

# Medicaid & Criminal Justice

## Colorado Department of Health Care Policy & Financing

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# Presentation Outline

Part One: Colorado Medicaid Background

Part Two: Colorado Medicaid Delivery System (ACC)

Part Three: Medicaid Criminal Justice Projects

# Part One: Colorado Medicaid Background

# What is Health First Colorado?

Health First Colorado is Colorado's Medicaid Program

- No monthly or annual enrollment fee
- Members pay no or very low co-pay amounts depending on the population.

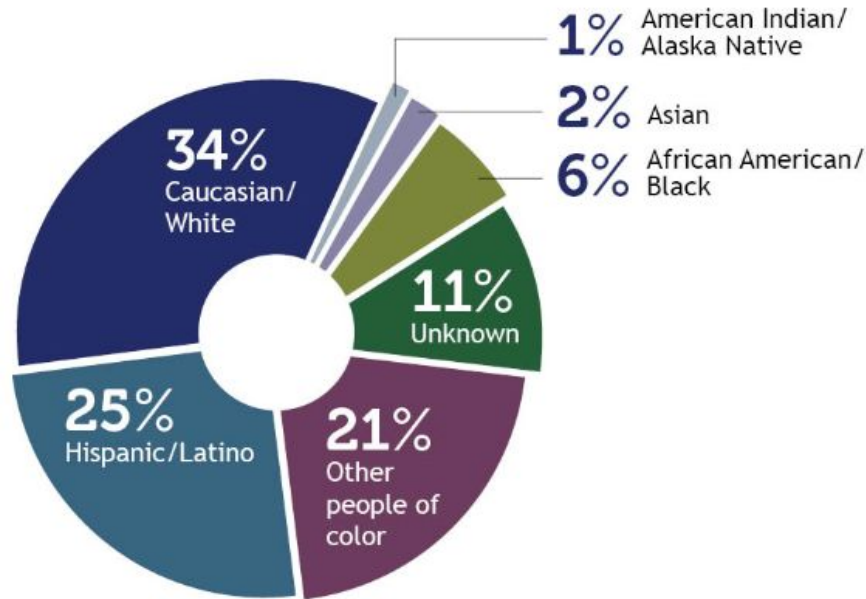
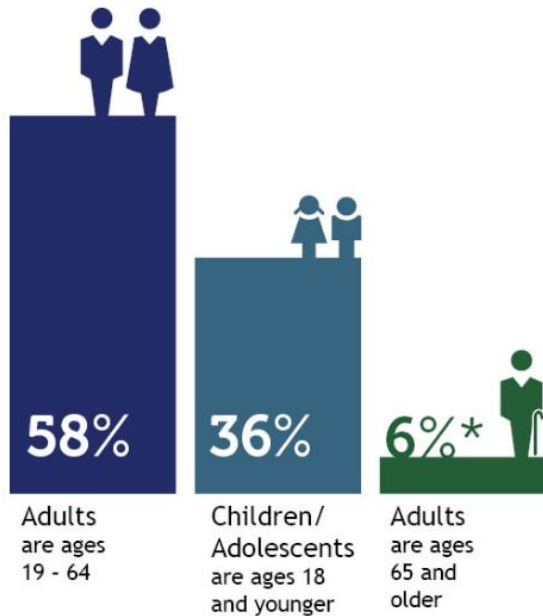
<https://www.colorado.gov/pacific/hcpf/colorado-medicaid>

# Who We Serve VIA Health First Colorado

Family Size	Adults 19-65	Children 0-18	Pregnant Women
Family of 1	up to \$1,616	up to \$1,725	Up to \$2,369
Family of 2	up to \$2,186	up to \$2,334	up to \$3,205
Family of 3	up to \$2,755	up to \$2,942	up to \$4,040
Family of 4	up to \$3,325	up to \$3,350	up to \$4,875

\*You may still be eligible if you earn more

- Nearly 1.15 million Coloradans (about 20% of the population)
- PHE affected enrollment significantly. Unwind is also affecting enrollment.



\*Adults age 65 and older includes people partially eligible for Health First Colorado.

