



A Culture of Coverage for Justice-Involved Adults in Illinois: Department of Corrections

*A Resource Guide for Implementing the
Affordable Care Act for Criminal Justice
Personnel in Illinois*

January 2014



STATE OF ILLINOIS
OFFICE OF THE GOVERNOR
SPRINGFIELD, ILLINOIS 62706

Pat Quinn
GOVERNOR

January 2014

This month, nearly one million Illinoisans became eligible for new healthcare coverage. This is an important step forward for access to healthcare in our state and reflects the commitment I have made to healthcare reform through increasing access to quality and affordable care in Illinois.

We are working hard to implement key provisions of the Affordable Care Act that make benefits available to all populations. We are committed to reaching out to traditionally underserved communities to ensure that all Illinoisans have the means to obtain healthcare. One important and often overlooked population is justice-involved individuals. It is estimated that 35% of the individuals newly eligible for Medicaid under the ACA will have a history of criminal justice involvement.

Access to affordable healthcare can have a dramatic and positive effect on reintegration into the community after incarceration. Good health is crucial to obtaining and maintaining employment, providing for one's family, and living with dignity and self-respect.

This Resource Guide, *A Culture of Coverage for Justice-Involved Adults in Illinois: A Resource Guide for Implementing the Affordable Care Act for Justice Personnel in Illinois* serves as a guide for policy makers, state officials, advocates, and healthcare workers in Illinois. It outlines when and how to best link justice involved individuals with the services they need. It provides resources and materials about enrolling justice-involved adults in health benefits. I want to thank the Bureau of Justice Assistance for their generous support, the Illinois Healthcare Reform Implementation Council and specifically the Workgroup on Justice Populations for their contribution to this Resource Guide.

We in Illinois recognize this as a unique opportunity to provide another pathway to normalize the lives of justice-involved individuals. Healthcare is more than just access to doctors and medicine; it is important for successful reintegration into society and helps restore citizenship and promote positive self-esteem. Illinois is eager to see the positive effects the Affordable Care Act will have on our overall criminal justice system.

Sincerely,

A handwritten signature in cursive script that reads "Pat Quinn".

Pat Quinn
Governor

January 2014

Dear Colleague,

This project was made possible by support from the Bureau of Justice Assistance, National Training and Technical Assistance Center to DMA Health Strategies, Advocates for Human Potential, Inc., and TASC, Inc. This Resource Guide is a first-of-its kind effort to assist Illinois justice agencies and their community partners in developing and implementing policies, procedures, and practices for justice officials to determine eligibility, facilitate the application process, and connect individuals to effective health service.

Nationally, our jails and prisons house some of our most vulnerable populations: 80% of all incarcerated individuals suffer from chronic medical, substance use, and mental health problems. They have higher rates of asthma, diabetes, cardiovascular disease, and HIV/AIDS than the general population. Rates of substance use disorders and mental illness also are extraordinarily high: 68% of incarcerated individuals meet diagnostic criteria for drug and/or alcohol use disorders; 64% have serious mental illnesses such as depression, schizophrenia, and bipolar disorder; and 72% have both (i.e., co-occurring) substance use and mental health disorders. When these individuals re-enter the community, they don't receive the necessary care for their health problems because they lack healthcare coverage: 90% are uninsured and have little or no means to obtain needed services. Left untreated, chronic health conditions contribute to high-risk behaviors that result in re-offending, re-arrests, and re-incarceration.

The Affordable Care Act (ACA) offers an unprecedented opportunity to break this cycle by making it possible for justice-involved individuals to obtain healthcare services that may reduce their recidivism risks. Under the ACA, thousands of justice-involved individuals are now eligible for either Medicaid or low-cost health insurance through the Health Insurance Marketplace. While this is a step in the right direction to provide healthcare to this high-risk population, the ACA does not specify standardized procedures to connect justice-involved individuals with the healthcare coverage that is available to them through the ACA. Consequently, it is up to corrections personnel to help justice-involved individuals who are re-entering the community access healthcare coverage by determining their eligibility and facilitating the application and treatment enrollment process.

This Resource Guide is designed to assist your efforts in identifying and helping justice-involved individuals in Illinois to enroll in health benefits now available to them through the Affordable Care Act. We applaud your decision to use the Affordable Care Act to improve public health and public safety and we hope you find these resources helpful in your work.

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A Culture of Coverage for Justice-Involved Adults in Illinois

Introduction

Introduction

We begin this guide with an overarching question: ***why should criminal justice personnel be a part of the process of enrolling justice-involved adults in health benefits?*** Simply put: justice-involved individuals are more likely to succeed on community supervision when their lives are stable. Access to healthcare is a significant factor in successful re-entry and can improve outcomes in numerous ways. Increased use of healthcare services, particularly mental health and substance use treatment, can promote pro-social behavior and improve compliance of community supervision by building self-efficacy, supporting recovery, and adding to restorative justice efforts with individuals' families and communities. Continuity of care is critically important when individuals rely on regular medical appointments and medication to manage their chronic health conditions. By addressing physical and behavioral health needs and ensuring that they have access to care at re-entry, justice-involved individuals will have more time and resources to focus on reintegrating and complying with the conditions of their release.

Initial Steps in Meeting the Challenges in Illinois

Illinois has been paving the way to ensure that justice-involved individuals receive healthcare coverage under the ACA. In 2011, the Illinois Governor's Office convened the Workgroup on Justice Populations (WJP). Comprised of high-level individuals from state behavioral health, corrections and Medicaid agencies, the WJP has been actively developing strategies to expand the capacity of justice agencies to fully participate in healthcare reform implementation. In early 2013, our collaborative—DMA Health Strategies, Treatment Alternatives for Safe Communities (TASC), and Advocates for Human Potential, Inc. (AHP)—received funding from the Bureau of Justice Assistance (BJA) National Training and Technical Assistance Center (NTTAC) to help the WJP and other stakeholders implement an innovative approach to connecting justice-involved populations with healthcare. The primary goal of the project was to advise the Governor's Office and WJP on key strategies to maximize the benefits of healthcare reform to reduce crime and associated incarceration costs, and to improve the health of the justice-involved population. A number of activities informed the project.

