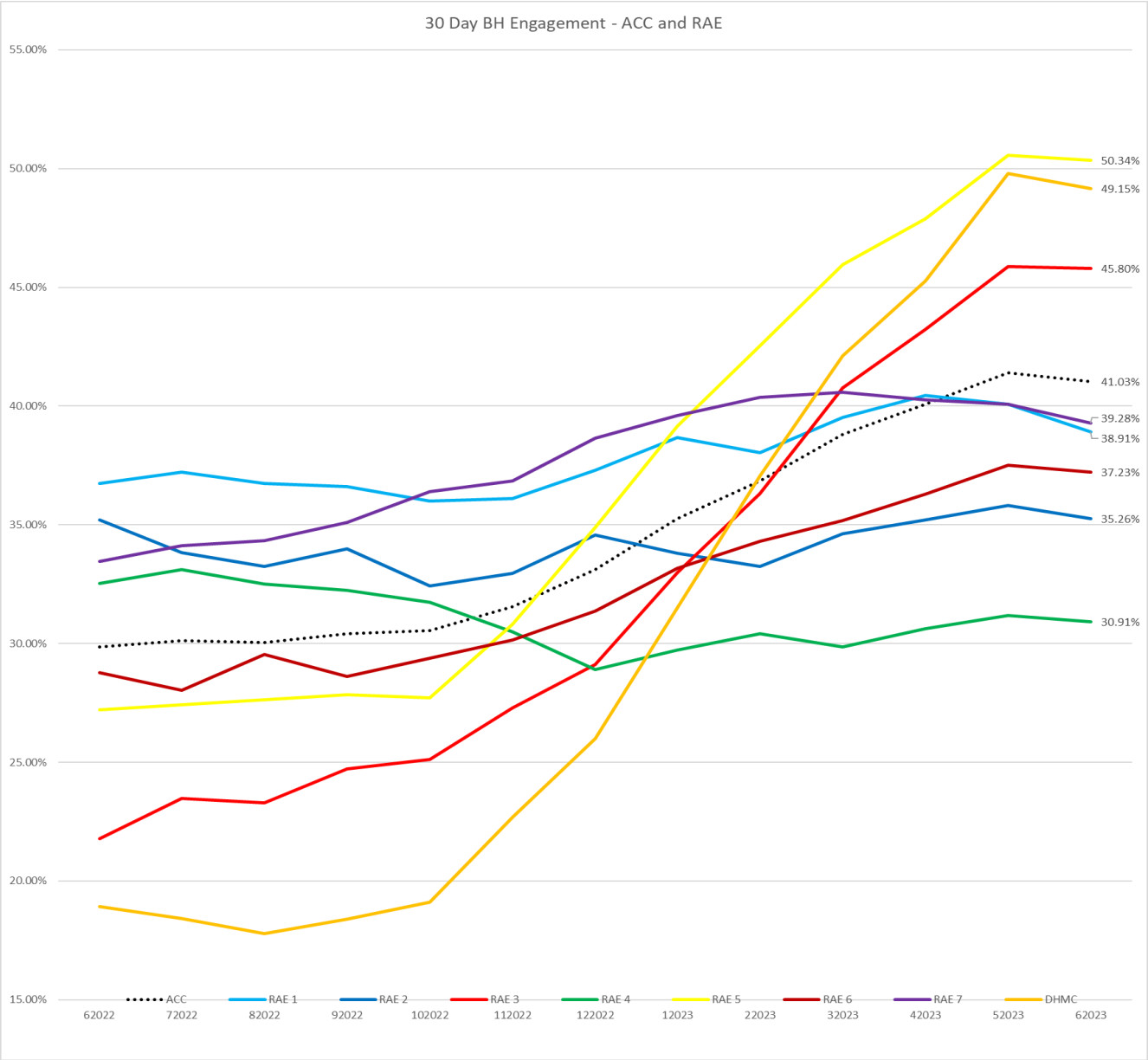
- Initial rate in June 2019 was 9.02%
- The target for FY21-22 was 19.13%
- The actual rate for FY21-22 was 20.67%
- The target for FY22-23 was 22.08%
- The actual rate as of June 2023 was 30.65%