# How are Health First Colorado and CHP+ Different?

## Health First Colorado

- Members can be covered under another insurance policy at same time
- Income limits lower than those for CHP+
- All populations potentially eligible

## Child Health Plan *Plus*

- Members cannot be covered under another insurance policy at the same time
- Income limits higher than those for Health First Colorado
- Only covers children & pregnant women

# History

- **1965** Social Security Act created Medicaid
- **1995** The Colorado Medicaid Mental Health Capitation and Managed Care Program was implemented in 51 counties and was expanded in 1998 to the remaining 12 counties of the state.
  - The state was divided into five (5) specific geographic areas and one contractor, Mental Health Assessment and Services Agency (MHASAs), administered the program in each area.
- **2004** program operations were transferred from the Department of Human Services to HCPF
  - A 1915(b)(3) Waiver gave us authority to operate our managed care system for BH services
  - Savings from managing care can be used to pay for alternative services
  - “Alternative Services” (i.e. B3 services) are services that are alternatives to inpatient care.



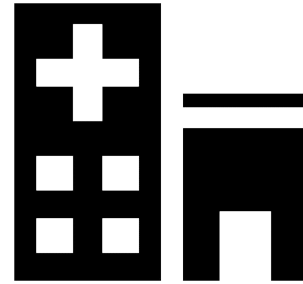
# Health First Colorado Benefits



Dental services



Emergency & urgent care



Hospitalization



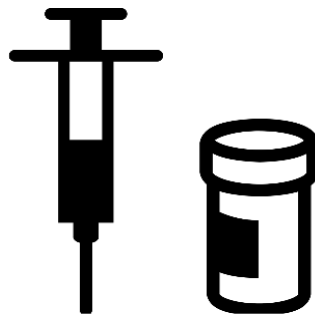
Behavioral health



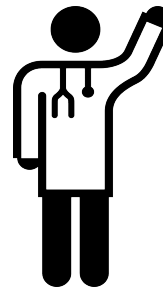
Prescription drugs



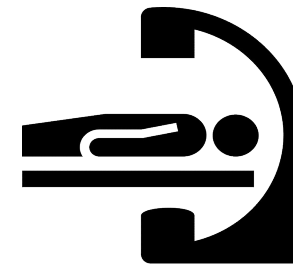
Maternity care  
(Prenatal, delivery,  
postpartum)



Immunizations



Primary care



Laboratory Services



Rehabilitative  
Services



# Behavioral Health Services

Medicaid is required to cover services that are in our State Plan (the agreement Colorado has with the Federal government). The term “Behavioral Health” includes both mental health (MH) and substance use disorder (SUD) services. Behavioral Health services included in the State Plan include:

- MH Inpatient Services (psychiatric hospitalization)
- SUD Inpatient and Residential
- Outpatient Services
  - Emergency/Crisis Services
  - Physician services (medication management)
  - Individual, Group, Family therapy
  - Pharmacy
  - Day Treatment/Partial Hospitalization (PHP)
  - SUD screening, monitoring, Medication Assisted Treatment (MAT) services
  - Targeted Case Management (TCM)
  - School-based BH services



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# Behavioral Health Services

Because Colorado has a 1915(b)(3) waiver, we are allowed to provide additional (“B3” or “alternative”) services that significantly expand the BH services we provide to members. B3 services that are covered include:

- Prevention/Early Intervention
- Respite Care
- Intensive Case Management
- Clubhouse and Drop-In Services
- Recovery Services - services provided by peers
- Vocational Services - job training, and support obtaining and maintaining employment
- Assertive Community Treatment (ACT)
- MH Residential Services - 24-hour services not provided in a hospital

## Special Considerations for Justice Involved Members

- Medically necessary court ordered services are covered by Medicaid. Other payment sources are needed for services that are not deemed medically necessary.

# Crisis Services



Colorado has been building out a full crisis continuum over the last several years. The Behavioral Health Administration (BHA) has some funding and piloting of programs.

- Colorado Crisis Hotline
- July 1, 2023 - HCPF implemented Mobile Crisis Response (MCR) and Behavioral Health Secure Transport (BHST) as covered benefits



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# Benefits Not Covered

Acupuncture

Cosmetic  
Procedures

Chiropractic  
Services

Infertility  
Treatment

Vaccines for  
Travel

Personal Hygiene  
Items

Sports  
Equipment

Most  
Over-the-Counter  
Drugs

Medical  
Marijuana

Some  
Prescriptions

# Covered Services for Youth

## Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

- It is a federal requirement that all states have an EPSDT program.
- For members 20 and under, a provider can ask for anything they feel is medically necessary at that time for that child.
- There are NO EXCLUSIONS for this Medicaid covered population.