Meetings between State Agencies. Senior leadership from the Governor's Office, Illinois Department of Corrections, Department of Human Services, Illinois Department of Healthcare and Family Services, and the Illinois Criminal Justice Information Authority met multiple times to identify barriers, examine

existing policies, and discuss existing strategies and processes for engaging justice-involved adults in healthcare services; to identify areas of intersection; necessary points of collaboration to ensure a seamless transition from jails or prison to the community; and information sharing strategies. These meetings broadened relationships between agencies, and strengthened Illinois' ability to address the multitude of needs of some of its most vulnerable citizens.

Regional Meetings. Over the summer of 2013, the Illinois Criminal Justice Information Authority (ICJIA), the Administrative Office of the Illinois Courts (AOIC), and TASC, Inc., hosted a series of “Collaborative Conversations” that were convened by the Illinois Criminal Justice Information Authority and the Administrative Office of the Illinois Courts. This method of outreach introduced justice leaders to key provisions of the Affordable Care Act and the opportunities they create, and led to strong interest from probation and sheriff’s departments to enroll people in their jurisdictions. This resulted in further collaboration to employ application assisters in various jurisdictions, from very rural communities to those that are more urban in nature.

County-Level Initiatives. Planning at the county level has been equally energetic, including projects in two of Illinois' largest jurisdictions: Cook County (Chicago) and Winnebago County (Rockford). The goals of the planning processes are (1) to determine how to facilitate applications for all eligible persons entering the justice system; (2) to develop infrastructure and processes that support universal linkage to medical, mental health, and substance abuse treatment in the community; (3) to support expansion of care in the community that meets the needs of people under supervision; and (4) building on these new resources, expand diversion from jail and prison to care in the community under appropriate supervision. Working groups address each of these issues in turn, resulting in infrastructure for initiating applications, linking to care in the community, and changes in court process to make use of the broad new resources.

The Cook County process is convened by the Presiding Judge of the Criminal Division, Hon. Paul P. Biebel, Jr. The Winnebago County process is convened by Chief Judge Joseph McGraw. Both processes are funded by community foundations and the Illinois Criminal Justice Information Authority, and facilitated by TASC. In both communities, participants include all criminal justice agencies, community health systems, mental health and substance abuse treatment providers, county executives, and local health departments.

County-level Results. In Cook County, people under Probation Supervision, those involved with Specialty Courts and those receiving TASC services began to apply for CountyCare through its high-volume call center, beginning in December 2012. Probation and TASC selected clients from their program who had identification and were otherwise able to participate, to begin a small, test roll-out. Once the implementation proved successful with a limited group, TASC began more broad efforts by matching clients with enrollment call centers. People initiated applications over the phone, then provide paper copies of necessary documentation to either be mailed in or given to an in-person assister. Clients then received a mailed notice of approval or a notice alerting them that more documentation is necessary to complete the application. TASC and the Cook County Adult Probation and Social Services Departments have since engaged all direct care staff in the CountyCare application process, which will ultimately reach approximately 40,000 people under supervision.

The partners recognized early on that one of the largest opportunities to help people enroll in coverage was within the Cook County jail, the largest single-site jail in the country which sees 200-300 men and women admitted each day. The Cook County Sheriff's Department, Cook County Health & Hospitals System, and TASC worked with the Illinois Department of Healthcare and Family Services and the Illinois Department of Human Services to develop a jail-specific process for CountyCare Enrollment. The goal was to create a system in which a large number of low-income, single adults could complete the application within intake. For example, fingerprint-based identify documentation that comes with being arrested and detained is used to verify the inmate's identity. TASC staff complete applications online, using state and county Medicaid application websites and jail management system records. Each application takes approximately ten minutes. Through December of 2013, more than 10,000 applications for coverage have been initiated.

In 2013, Chief Judge Joseph McGraw of the 17th Circuit (north central Illinois, Rockford area) convened a planning process to anticipate the benefits of the ACA for his jurisdiction. Chief Judge McGraw convened a steering committee and several working groups to determine how best to align health insurance enrollment and broad linkage to care with justice system processes, including the Winnebago County Jail and Probation. A working group of medical, mental health, and substance use disorder treatment agencies is discussing how community services might be expanded to meet the needs of this population on a routine basis, and to respond to increased referrals for treatment that will be forthcoming from the courts. As of early December 2013, education about ACA coverage is being provided to probationers, and applications are being initiated in probation settings through state-funded application assisters. Plans are in place to test application initiation in the local jail, and to link

newly-enrolled probationers to substance abuse, mental health, and medical services in the community. Infrastructure to enhance continuity of medical care between jail and community is also under development. This process is also led by TASC, and funded through the Northern Illinois Community Foundation.

These efforts have all informed the development of innovative new and revised policies and practices to meet the needs of justice agencies, and most importantly to help cultivate a culture of coverage in Illinois.

Audience

The Resource Guide begins with an explanation of how to most effectively use its contents to educate justice professionals and their community partners. The guide is first and foremost designed with the responsibilities of jail staff and jail healthcare workers, probation officers, and correctional staff and correctional healthcare workers in mind. However, the information in this guide is also relevant to community treatment providers, Marketplace Navigators and Assistors, and Medicaid managed care partners, who undoubtedly grapple with healthcare strategies that meet the severe and multi-dimensional challenges of justice-involved consumers.

Contents

This Resource Guide provides the basis for an educational effort that should be updated as implementation of the Affordable Care Act progresses in Illinois and lessons are learned. It presents general information, including a presentation to frame the context of justice-involved populations in relation to the Affordable Care Act, a Question and Answer (Q&A) document with general information about the Affordable Care Act as relevant to Illinois, and multiple handouts that can be used by justice practitioners. It also includes a Q&A document specifically relevant to inmates in the Illinois Department of Corrections (IDOC), a Process Map, and a presentation that accompanies the map to be used when training with IDOC staff. Lastly, it includes a number of national and state resources, including links to health benefit websites and articles and reports relevant to justice-involved adults and the Affordable Care Act.

Undoubtedly, as the ACA gets underway and the current health system changes, the policies and procedures described in this guide may also change. While we cannot predict what these future new practices will be, we can, through this guide; point justice practitioners on the right path to begin their work in assisting justice-involved individuals attain health coverage.