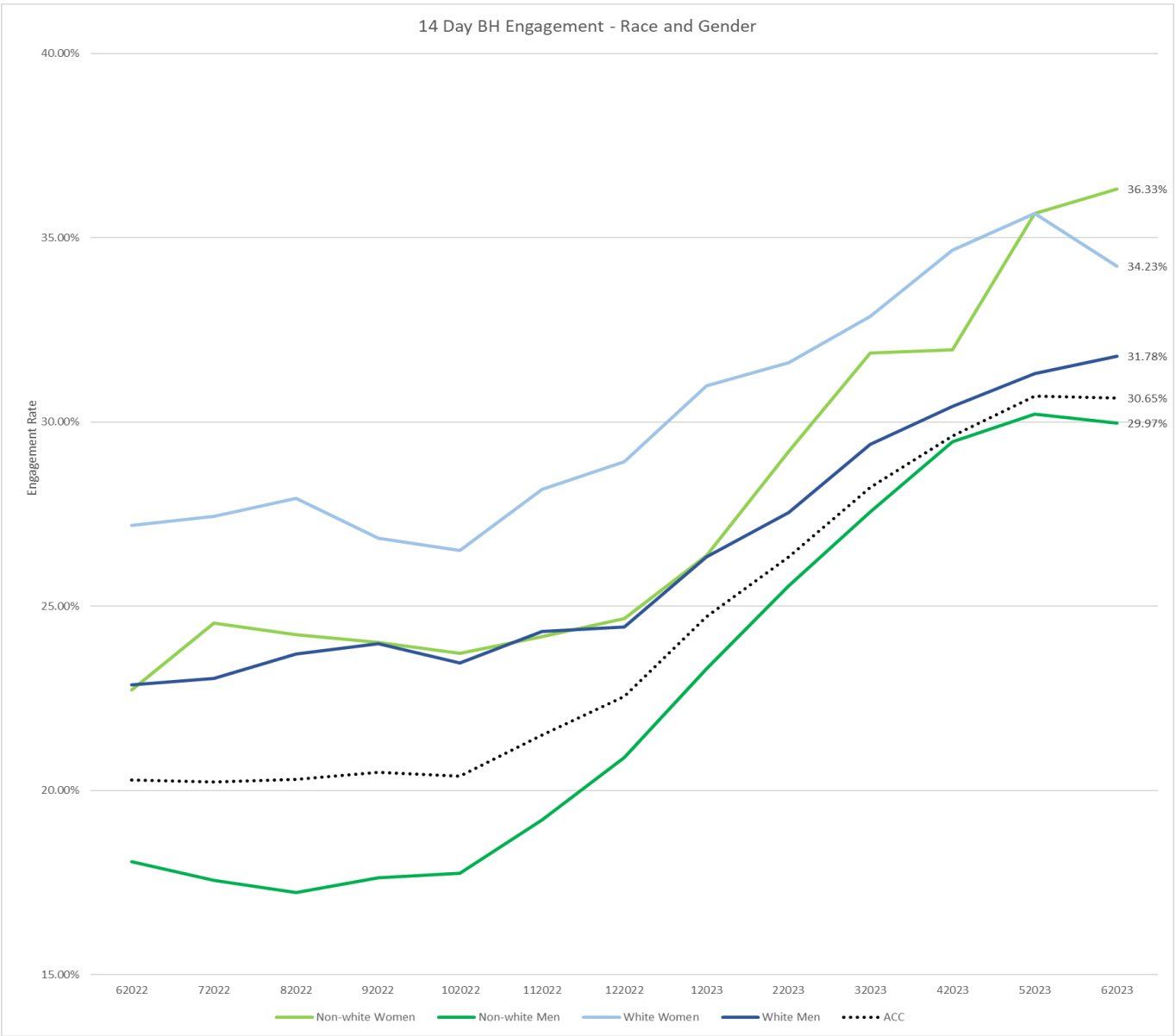
DOC Metric



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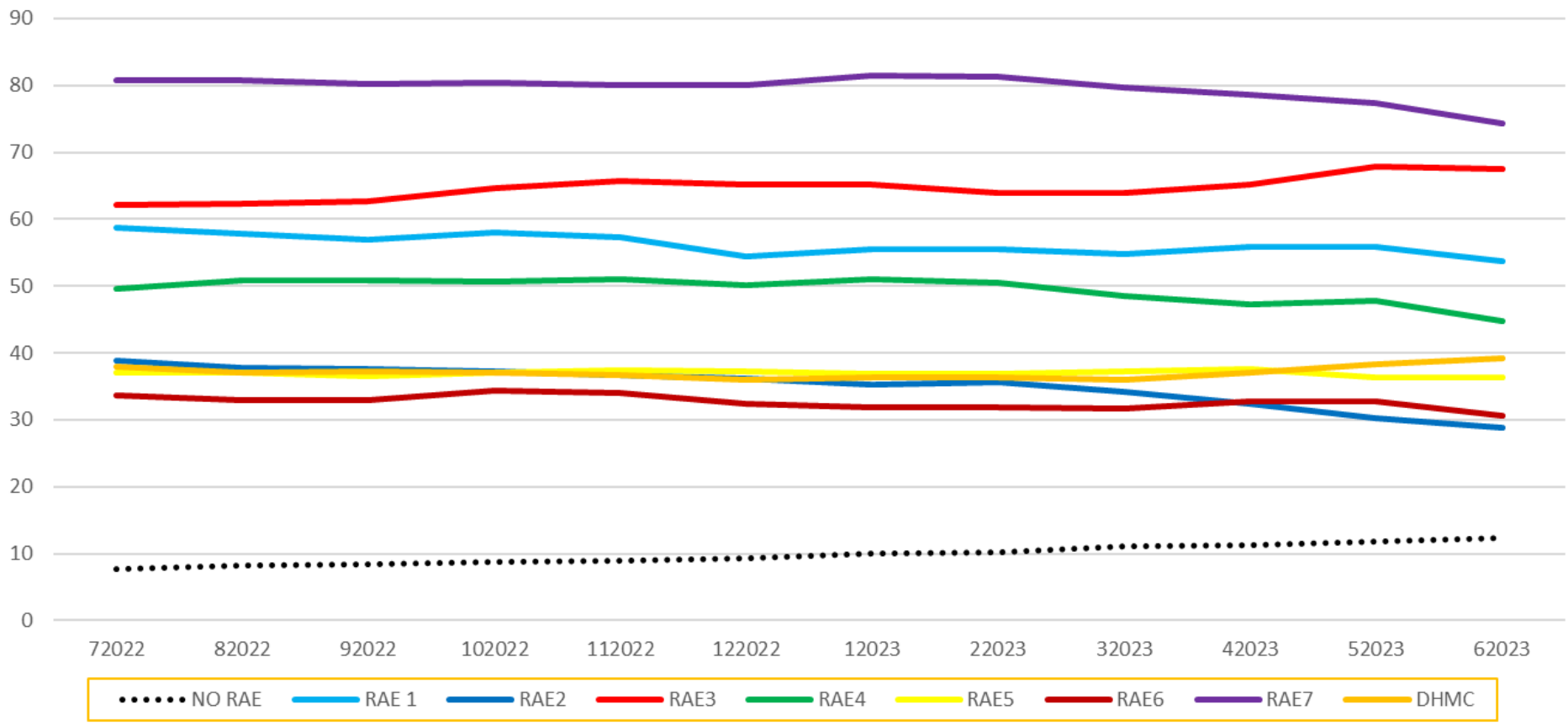


DOC Metric



DOC Metric

12 Month Rolling Monthly Release Count



OCL CAP Alignment

John Laukkanen, HCPF



1115 Waiver Discussion: Criminal Justice Pre-Release

Matt Pfeifer and John Laukkanen, HCPF



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Considerations During and After Incarceration