<https://hcpf.colorado.gov/sites/hcpf/files/EPSDT%20Policy%20Statement%20June%202023%20%28For%20Providers%29.pdf>



# Questions

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# Part Two: Accountable Care Collaborative (ACC) Colorado's Medicaid Delivery System

# History of Managed Care in Colorado Medicaid

## Accountable Care Collaborative

- Administered by RCCOs
- Managed FFS for Physical Health
- Medical Home
- Cost savings
- Iterative

## Community Behavioral Health Services Program

- Administered by BHOs
- Capitated Mental Health and SUD Services
- Cost Savings

## Accountable Care Collaborative Phase II

- Administered by RAEs
- Joint administration of physical and behavioral health
- Refine focus on cost and outcomes

1995

2011

2018



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# Accountable Care Collaborative

## Improve Health and Reduce Costs

### Medical Home

Ensure Medicaid members have a focal point of care.

### Behavioral Health

Comprehensive community-based system of mental health and substance use disorder services.

### Regional Coordination

Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.

### Data

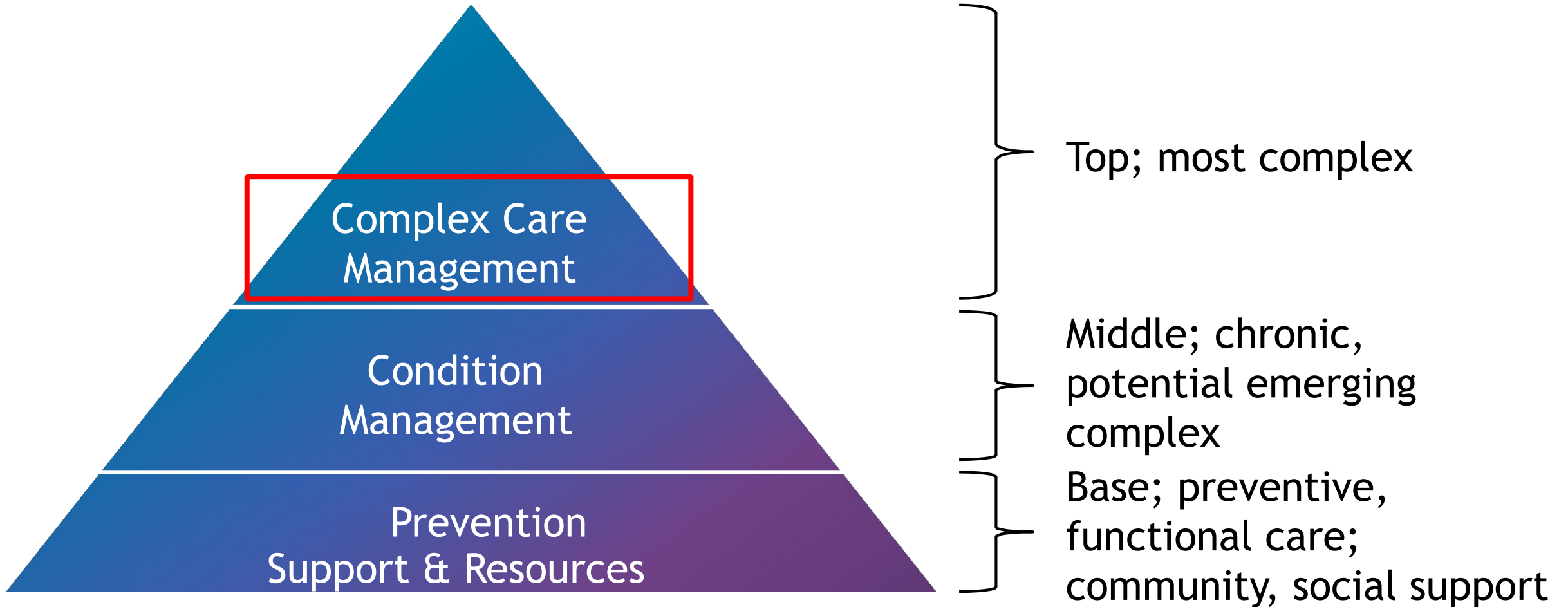
Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.