A Culture of Coverage for Justice-Involved Adults in Illinois

Practitioner Overview Materials & Resource
Documents



Adult Justice Populations: Health Status, Disenfranchisement, and Health Care Patterns

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The adult justice population is generally in worse health than the overall population

- About 40% of men and nearly 60% of women in jail have at least one chronic health condition (Binswanger et al., 2010); among prisoners returning to the community, almost all have a chronic health condition (80% of men, 90% of women; Mallik-Kane & Visser, 2008)
- 65% of adults in the U.S. corrections system meet criteria for drug and/or alcohol use disorders (DiPietro, 2011)
- 15% - 35% of inmates have a mental health condition; rates vary among federal, state, or local jail inmates as well as by gender (Wilper et al., 2009; Mallik-Kane & Visser, 2008)

The adult justice population is the most disenfranchised population in the country

- 12% of Black males ages 25 to 29 are in jail. In 2011, 38% of the incarcerated population was Black despite only making up 13% of the general population (Regenstein & Maples, 2012)
- The incarceration rate for Hispanic men is also extremely high; at 1,252 per 100,000 U.S. Latino residents, it is nearly three times the rate for White men (Regenstein & Maples, 2012)

The adult justice population relies heavily on emergency departments and hospitalization

- More than 70% utilized some sort of health service in the 10 months following release (Mallik-Kane & Visher, 2008)
 - 30% visited the emergency room
 - 20% were hospitalized
- More likely to obtain episodic care that is not managed or coordinated.
- Gaps in coverage can result in ER and hospital utilization

Overview of ACA Provisions

Seeks to reduce number of uninsured by providing affordable coverage options, and by requiring coverage beginning January 1, 2014.

- Establishes Health Insurance Marketplaces, with premium tax credits and cost sharing subsidies for persons with income above the Medicaid standard but \leq 400% FPL.
- Creates a new category of Medicaid eligibility: persons 19-64 with income \leq 138% FPL.
- Calls for a coordinated application and enrollment process.

Culture of Coverage

- Need to change our mental maps: ***All legally present Illinoisans will be eligible for affordable coverage.***

Providing this population with health care can reduce costs

- The costs associated with providing health care to justice-involved adults have skyrocketed (DiPietro, 2011)
- Provision of healthcare is estimated to save \$2.58 in criminal justice costs for every \$1 of treatment and an overall \$3.77 offset in overall benefits per dollar of treatment cost (Mancuso & Felver, 2010)

Get Covered Illinois

Step I: Contact Get Covered Webpage:

<http://getcoveredillinois.gov/explore-coverage-options/>

- This takes you to the screening website that will direct applicants to the appropriate application (either Marketplace or Medicaid)
 - If single, only consider applicant’s eligibility criteria
 - If married or have dependent children, consider spouse and children’s eligibility criteria

Step II: Assist applicant in completing web-based application for coverage




SHARE THIS PAGE

Get Covered Illinois™ Options
The Official Health Marketplace

Explore your coverage options

If you live in Illinois and need health insurance, you are at the right place to find new coverage options for you and your family.



Quality, affordable health insurance is just a few clicks away.

LET'S GET STARTED

About Coverage

- STOP** If you have Medicaid (medical card, public assistance), you are covered and do not need to apply again.
- STOP** If you have private health insurance, you can compare other policies and rates at the Health Insurance Marketplace.

Get help in your area

Get help now >

Call (866) 311-1119

FAQs & resources
Choosing the right health insurance plan can be confusing at times. Common questions about the new health insurance options are available. [Read More >>](#)

During times of especially high demand, you may be queued to begin your online Marketplace application to ensure the best possible shopping experience.

HIDE ALERTS

Welcome to the Marketplace

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more. Open enrollment continues until March 31, 2014.

Individuals & Families

Small Business Owners



Don't qualify for lower costs based on your income?

[Find other ways to apply for coverage](#)

CHOOSE YOUR STATE AND WE'LL TELL YOU YOUR NEXT STEPS

Illinois

If you're a consumer and you live in Illinois, you'll use HealthCare.gov to apply and enroll. Here's [what to know](#) before you apply. You can see if you [qualify for lower costs](#) and [preview plans and prices](#). Small businesses: Learn how to [apply for SHOP coverage](#).

APPLY ONLINE

APPLY BY PHONE

Live Chat

The ABE Portal

IL RT

ABE Application for Benefits Eligibility

FAQ Español

Help

* User ID
* Password

Login

Forgot your password? Is your account locked? Please enter your User ID and [Click Here](#)

Forgot your User ID? [Click Here](#)

Provider Login
 Community Partners

If you do not have a user id and password, click on 'Apply For Benefits' to create an account.

If you have not used a computer very much and would like to practice before you get started, [click here](#).

[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)

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A Culture of Coverage for Justice-Involved Adults in Illinois

Implementing the Affordable Care Act: General Q & As

General Overview of the Affordable Care Act

1. What is the Affordable Care Act?

The Affordable Care Act (ACA) refers to both the Patient Protection and Affordable Care Act (PPACA; Public Law 111-148) and to the Healthcare and Education Reconciliation Act (Public Law 111-152). The ACA, also known as National Healthcare Reform, was signed into law in March, 2010, and represents the most significant healthcare reform in almost 50 years (Council of State Governments, 2013).

2. What are the major components of the Affordable Care Act?

The following major components comprise the Affordable Care Act (ACA):

- Expanded eligibility for Medicaid
 - o Beginning January 1, 2014, individuals at or below 138% of the federal poverty level will be eligible for Medicaid, regardless of parental status or disability (this group is also called the ACA Adult Group)
 - o That is, single adults with an annual income of approximately \$14,400 or less (or a family of four with an annual income of \$29,300 or less) will be newly eligible for Medicaid
- Creation of the federal Marketplace
 - o The health insurance Marketplace serves as online shopping portal where individuals and small business can review, compare, and purchase private health insurance plans
 - o The Marketplace will also determine eligibility for subsidized health coverage, depending on income/financial status. Specifically, households with an annual income of 100% - 400% of the federal poverty level may be eligible for subsidies, such as tax credits and cost sharing
- Coverage for dependent children until age 26
- Coverage for individuals with pre-existing conditions
- Provision of Essential Health Benefits

- Medicaid and private health insurance plans must cover ten categories of service: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness and chronic disease management; and pediatric services, including oral and vision care
- Individual Responsibility Provision
 - Beginning January 1, 2014, most citizens and legal residents will be required to have a minimum level of health insurance coverage
 - The following individuals are exempt from the mandate: those who cannot afford coverage, members of Indian tribes, those with coverage gaps of less than three months, those experiencing hardships and incarcerated individuals with the exception of incarceration pending the disposition of charges
 - Unless exempt, individuals who do not meet this requirement are subject to a penalty, which will increase over time

3. Why is the Affordable Care Act significant for justice-involved adults?

Many justice-involved adults do not have health insurance or adequate income to pay for healthcare, despite having significant health needs (DiPietro, 2011). Indeed, compared to the general population, these individuals are disproportionately affected by both physical and behavioral health conditions, and the costs associated with providing healthcare to this population are extreme. They may receive care from various sources, including emergency rooms, detox centers, crisis centers, and psychiatric hospitals, making their care inefficient, uncoordinated, and costly (Braude & Miller, nd).