Health Needs

- **65%** of prison inmates have a SUD, vs **18%** in general population
- Up to **37%** (prison) and **44%** (jail) have a mental health disorder
- **80%** of returning community members have chronic physical or behavioral health concerns - even if they didn't have them coming in
- Higher rates of incarceration for BIPOC populations compound health disparities

Heightened Risk

- Risk of death two weeks after release is **12.7 times higher** than general population
- Opioid overdose risk two weeks after release is **40 times higher** than general population
- Significantly increased risk for ED use and hospitalization
- Those with SUD convictions have greater risk of criminal re-involvement and recidivism

Higher Medical Costs

- \$6,641 spent per person in prison in CO for health-related services
- 4.2 % of the U.S. adult population has recent CJ involvement, but account for an estimated 7.2 % of hospital expenditures and 8.5 % of ED expenditures

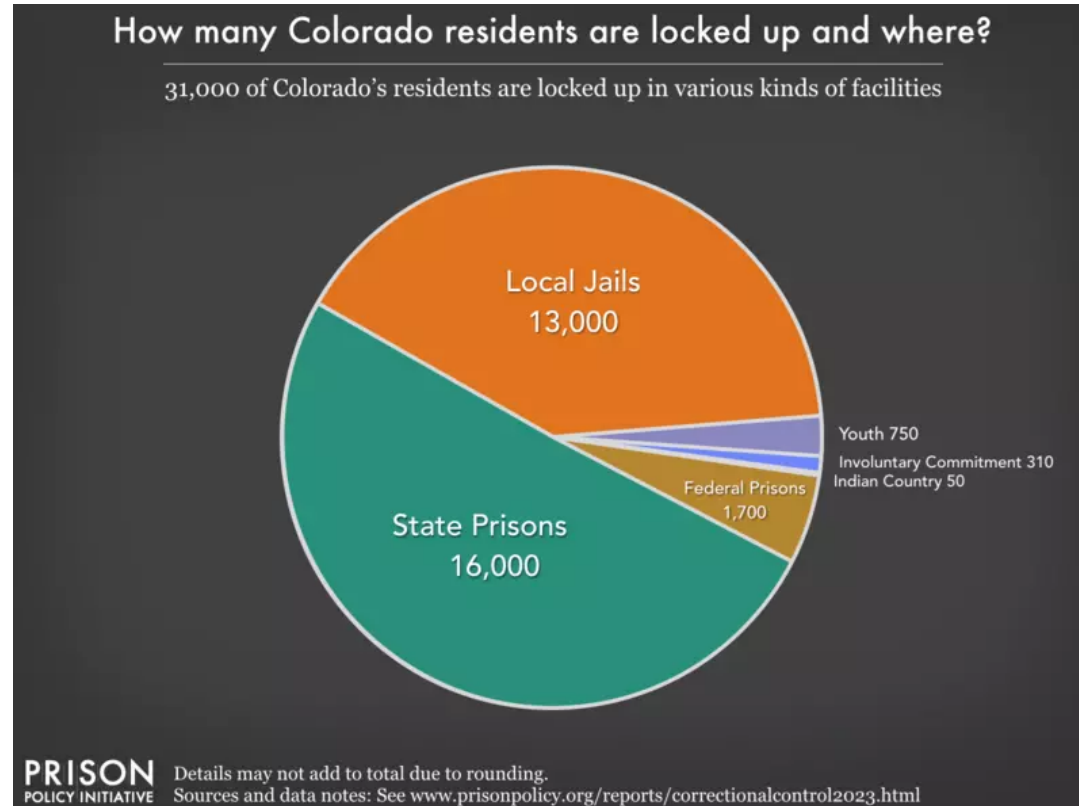


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Justice-Involved Population in Colorado

- Data from other states shows ~80% of people leaving incarceration are Medicaid eligible
- RAEs have data sharing agreements with DOC and Judicial to better support members as they transition to the community
- Engagement in behavioral health services within 14 days of release from DOC has increased from 9% to 30.65% since implementation of data sharing in 2019



Medicaid Coverage in Jails & Prisons

Medicaid Inmate Exclusion Policy (MIEP) - a federal prohibition on Medicaid covering services while an individual is an inmate of a public institution

Pre-release Coverage for Better Care Transitions

In April 2023, CMS sent [letter to the states](#) providing a roadmap to waive this exclusion through an 1115 waiver.