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# Statewide Approach to Addressing Member Health



# Regional Accountable Entity (RAE) Regions



- Region 1 - Rocky Mountain Health Plans
- Rocky Mountain Health Prime
- Region 2 - Northeast Health Partners
- Region 3 - Colorado Access
- Region 4 - Health Colorado, Inc.

- Region 5 - Colorado Access
- Denver Health Medicaid Choice (DHMC)
- Region 6 - Colorado Community Health Alliance
- Region 7 - Colorado Community Health Alliance



# What do RAEs Do?

- Coordinate physical health and behavioral health care for members
- Behavioral Health Network Management
- Primary Care Network Management

# How can RAEs help members?

- Understand covered benefits/services and find their way around the healthcare system
- Find providers for medical, behavioral health, dental and vision needs
- Learn how to complete and submit certain types of paperwork or applications
- Get answers to questions about health/wellness and learn about options
- Locate resources to help with needs such as food, housing, and transportation for health care appointments
- Connect with a RAE care coordinator for extra support with their health needs

# ACC Phase III

- Phase III scheduled to begin July 1, 2025
- A [draft contract](#) has been posted for stakeholder review
- Request for Proposals (RFP) to be posted in May
- Primary approach is to build on Phase II and keep the general structure
- Key pieces
  - Fewer regions
  - Alignment with the Behavioral Health Administration
  - Care coordination clarity for youth and members on waivers
  - Health-related social needs
  - Health equity
- Phase III webpage: <https://hcpf.colorado.gov/accphase3>



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# Part Three: Medicaid Criminal Justice Projects



# 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 don't have them coming in
- Higher rates of incarceration for BIPOC populations compound health disparities

## Heightened Risk

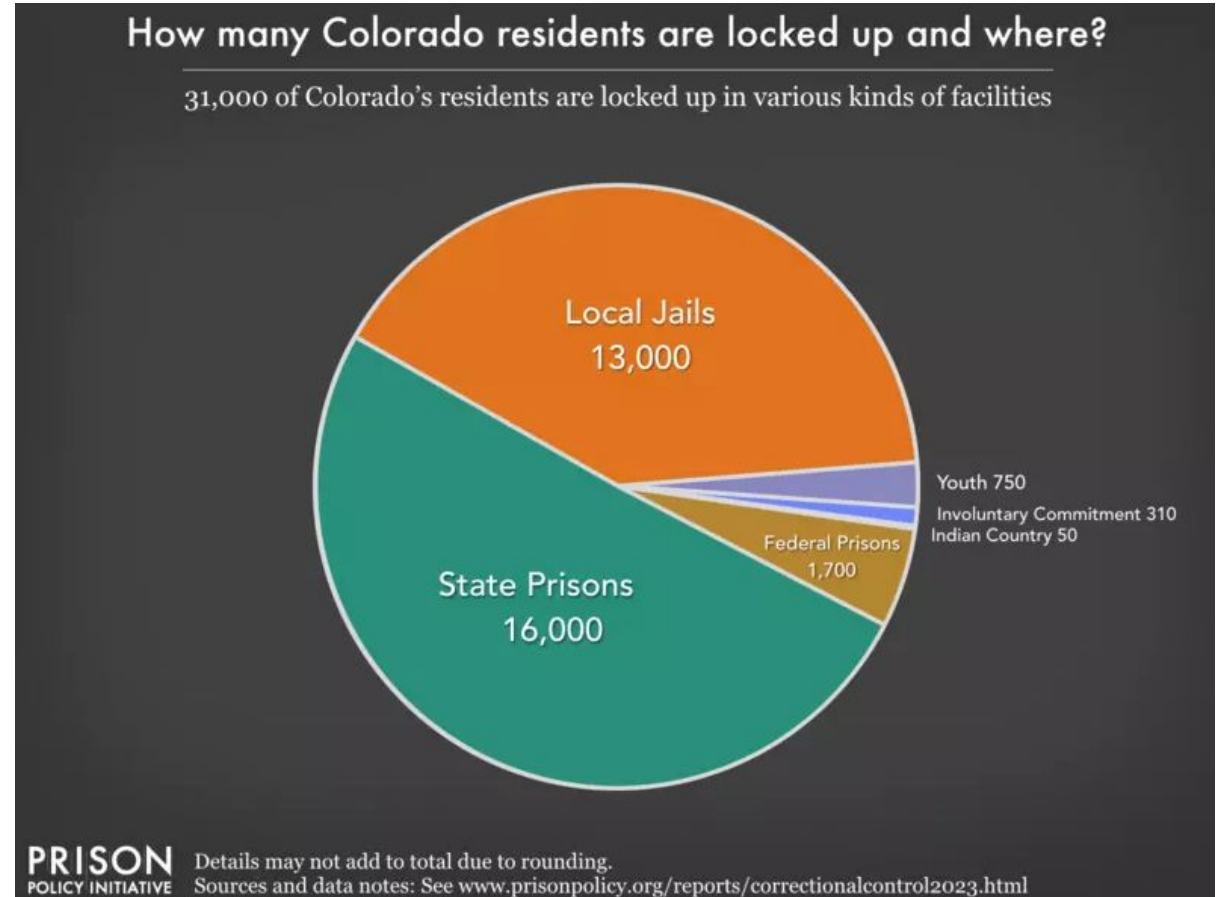
- Risk of death two weeks after release is 12.7 times higher than general populations
- Risk of death from opioid overdose 129 times higher than general population
- Significantly increased risk for ED use and hospitalization
- Those with SUD convictions have greater risk of criminal re-involvement and 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