As a result of the Affordable Care Act, a significant number of justice-involved adults will be newly eligible for either Medicaid or federal subsidies to purchase health insurance; nationally, this includes more than half of the 730,000 federal and state prisoners who reenter the community each year (Council of State Governments, 2013), 90,000-100,000 probationers, and many people who are detained in jail.

In Illinois, an estimated 95% of releases from the Illinois Department of Corrections (IDOC) will be eligible for Medicaid; with an average release population of 2,000-2,500 inmates per month, almost 90,000 people on probation in a given year, and over 350,000 adult admissions (not unduplicated) annually booked into county jails. The great majority of these individuals were not previously eligible for Medicaid under previous federal and state laws.

A number of major components of the ACA will be particularly relevant for justice-involved adults, including (Council of State Governments, 2013):

- Expansion of Medicaid eligibility criteria
- Premium tax credits and cost-sharing
- Subsidies through the state Health Insurance Marketplace
- Dependent coverage
- Protection for pre-existing conditions
- Coordinated medical and behavioral healthcare for chronic illnesses
- Essential Health Benefits

Notably, a new level of coordination between justice, public benefit, and health and human services agencies is needed to ensure a culture of coverage, whereby *all* eligible individuals are offered the opportunity to apply for and obtain health insurance regardless of their justice status or criminal history. Given the dramatic increase in the number of justice-involved adults newly eligible for Medicaid or subsidized health insurance through the Marketplace, corrections and court policymakers and personnel are in an ideal position to help these individuals obtain coverage and access healthcare services. Indeed, increasing this population's access to healthcare may also help reduce recidivism, decrease corrections expenditures for healthcare, increase federal funding for community health services, and decrease safety risks within the corrections system (Council of State Governments 2013).

4. What services must be covered for the ACA Adult Medicaid group?

At minimum, Medicaid must cover 10 Essential Health Benefits areas:

- Ambulatory patient services (outpatient care people receive without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care (care before and after a baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

The good news:

- Medicaid expansion is good news, as Illinois has a fairly rich benefit package for substance use disorder treatment and mental health services.
 - o As providers start to use this new funding, services are likely to expand.
 - o Justice agencies can help make this happen by engaging discussions with providers about the likely volume of referrals for treatment from the justice system, and what processes are needed to manage this increased activity between treatment and justice agencies.
 - o As providers experience increased demand that comes with funding, they are more likely to expand services.

The **new** news:

- Medicaid comes with new constraints that the justice system is mostly not accustomed to and will need to learn how to navigate:
 - o Medical necessity criteria vs. court order
 - o Patient choice

- Services Medicaid will pay for and services it likely won't pay for (for example, the housing portion of residential treatment, recovery homes)
- Medicaid managed care – coming to most communities during 2014
 - Prior authorization
 - Continued stay reviews

5. What services must be covered in the Marketplace?

All plans must cover 10 Essential Health Benefits areas, listed below. While every plan must have benefits within each area, the specific services covered and the administration of the benefits will vary by plan.

- Ambulatory patient services (outpatient care people receive without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care (care before and after a baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

For more information see: <http://getcoveredillinois.gov/>

6. When can participants apply?

There is no time limit for enrollment in Medicaid, meaning that applicants can apply for Medicaid at any time, without open enrollment restrictions. However, individuals may be subject to the Individual Responsibility Provision if they have not been previously covered.

Enrollment for insurance coverage through the Marketplace, however, will be limited to annual open enrollment periods. There are “life event” exceptions, as in most insurance enrollment processes. For example, if a person is incarcerated, he/she will have 60 days after the time of release to apply for insurance coverage if eligible.

7. How can participants enroll?

The enrollment process begins with the Get Covered Illinois website. A screener on the Get Covered Illinois website will ask basic questions about income and family size. Once an individual completes the Get Covered screener he or she will be directed either to the federal Marketplace to purchase a private plan or to ABE for Medicaid. The eligibility determination for Medicaid or the Marketplace is based on income and household.

The application for enrollment in health coverage can be filled out online, in paper form, or over the phone. There are two main applications for health insurance for new applicants: one for families and one for individuals. People will need the following documents to complete the application:

Table 1a. Required Documents for Applying for Public Healthcare Benefits

Required Documents (for individuals)
<p>For Medicaid, individuals should know:</p> <ul style="list-style-type: none"> Full name and date of birth Information about income Social Security number Driver’s License/State ID number (optional) <p>For the Marketplace, individuals should know:</p> <ul style="list-style-type: none"> Social Security number Employer and income information Tax information (where applicable) Driver’s License/State ID number optional (where applicable))

Table 1b. Required Documents for Applying for Public Healthcare Benefits

Required Documents (for families)
<p>For Medicaid, individuals should know:</p> <ul style="list-style-type: none"> Full names and date of birth for each family member applying Information about family’s income Social Security number for each family member applying, if they have one Driver’s License/State ID number (optional) for each family member applying, if they have one <p>For the Marketplace, individuals should know:</p> <ul style="list-style-type: none"> Social Security number for each family member applying, if they have one Employer and income information for each family member applying Tax information for family members (where applicable) Driver’s License/State ID number (optional) for each family member applying, if they have a license or ID (where applicable)

8. How are issues like citizenship, identity, etc. going to be verified?

For Medicaid applications, the state has electronic sources for verifying most eligibility criteria. Key among these is having a Social Security number. If an individual’s SSN can be electronically verified no additional information is necessary. In cases where an individual’s SSN number is unknown state caseworkers will work with that individual to obtain the appropriate documentation.

