

Reentry Waiver – Zoom Public Hearing Transcript #2 - 01/23/2024 at 11:00 A.M.

Dennis Smith: So, in keeping with the theme juggling the agenda we are going to go to what was scheduled for 11:40 a.m. The Reentry Waiver Presentation. Part of the purpose of this council is to learn about and possibly improve programs and purpose at DHS. Next month DHS is planning on seeking a Federal waiver from the Center of Medicaid Services. If it improves it will allow Medicaid to cover services for reentry for people who are leaving prison, jails, and the custody of Division of Youth Services. It will also allow Medicaid to pay psychiatric hospitals. Here to share more about this requested waiver and reason for it is the former Director Arkansas Medicaid Control Center Amy Webb. We also open this part of the meeting up to our folks that who may be watching online this is public form about this change if they have any questions and they will have a spot in this presentation where they can enter their name in a chat box online and we will call on them. Amy let's learn more about this approach to Reentry.

Amy Webb: Good morning, everybody. I'm Amy Webb. I'm Interior Deputy Director for the Office of Substance Abuse and Mental Health. First, I would like to recognize Secretary Putnam she stuck in the back there, so I wanted to make sure that she was here. I'm presenting today on behalf of Paula Stone who's the Director of Office Substance Abuse and Mental Health, she got pulled to go to Northwest today and Dennise Smith who is a Medicaid Advisors for the state will help me answer any question if I don't know the answer. So, first I would like to say this is a public hearing. I will be reading slides so I will make sure that I will cover everything and don't miss anything. If people want to access waiver, they can go to our website at humanservices.arkansas.gov. If they wanted to submitted public comments so can email those to ORP@dhs.arkansas.gov. This a really excited opportunity and I'm excited to be able to work with this with Dennis and the OSAMH team. So, currently the way Medicaid is set up if someone goes to jail or prison or is placed in the custody of the Division of Youth Services and they're on Medicaid we suspend their Medicaid when they go in. Medicaid does not pay for stuff while incarnated. The same thing is true for people who go into an institution for mental disease like the Arkansas State Hospital but recently the federal government has put guidelines out that allow states to do something different and Arkansas is requestioned to participate in this new approach for public comment through next week and you can find this on our website. It allows states to keep people Medicaid on for a limited period. The way this will work, we will submit this to the federal government, and they can make changes to what we requested and will settle on terms and conditions for the waiver.

The guidance coincides with a new law that requires Medicaid to begin in January 2025 providing justice-involved youth with certain services. Those are the youth services kids who comes into care and at out treatment facilities for example:

- 30 days before leave the law requires - Screening or diagnostic service.
- At least 30 days after – Targeted case management services for those individuals.

So, we are kind of tackling those two together both federal law and opportunities related to incarceration and the IDM.

DHS is requesting that the federal government allow Medicaid to cover medically- necessary services for inmates and adults IMD patients for:

- 90 days after incarceration.
- 90 days before release from a carceral setting.
 - During these periods, Medicaid would pay for all medically necessary services.
 - PASSE enrollment.
 - Possible home and community-based services.
- Allows Medicaid reimbursement for treatment provided by an IMD for up to 90 days with length of stay being determined by medical necessity.

So, we call this the ARCH program, we play with this with a lot of different names but really, we like this because it represents a bridge between, we want this program to be a bridge back into the community. Help us fill in gap in services, create a continuum of care for these individuals and provide a smoother transition upon re-entering communities. What we know so far in research and data that a lot of individuals that are incarcerated have significant health needs and a lot of chronic health conditions.

- So, we hope this will help improve their health outcomes.
- Reduce inmate recidivism and that's connect to inmates who may have substance abuse and mental health issues that are untreated. You can work to get those treated and keep those people taking their medication we could reduce recidivism.
- Reduce preventable emergency room visits.
- Reduce deaths.
- Better support the IMD workforce; and
- Promote efficiency and effectiveness of the Medicaid program. A good example of that is preventable emergency room visits. If we keep people medicated, following their treatment plans, getting the support and services that they need. That will keep Medicaid from paying for preventable emergency room visits.

As I said there is a lot of health-related needs for this population. We see higher rates.

- Mental illness.
- Substance use disorder.
- Chronic health conditions.
- Contributing factors to ongoing poverty, incarceration, recidivism, and poor health outcomes.

For this new program we will be talking about several carceral settings included in the State's request are:

- Arkansas State Hospital adult forensic units.
- Division of Youth Services facilities. I think there are five juvenile facilities in the state.
- Secured Restoration program.
- Correctional system;
 - State prison.
 - Local jails.
 - County-run juvenile detention facilities. This does not include federal prisons.
- Existing Arkansas Medicaid-enrolled IMDs are adult units within psychiatric hospitals.

- Substance use disorder adult residential service providers are not currently enrolled in Medicaid.
 - The state will develop a plan to add that service to the state plan and to encourage these types of providers to enroll.
- Already enrolled = Medicaid eligibility will continue for up to 90 days and “suspended” on day 91 for incarcerated individuals.
 - Reinstated 90 days prior to release from incarceration.
- Not enrolled = DHS will work with stakeholders to establish Medicaid eligibility 135 days prior to release. With the goal of having Medicaid in place and depends on assets it we need that before that are released.

Nest Steps

- Public comment through January 31, 2024.
- Stakeholder’s presentations. We have already been meeting with the Sheriffs Association, The Association with Arkansas Counties, the of Jail Administrators, The Department of Corrections and we will be continuing those Stakeholder discussion. Those are in debut on how we start the implementation and it going to take all of us to do that.
- Submit to CMS not later than March 1, 2024:
 - CMS can request changes to the proposed program, including changes to the time periods Medicaid could be used.
- Goal is to get approval by July 1, 2024, with a January 1, 2025, start date for the first phase.
- Implementation plan. We will be working on all of that through this process. We want to open it up for anyone online to ask any questions.

Dennis: Smith: We are going to start with Council Member first then with will go with online viewers. Any council member, who have a question? Alright Betty.

Betty: The first thing that comes to mind is that I understand that you are meeting the county and state and all those individuals. When it gets down to the person that is incarnated how do they connect if they don’t have anybody that comes to them. In other words, people in charge know but as we all know thing don’t filter down people that walk through the door. How do we make sure that we cover those. I know it something you can answer today but it’s something you can keep in mind on how those people get identified and connected.

Amy Webb: I think that is a good point and want to not talk to the people at the top we want to talk to the people all the way through. So, we can get their feedback and experiences. We do plan on doing that. Where are starting those conversations with Department of Correction and on how that will work. Where are going to be learning a lot doing this implantation phase or the creation of the implantation plan hopefully, we know more about how to make that work well.

Unknown: Once they get ready leave will they have a councilor or a pass support person to follow them and help them, keep up with them, as there continuing trying to be successfully. After they are leaving the program.

Amy Webb: The plan for those individuals who need to go into the PASSE they with will have care coordinator just like people in the PASSE do today. Our hope is that is help them stay connected to

the services that they need so they aren't navigating that completely alone. That's the idea state for the PASSE to work similar on how today it works those individuals.

Dennis: For our online viewers if you have a question or comment about this but your name in the chat. We have a DHS employee monitoring this feed and he can let me know about your question and we will allow you ask that. Any other questions from either member of the gallery or council members about this proposal. Gavin anybody online?

Gavin: No one has responded yet.

Dennis: We will keep any eye on those online questions. Amy thank you.