Reentry Waiver - Zoom Public Hearing Transcript 01/10/2024 at 10:30 A.M.

Mac Golden: Good morning and welcome to a public hearing on Reentry Waiver. Assistant Director Haylie Hoffman will have a presentation on the Reentry Waiver today and I'm going to turn it over to her to share her screen.

Haylie Hoffman: Morning, Hold up quick. I don't know why it's not working on my screen. Can you see it now.

Barry Rowland: Yes

Haylie Hoffman: So, this is the 1115 Reentry Waiver, New Approach to Reentry. The Federal Government has released guidance, giving state Medicaid programs the opportunity to request to waiver two long-standing prohibitions for the use of Medicaid Federal funding.

- Currently Federal Medicaid funds are not allowed to pay for the cost of medical treatment for an inmate of public institution, except for inpatient hospital services, regardless of their age.
- Federal funds are also not allowed to pay for the cost treatment of an adult age 19 to 64, in an institution for mental disease also know as an IMD.

In addition, we have a new law that requires Medicaid to begin in 2025, providing justice involved youth with certain services 30 days before or after their release from public institutions such as a juvenile treatment facility.

- Those services include 30 days before their release, a screening or diagnostic service, including behavioral health screening.
- At least 30 days after release we're to provide targeted case management services, including referrals for such eligible juveniles to the appropriate care services available in the geographic region or at the home of, or their residence.
- Is there a health-related need for Medicaid Reentry, support adults and adolescents involved in the juvenile justice system are more likely than the general population to experience mental illness, substance abuse disorder and chronic physical health conditions.
- These conditions do not go away doing the period incarceration, and these conditions can be contributing factors to ongoing poverty and incarceration.

DHS is requesting that the federal government waive the prohibitions for inmates and IMD patients for:

- 90 days after incarceration or admission to an IMD
- We are also asking for 90 days before release from a carceral setting or an IMD for Medicaid coverage
- During these periods, Medicaid would pay for all medically necessary services, including mental health and substance use treatment disorder services
- Upon release from an IMD or incarceration, individuals would receive Medicaid/PASSE services for 12 months to ensure access to services, especially mental health and substance use disorder treatment.

The goal of the Arkansas Reentry Connections for Health (ARCH) program are to bridge the gap in services, create a continuum of care for these individuals and provide a smoother transition upon re-entering communities. DHS believes that be providing these services on the front and tail-end of incarcerations and stays in an IMD, the state will:

- Improve the health outcome of these individuals;
- Reduce recidivism back into the justice system, especially for those who went into prison or jail with an underlying mental health or substance abuse conditions;
- Reduce preventable emergency room visits;
- Reduce number of deaths in these populations;
- Alleviate impact of the sever shortage of mental health providers by allowing equitable access to service through payment for services at IMD facilities; and
- Promote efficiency and effectiveness of the Medicaid program through care coordination and new models of care delivery that include home and community-based that are bundled with care coordination.

IMD's and carceral setting included in the new waiver program include:

- Arkansas State Hospital
- Division of Youth Services facilities
- Secured restoration release
- Correctional system (state prison and local jails)

The new proposed process under the waiver for individuals already determined to be eligible for Medicaid the coverage would be continued for up to the first 90 days of custody Medicaid eligibility will be suspended on day 91 and reinstated 90 days prior to release.

For individuals who had not been determined to be eligible for Medicaid prior to incarceration, the DHS will work with stakeholders to establish Medicaid eligibility 135 days prior to release.

• Medicaid rules require DHS to make eligibility determination within 45 days of, which allowed for a 90-day period of eligibility prior to release.

This is an example of how the process would go for incarceration, so showing that the first 90 days they would be getting the Medicaid coverage. If not, if they don't have Medicaid, we'll work those 135 days to get them covered on the back end.

We will also, then to begin preparing for reentry to get the independent assessment, determine level of needs of services for eligible individuals, including the case, management, medication, and health related social needs. These individuals will also be wrote, enrolled in a past at the time and upon release for the 12 months after they will be enrolled in the past and receive full Medicaid benefits and care coordination. The next steps for DHS:

- Release draft application for state public comment period
- Continue presentations to interested parties and stakeholders
- We intend to submit waiver application to CMS no later than March 31, 2024, for approval by July 1, 2024, with effective date January 1, 2025.
- Begin working with stakeholders on implementation plan

And that is it, if you have any questions this is how you can reach out to us.

Mac Golden: Thank you, Ms. Hoffman. If you'll end your presentation, we'll open the floor for public comments. Please let the record reflect, we have 25 attendees for today's public hearing. If any attendee would like to make a public comment at this time, please utilize the raise hand feature via Zoom and you will be recognized on the record to give your public comment. I'll pause for a moment.

Mac Golden: Mr. Shane Frazier, you're recognized to give your public comment.

Shane Frazier: I have a question for clarification for the settings that are included. You'd said Arkansas State Hospital DYS secured restoration, release or correctional systems. So, knowing a lot of those places remains full most of the time, where does that leave freestanding site facilities, that typically, you know. I have would also be interested in this IMD waive?

Mac Golden: Haylie, do you have an answer for that today, or do you want to get back with him on that?

Haylie Hoffman: Free standing site facilities

Shane Frazier: Correct

Haylie Hoffman: I wanna get back with you on that just to make sure that I have the accurate information.

Shane Frazier: okay

Mac Golden: Mr. Frazier, if you want to email my office, <u>ORP@dhs.arkansas.gov</u>. I will get your contact information to Haylie.

Shane Frazier: Okay, we'll do; okay.

Mac Golden: OPR@dhs.arkansas.gov. For anyone who would like to send in a public comment, please utilize that email. Is there anyone else who would like to make a public comment today?

Mac Golden: Barry looks like DuLane Gash would like to make a public comment.

Dulane Gash: Yes, that's current. I would like to ask if the presentation is going to be posted online and how we can access that?

Mac Golden: Yes, the presentation will be posted online at the same website where the public notice was posted. If you go to DHS webpage and search for DHS proposed rules and notices, you'll find a web page dedicated for that purpose, and I believe the Reentry Waiver is the third listed initiative.

DuLane Gash: Thank you.

Mac Golden: Would anyone else like to make a public comment today?

Allright, it does not appear that there are any more public comments today. We thank everyone for attending this public hearing and there will be another one on, I believe, is it January 26, Haylie?

Haylie Hoffman: I'm not sure.

Mac Goldman: Let me check quick. Correction it is on January 23 @ 11:00 A.M. at AFMC Campus and again that information can be found on our website.

All right. Thank you everyone for attending today. We'll consider this public hearing closed and go off the record.