For applications to the federal Marketplace, the federal government will also be verifying information through electronic sources, including communications with the Department of Homeland Security, Social Security Administration, Internal Revenue Service, etc.

9. What if an enrollee on the Marketplace is unbanked or doesn't use a checking account?

Insurers providing coverage on the Marketplace are required to accept a variety of payment methods besides automatic bank withdrawals. Insurance companies are obligated to offer several ways of paying the premium including paper checks, cashier's checks, money orders and all general purpose pre-paid debit cards. These methods of payment can be used for the first premium payment as well as for ongoing payments. Those individuals who are unbanked may choose to use these forms of payment instead of automatic bank withdrawals from a checking account.

10. What agency will monitor continued eligibility of those enrolled?

The Illinois Department of Healthcare and Family Services (HFS) and Department of Human Services (DHS) will assess Medicaid eligibility, while the federal government will monitor eligibility and enrollment in Marketplace plans. Enrollment in insurance will also be tracked as part of annual tax return filings.

11. What if an enrollee's financial circumstances change?

If a person's income changes, they must report the change. He or she must also report changes in address and household size. These changes can be reported on the Marketplace site under the tab of *Report a Life Change* once the individual has logged into his or her account. Financial eligibility for both Medicaid and the Marketplace is based on the household's projected federal poverty level. This is reported and documented at the time of application; however, it will be reconciled as part of the tax filing process based on the actual federal poverty level. Therefore, if consumers receive more financial assistance or earn more income throughout the year, they may have to pay the federal government back at tax time.

12. What does "managed care" mean?

Managed care is the use of a panel or network of healthcare providers to provide care to enrollees. This system of integrated healthcare typically includes the following components:

- A set of designated doctors and healthcare facilities, known as a provider network, which furnishes an array of healthcare services to enrollees
- Explicit standards for selecting providers
- Formal utilization review and quality improvement programs
- An emphasis on preventive care
- Financial incentives to encourage enrollees to use care efficiently

13. What is a Coordinated Care Entity?

A Coordinated Care Entity (CCE) is one model of an integrated delivery system created under Illinois Public Act 96-1501 that requires the Department of Healthcare and Family Services to move at least 50%

of recipients eligible for comprehensive medical benefits in all programs administered by the Department to a managed care network program by January 1, 2015.

CCEs allow providers to design and offer care coordination models other than traditional Health Maintenance Organizations (HMOs) that provide equal or better care coordination services, produce equal or better health outcomes and render equal or better savings than traditional HMOs.

14. What is an Accountable Care Entity (ACE)?

Of the four different types of managed care networks being established in Illinois to provide Medicaid services. Accountable Care Entities (ACEs) are the newest and were designed to serve as one of the healthcare network models for ACA adults enrolled in Medicaid in the state of Illinois. Proposals to establish ACE networks were received by the Department of Healthcare and Family Services on January 3, 2014. The ACE applicant groups selected are to provide healthcare network services starting July 2014.

ACEs will have these elements: (1) will be organized by providers and will coordinate a network of Medicaid services; (2) will initially enroll children and their family members, with an option to enroll "newly eligible" adults under ACA; (3) will each be large enough to have impact for a population of at least 40,000 clients in Cook County, 20,000 in collar counties, 10,000 downstate; (4) will include at a minimum the following types of providers: primary care, specialty care, hospitals, and behavioral healthcare; (5) will have a governance structure that includes each type of provider; (6) will build an infrastructure to support care management functions among the providers in the network, such as health information technology, risk assessment tools, data analytics, and communication with Medicaid members; and (7) will be on a 3-year path to a new payment structure different from the current fee-for-service: shared savings within first 18 months, partial risk after 18 months, and full risk after 3 years.

15. What are Navigators?

Navigators are individuals or organizations trained to help consumers and small businesses find and apply for health insurance through the Marketplace and Medicaid. They are required to be unbiased, and their services are free. Navigators receive grant funding from the federal government or the state to support their activities. Navigators cannot charge consumers for their services, and they are required to provide services to all interested and eligible applicants – including justice-involved adults.

16. What is the training/certification process to become a Navigator?

Navigators must complete both Illinois-specific and federal training. The Illinois training is in-person and takes place over three days. The Federal training is online and expected to take between 20-30 hours. Navigators are certified by the Illinois Department of Insurance. Please note that while the deadline to apply to become a Navigator has passed, organizations may still apply to become Certified Application Counselor organizations.

17. Are government entities (such as probation and pre-trial) eligible to become Navigators? Are they able to receive grant funding for doing so?

Yes, these government entities are eligible to become Navigators, but the application period to become a Navigator for plan year 2014 has already passed. However, organizations, including government

entities, can still apply to become Certified Application Counselor (CAC) organizations. A CAC organization's staff and volunteers receive training and certification to help people enroll in health coverage on the Marketplace, but does not receive Marketplace grant funding for these activities. CACs will be designated on a rolling basis.

Future grant opportunities will be posted at www.healthcarereform.illinois.gov

18. How do we find out who in our community are Navigators? Where will they be stationed?

This information is available on the federal Marketplace website (healthcare.gov), as well as on the Illinois landing page website, GetCoveredIllinois.gov

Navigators are employed by community agencies across the state. They provide outreach, education and application assistance activities based on their agency's plan for meeting its contract goals. Justice departments may partner with Navigators for assistance with enrolling justice involved individuals.

19. Who else can help individuals apply?

Any agency that is already helping individuals apply for benefits as part of its work can assist in the applications process, however they cannot represent themselves as Navigators.

The Incarcerated & the Affordable Care Act: The Facts in Illinois

When can a person in jail or prison apply for healthcare coverage through Medicaid or the Marketplace?