- Coverage up to 90 days pre-release and must include:
 - Case management,
 - MAT services and accompanying counseling, and
 - 30-day supply of all meds
- Eligible Facilities: jails, state prisons and youth detention facilities. States may take a phased approach to adding facilities.

Goals of Pre-Release Coverage through Medicaid

- Reducing recidivism, health disparities, hospitalization, death
- Better connection to care, better health outcomes
- Expanding total access to physical and behavioral health care



SB 22-196: HCPF Studies a CJ Waiver

Required HCPF to determine whether the state should seek a CMS waiver to provide a set of benefits immediately prior to release from incarceration

- Review of carceral setting care costs “immediately prior to release”
- Report Submitted to the legislature in October 2023 and includes findings, fiscal analysis, recommendations, and budget neutrality assessment.
- Looking at the CMS minimum coverage + care coordination and screening

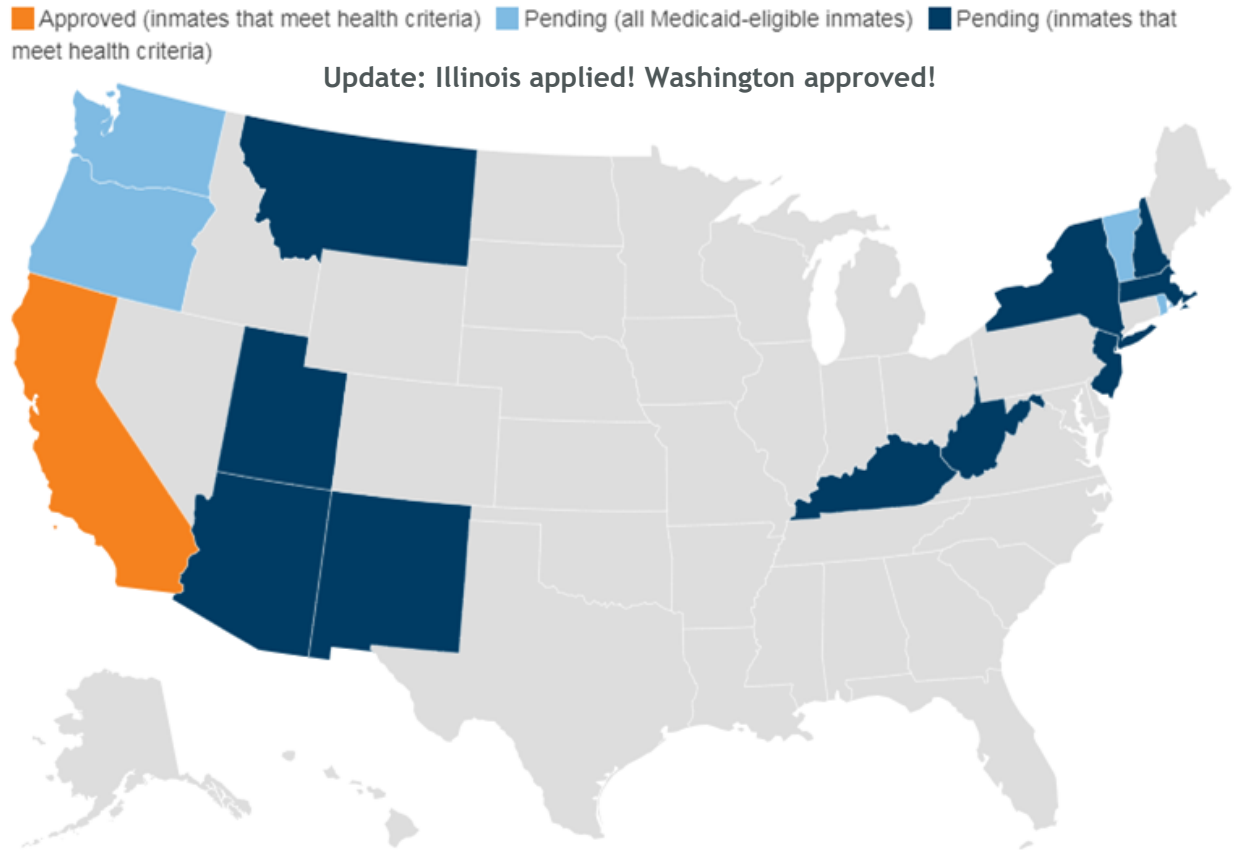
Report includes recommendations and financing analysis: what is the best way to pay for this expansion?