# 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



# Criminal Justice Projects Overview

## Statewide Criminal Justice Partnerships with HCPF (ARPA 8.10)

Identify gaps, develop recommendations, strategic plan and implement best practices for connecting justice-involved members with Colorado Medicaid services.



## Medicaid & CHP+ Juvenile Justice Transition Support (CAA 2023, Sec. 5121)

Juvenile-only transition services. Must be operational by Jan 1, 2025.



## Criminal Justice 1115 SUD Waiver Amendment

Assuring coverage, access, and engagement with services for Medicaid-eligible members transitioning out of carceral settings.

Continuous eligibility coverage.

## Serving Criminal Justice - Involved Members

Understanding and addressing the unique context and intense needs of the historically underserved justice-involved population.

# ARPA 8.10 - Criminal Justice Partnerships

# ARPA 8.10 Criminal Justice Partnerships Background

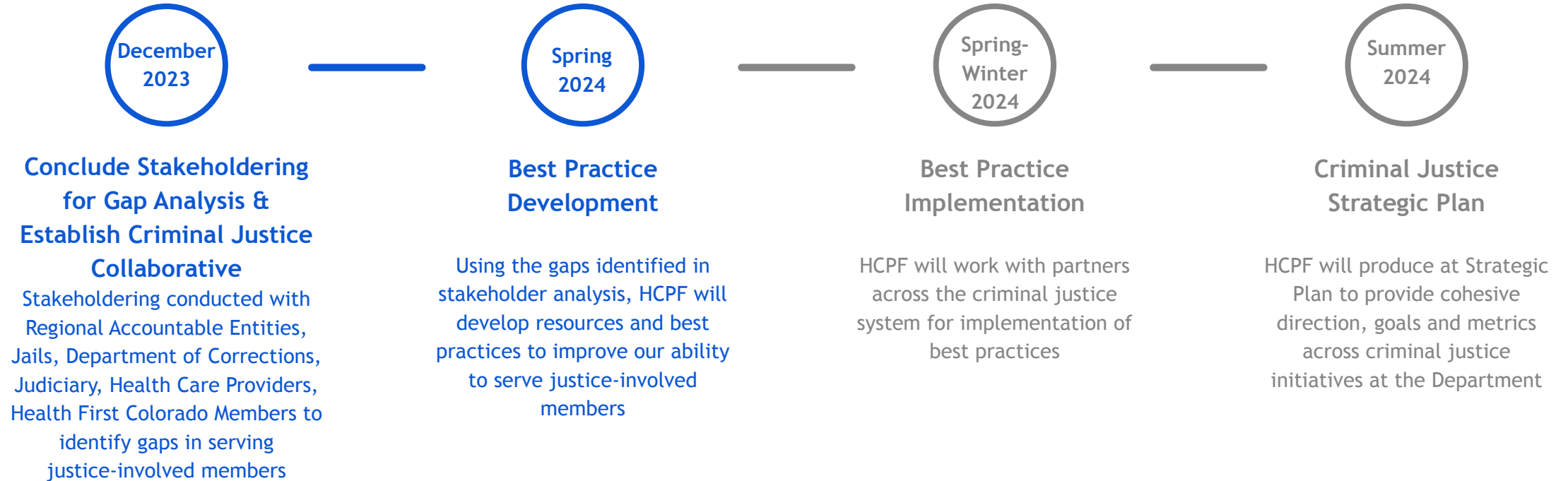
## Project Goals:

- Identify best practices for working with justice-involved members
- Identify what needs are most important to justice-involved members
- Work within each level of the justice system to implement best practices and address gaps identified in stakeholdering

## Project is receiving input from:

- Regional Accountable Entities
- Jails
- Department of Corrections
- Judiciary
- Health Care Providers
- Health First Colorado Members
- Department of Youth Services
- Community Partners

# ARPA 8.10 Project Timeline



# CAA 2023: Juvenile Justice Transition Support



# CAA, 5121 2023: Juvenile Justice Transition Support

## Consolidated Appropriations Act, 2023

- Federal budget bill requiring all states to offer **screenings, diagnostics services, referrals, and targeted case management** services for juveniles in public institutions
- Benefit timeframe: post-adjudication & 30 days prior to release
- Implementation date: January 1, 2025
- Applies to both Medicaid and CHP+



# 1115 SUD Waiver Amendment - Reentry Services



# What is a waiver?

- Federal rules set eligibility and required benefits standards for Medicaid and CHP+
- **States can request to WAIVE some federal rules** to have more flexibility and offer coverage to more people and cover more services
- Five year agreement
  - Option for renewal
  - States can amend existing 1115 waivers to ask for additional services
- Waivers require additional reporting to CMS and an evaluation component to demonstrate the waivers effectiveness



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# 1115 SUD Waiver Work

**Current 1115 SUD waiver:** Covers Substance Use Disorder (SUD) services in Institutions for Mental Disease (IMDs) and other settings. CMS Approval period: January 1, 2021- December 31, 2025.

HCPF is preparing to submit a proposed 1115 SUD waiver amendment 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) Care in an IMD**
- **Criminal Justice Reentry Services**

# Medicaid Coverage in Jails & Prisons

History of ‘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

Following [CMS guidance](#) Colorado is applying in April 2024

- Coverage up to 90 days pre-release and must include:
  - Case management,
  - MAT services and accompanying counseling, and
  - 30-day supply of all meds upon release
- Eligible Facilities: state prisons and youth detention facilities. Colorado plans to incorporate jails one year after implementation.

## 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

# 1115 SUD Waiver Amendment - Continuous Coverage



# Continuous Coverage

This request seeks to:

- Ensure 12 months of continuous Medicaid coverage for adults leaving incarceration (DOC)
- Promote longer-term access to and continuity of physical and behavioral health care and care coordination
- Combat racial inequalities
- Improve short and long-term physical and behavioral health outcomes and reduce recidivism for adults leaving the criminal justice system

# Continuous Coverage

- A Medicaid-eligible adult shall remain continuously eligible for Medicaid without regard to income for a period of 12 months beginning on the date of release.
- Eligibility will continue to be monitored by the State.
- Eligible adults who have moved out of state will not retain coverage.
- Coverage will not be retained when an adult has requested voluntary disenrollment, the state determines eligibility was erroneously granted, or the individual is deceased.

# What's next for Waivers?

- The [Opioid and Other Substance Use Disorders Study Committee](#) has proposed a bill that would direct the Department to move forward with providing reentry services.
- HCPF submitted the 1115 SUD Waiver amendment on April 1, 2024





# Questions

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# Resources and Follow Up

- [SB22-196 Report](#) and [Alternative Plan](#) are located on the [hcpf.colorado.gov/legislator-resource-center](http://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](#)

## Member Resources

- [Member Handbook](#)
- Primary care provider is noted on enrollment letters and Health First Colorado cards

# Additional Information on RAEs

## Stakeholder Information

<https://hcpf.colorado.gov/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center>

<https://hcpf.colorado.gov/accphase2>

## ACC Program Contracts

<https://hcpf.colorado.gov/health-first-colorado-managed-care-contracts>

## RAE/MCO contact information:

<https://www.healthfirstcolorado.com/health-first-colorado-regional-organizations/>

# Contact Info

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