	MEDICAID <i>For childless adults who makes less than \$15,282 a year.</i>	MARKETPLACE <i>For individuals who make \$15,282 or more a year.</i>
JAIL	A person who is in jail can apply for Medicaid, but cannot receive benefits until the time of release. (Special processes are required to apply before discharge.) ¹	A person who is in jail can apply if they have not yet been found guilty (also known as pre-trial). If a person has been sentenced by a judge to serve their time in the jail (usually less than 1 year sentence), they are not eligible to apply until release from jail.
OUT ON BOND	A person who is out on bond can apply and receive benefits once his/her application is approved.	A person who is out on bond can apply for coverage through the Marketplace.
PROBATION	A person who is on probation can apply for Medicaid and receive benefits once the application is approved.	A person who is on probation can apply for coverage through the Marketplace.
PRISON	A person who is in prison can apply for Medicaid while incarcerated, but cannot receive benefits until the time of release. ²	A person who is in prison cannot apply for coverage on the Marketplace until release from prison.
PAROLE	A person who is on parole can apply for Medicaid and receive benefits once the application is approved.	A person who is on parole can apply for coverage through the Marketplace.

¹ There is a process in Cook County jail for persons to apply for Medicaid (known as CountyCare in Cook County) during the intake process. Applications get submitted for approval upon a person’s release from jail. Currently, Cook County is the only county that has this ability. Other counties are in the process of discussing whether or not something similar will be set up in their jails.

² However, it would take special processes inside the prison for a person to apply. Such a process is not currently in place, but is under discussion in Illinois.

How can you help a person in jail, on probation, or prison apply for healthcare coverage through Medicaid or the Marketplace?

Educate

UNDERSTAND BENEFITS:

Use healthcare.gov resources to inform individual about health services that are covered. Primary care is different than care in hospitals and emergency rooms.

UNDERSTAND HEALTH:

Engage individual in conversations about health.

IDEAS FOR CONVERSATIONS:

Ask: How would you describe your health in the past 2 months?

Do: Start a list of questions to ask doctor or nurse

Act: Work to set a health goal to be met during next 30 days, 60 days, 90 days, etc.

Screen

CURRENT HEALTH INSURANCE

COVERAGE: Do you have any type of health coverage, such as Medicaid or private health insurance?

AGE: Are you between the age of 19 and 64? Under 19? Over 64?

INCOME: Do you have a job? How much did you earn last year? Do you have proof of those earnings?

RESIDENCY STATUS: Are you a legal resident of the United States? Do you have a social security number or SS card? Do you have your SS card, proof of income (pay stub, W-2, etc.), or current proof of insurance?

Prepare

KEY DOCUMENTS:

- 1) **Social security number** (or document number if person is a legal immigrant)
- 2) **Employer and income information** (for example, from paystubs, W-2 forms, or wage and tax statements)

Work with participants and their families to get these documents in order as soon as possible.

HEALTH NEEDS:

Work with individual and to identify health needs.

PROVIDERS:

Work with individual to locate community health centers or other treatment providers near home.

Apply

WAYS TO APPLY:

- 1) **Online** at healthcare.gov or using Illinois' ABE portal
- 2) **Telephone** enrollment number through CMS or ABE
- 3) **Paper** applications can be sent in the mail

NO WRONG DOOR:

New applicants for health insurance benefits will be linked to appropriate coverage no matter how they apply. The online application includes all plans, including Medicaid, Medicare, and the Marketplace.

For more information on applying for health benefits, visit: <http://getcoveredillinois.gov>

A Culture of Coverage for Justice-Involved Adults in Illinois

Talking Points for Encouraging Justice-Involved Adults to Apply for Health Benefits

What if they say: "I don't have health insurance. So what?"

- You are 30-50% more likely to be hospitalized for an avoidable condition
- You receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, tend to receive less therapeutic care (drugs, surgical interventions).
- Not receiving care, along with the poor quality of care you do receive increases your risk for poor health and early death.
- Having a health problem or poor health affects your ability to work and go to school, which reduces your earnings and earning potential.

What if they say: "I have to sign another piece of paper?"

- Identify assets for them.
- Provide facts about their health and justice involvement from your conversations with them.
- Link them with services so there is an immediate gain.

How can I help individuals open up to me? Remember:

- Consider your approach: health is personal, and so are healthcare decisions.
- If the client defines the problems and comes up with solutions, you will save time and energy and reduce resistance. Focus on what the client wants and needs, rather than what you think he or she needs.
- You ask-they tell-you ask (don't just talk).
- Scale questions (importance, commitment).

A Culture of Coverage for Justice-Involved Adults in Illinois

Illinois Department of Corrections

A Culture of Coverage for Justice-Involved Adults in Illinois

Implementing the Affordable Care Act within the Illinois Department of Corrections: Q & A

1. How does health insurance enrollment fit into state corrections and parole?

Under the Affordable Care Act, many justice-involved adults will qualify for Medicaid or federal subsidies to purchase health insurance (COCHS, 2013). In Illinois, it is estimated that 95% of IDOC releases will be eligible for Medicaid. Given the high rates of chronic illness and disproportionate rates of inmates and parolees who struggle with substance abuse and mental illness, enrollment in health insurance is consistent with IDOC's to prepare inmates for their release back into communities, enhance community supervision strategies, support positive changes in behavior and reduce recidivism while improving community safety. Facilitating enrollment in appropriate health coverage can also benefit systems planning and help to build and improve inter-agency relationships.

Further, parole departments are in a unique position to improve the health of parolees while acting as key partners in conducting enrollment and linkage to services. The broad range of duties and versatility of parole officers allow for enrollment to occur at many points of contact through the court and community supervisions systems. Because court supervision and parole is conducted on a case-by-case basis with consideration for court requirements and each individual's needs and level of risk, enrollment procedures will likely vary across parole departments.

Moreover, justice-involved adults are more likely to succeed on community supervision if they are experiencing stability in their lives. Access to healthcare is a significant factor in healthy reentry and can improve outcomes in numerous ways. Increased use of mental health and substance use treatment can promote pro-social behavior and improve compliance with community supervision by building self-efficacy, supporting recovery, and adding to restorative justice efforts with participant's families and communities. Continuity of care is especially important when individuals rely on psychiatric medications and regular medical appointments to manage chronic illnesses. By addressing chronic health needs during parole, participants will have more time and resources to focus on reintegrating and complying with the conditions of their court order or release

2. When can IDOC inmates and parolees enroll in healthcare coverage?

Inmates that are eligible can apply for Medicaid as they approach their parole date. IDOC has developed a process whereby new IDOC inmates, inmates in the pre-release phase (i.e., those with 90 days left on their period of incarceration), and parolees will be enrolled as part of departmental practice.