- 1115 waiver for CJ would allow CO to draw federal match for covered services in jails and prisons, should supplement not supplant
- Designated State Health Programs potential for even more matching funds for existing programs that aren't otherwise able to be covered by Medicaid but expand coverage and access, improve quality, reduce disparities, and improve efficiency
- Potential to offset total program costs by through other state-only funded programs



Section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy, as of June 5, 2023

- **15 states have applied or been approved**
- **Variation in benefits, institutions, population**
- **Bi-partisan support in expansion and non-expansion states**



NOTE: In Massachusetts, adult inmates who meet health criteria and ALL youth inmates would be eligible for pre-release services. Map from [KFF's Section 1115 Waiver Policy Watch](#).

SOURCE: KFF analysis of Section 1115 waivers posted to Medicaid.gov. • PNG

KFF



Learning from Other States

California (approved)

- Covers adults with chronic conditions, mental illness, SUD, Intellectual or developmental disability, traumatic brain injury, HIV/AIDS, pregnant and postpartum and all Medicaid and CHP eligible youth
- Included IT and data sharing infrastructure needed for a successful re-entry initiatives

Washington (approved)

- 30 days prior to release all Medicaid benefits offered to those adult and youth eligible for services.
- Budget neutrality reached through the reduction of ER visits, hospitalizations, overdose, death and recidivism.

Illinois (applied)

- Plans to implement a phased approach to the inmate exclusion waiver starting only within the jail system.
- Services include connections to housing and employment programs, lab/radiology, care management, screening, navigation, MAT and counseling



Increasing Total Available Service Funding

Any new funds must be used to:

- Increase access to or improve the quality of health care services for individuals who are incarcerated (including individuals who are soon-to-be released) or were recently released from incarceration,
- For health-related social services that may help divert individuals from criminal justice involvement

Opportunity for funds in and out of jails and prisons. Other related programs that could benefit this population and connected financing

- Permanent supportive housing
- Expanding IMD for mental health services (report available now)
- JBBS and DOC funds
- Diversion and prevention programs



1115 Waiver Work

HCPF is preparing to submit proposed 1115 waiver amendments to CMS in April 2024. Key Provisions include:

- Continuous Eligibility Coverage for Children 0-3 Years of Age (HB23-1300)
- Continuous Eligibility Coverage for Adults Released from Colorado Department of Corrections Facilities (HB23-1300)
- Serious Mental Illness and Serious Emotional Disturbance (SMI & SED) Inpatient Care
- Criminal Justice Reentry Services



Resources and Follow Up

- [SB22-196 Report](#) and [Alternative Plan](#) are located on the hcpf.colorado.gov/legislator-resource-center webpage in the “reports” section
- Opioid and Other Substance Use Disorders Study Committee [proposed legislation](#) (referred to as the “treatment” bill, bill B, or bill 2)
- [Sign up](#) for HCPF criminal justice related updates
- Health First Colorado and Criminal Justice Involved Populations [webpage](#)

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Announcements

John Laukkanen, HCPF





Questions?



Wrap Up and Next Steps

- Next meeting will be January 3, 2024.



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Thank you!