If Marketplace eligible, inmates can work on the application but cannot submit it until they have been released because the current application asks for current incarceration status and does not have a field for future incarceration release dates. Upon release an individual will have a 60-day special enrollment window in which to apply for coverage from the Marketplace.

Parolees can enroll at any time. However, it is recommended that applications are started as early in the justice process as possible. Applying in a timely manner will allow utilization of health services to be integrated into case management and treatment plans as soon as possible.

All released inmates will be granted short term coverage gap whether they are eligible for Medicaid or the Marketplace.

3. Has the ACA changed the inpatient hospital benefit for eligible prison inmates?

No. Consistent with policy prior to the implementation of the Affordable Care Act, if individuals incarcerated in jails or prisons are eligible for Medicaid and receive more than 24 hours of care in a community hospital (i.e., outside of the jail or prison), Medicaid can be billed for those services; otherwise, Medicaid cannot be billed for less than 24 hours of care in a community hospital. The only change in this policy associated with the implementation of the ACA is that more people will be eligible for Medicaid (COCHS, 2013).

4. Are people in prison exempt from the mandate to obtain health insurance coverage?

Yes, in most cases. The individual mandate stipulates that everyone must have approved health insurance coverage for every month, beginning January 1, 2014. Individuals who are incarcerated pending disposition of charges and those incarcerated for less than one month are not exempt from the mandate. However, individuals incarcerated for more than one month are exempt for the period of their incarceration, but once individuals are released from jail or prison, they are no longer exempt (DiPietro, 2011). Once they are released they are afforded a three month coverage gap exemption in which they will not be fined but must use the time to apply for Medicaid or the Marketplace. If they are Marketplace eligible they have a 60 day special enrollment period in which to apply.

5. Are Medicaid benefits terminated when clients are incarcerated in prison?

For Medicaid, federal and Illinois law and policy provide that eligibility for incarcerated persons cannot be cancelled solely for that reason. However, HFS cannot pay for healthcare that is provided to an individual while that person is in custody. If a person is on active Medicaid status, and he or she is transported to a hospital for 24 hours of more, the correctional facility can bill for and reimbursed by Medicaid for that care.

If an individual receiving healthcare coverage purchased on the Marketplace is incarcerated and sentenced to jail s/he or a family member must notify the Marketplace. This can be done by logging into his or her account and providing notification under the *Report a Life Change* tab. Individuals are not eligible while incarcerated.

Further guidance will be provided as available throughout implementation.

6. Can Medicaid pay for any healthcare services provided within prisons?

No. Consistent with policy prior to the implementation of the Affordable Care Act, Medicaid does not pay for healthcare services provided to those incarcerated in jails or prisons; there is no change in how these services are paid for (COCHS, 2013). However, HFS cannot pay for healthcare that is provided to an individual while that person is in custody. If a person is on active Medicaid status, and he or she is transported to a hospital for 24 hours or more, the correctional facility can bill for and reimbursed by Medicaid for that care.

7. How can IDOC help enroll participants?

IDOC may help participants enroll in a number of ways, depending on the method by which the individual chooses to apply:

- *In person* – Take advantage of contact time during parole visits to facilitate enrollment (if possible) or educate participants where they can go to complete their applications. Depending on your county this will likely be a local DHS office, treatment provider or community health center.
- *Online* – allow access to a computer with internet, in parole officer’s office or in a public part of the building
- *By phone* – allow access to phones, or make the call with a parolee
- *By mail* – have paper copies of the form available, allow parolees to copy any documents they need to submit with their application

8. Who can assist parole officers and parolees in enrollment?

There are multiple agencies and providers who are equipped to assist in the benefit enrollment process (see descriptions below). Ideally, parole officers should be working in collaboration with these entities and ensuring that parolees are enrolled in a benefit plan, linked with an Approved Care Entity (i.e., coordinated care provider), and engaged in necessary services.

- **NAVIGATORS:** Navigators are individuals or organizations trained to help consumers and small businesses find and apply for health insurance through the Marketplace. They are required to be unbiased, and their services are free. Correctional centers can locate the Navigators nearest to them by visiting the Illinois landing page, GetCoveredIllinois.gov
- **LOCAL DHS OFFICES:** These sites will have updated applications and information. A partnership with your local DHS office will also keep your department informed regarding policy changes and current lists of community health centers in your region.

- *COMMUNITY HEALTH DEPARTMENTS AND HEALTH CENTERS*: Act early to build partnerships with community health departments and health centers in your community who will serve the newly enrolled parole population, and have shared interests in public health and community safety. Community health centers are located in areas of high-need and are an increasingly important component of the healthcare infrastructure as health insurance begins to cover primary and preventive care.
- *MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT PROVIDERS*: Community providers can assist parolees in enrolling in coverage. It is important to develop expanded referral relationships to support community provider enrollment of parolees and expanded access to services. To prepare, work with these agencies to identify the necessary changes as a result by higher referral rates and increases of insured participants.

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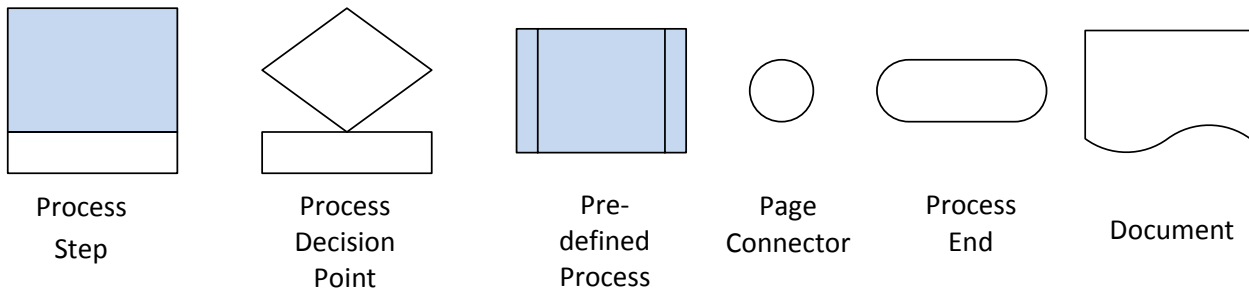
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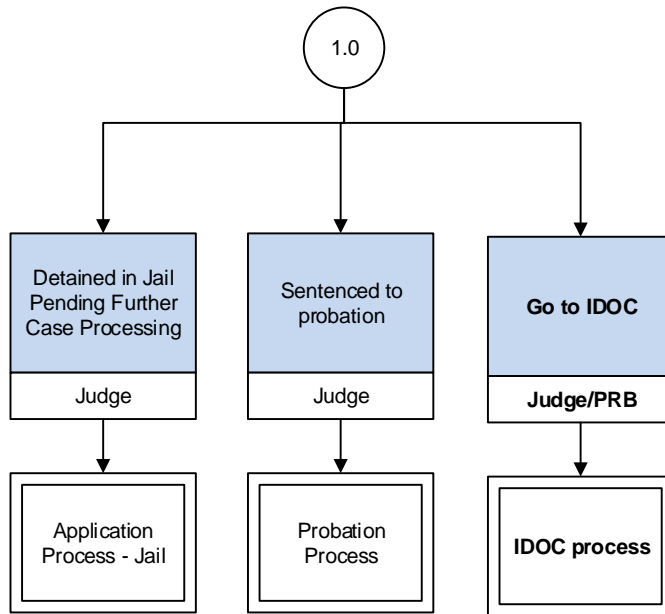
IDOC – Process Map

This document supports the Illinois Department of Corrections (the Department) as it engages in system-wide implementation of the Affordable Care Act (ACA) by identifying and enrolling eligible inmates into Medicaid or the Marketplace while they are under the direction of the Department. This document describes the ACA and its relevance to IDOC and displays and describes the process by which the Department will implement the required activities.

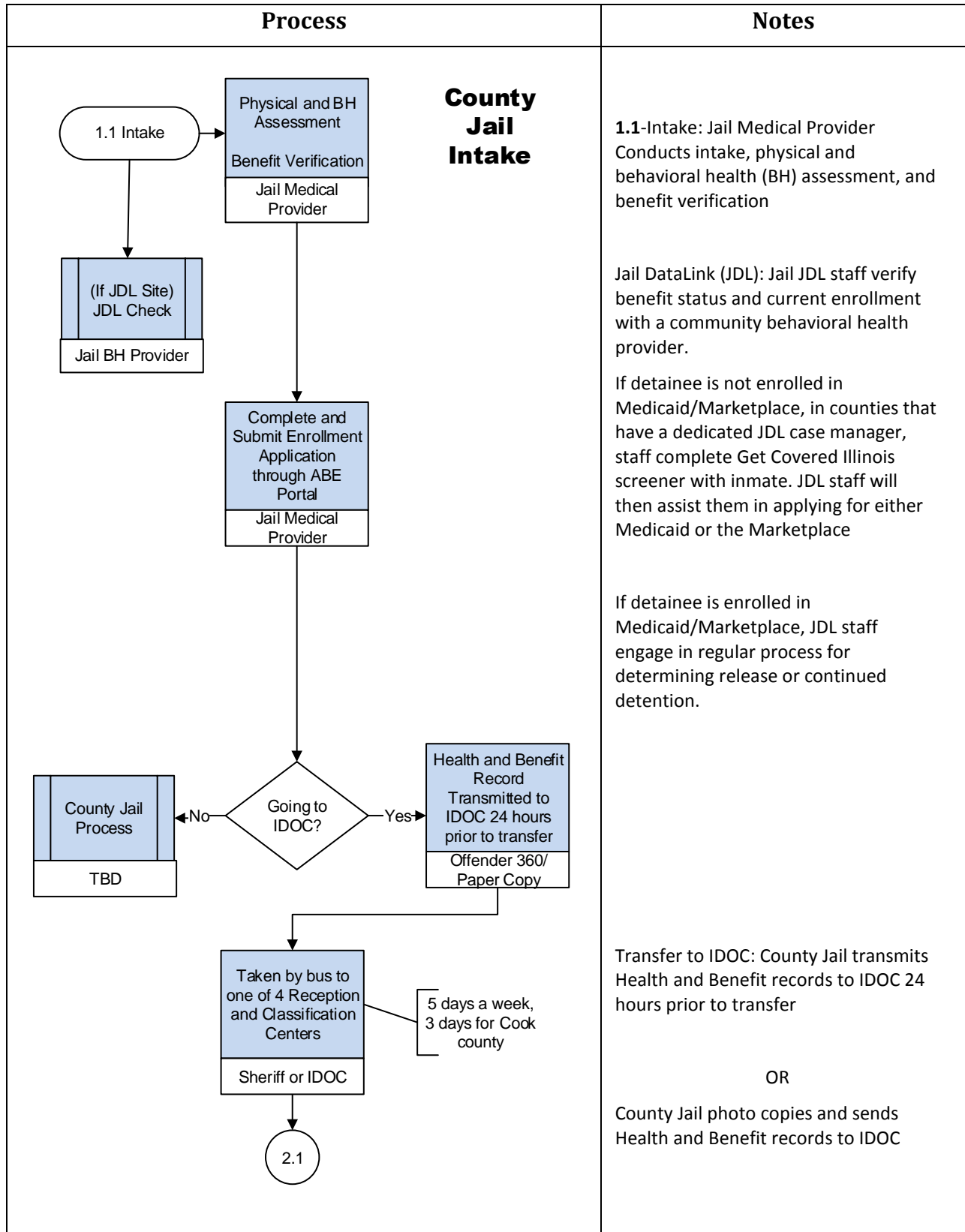
Process Mapping Symbols Used



1.0 Justice Process Options



1.1 County Jail



2.1 IDOC R&C and Transfer to Permanent Facility

Process	Notes
<p>IDOC R&C (Statesville, Graham, Logan, Menard)</p> <pre> graph TD Start((2.1)) --> Review[Review Health and Behavioral Health info Wexford] Review -.-> Info[Info transmitted from county jails (paper or electronic in Offender 360) Review benefit status Ideally electronically] Review --> Decision{Prior Medicaid Enrollment IDOC Staff} Decision -- No --> Complete[Complete Enrollment through ABE portal IDOC Staff] Decision -- Yes --> Send[Send change of address to HFS to indicate Concordia Court IDOC Staff] </pre> <p>Permanent Facility</p> <pre> graph TD Risk[Risk and Classification Determination Made IDOC Staff] --> Transfer[Transfer to Permanent Facility] Transfer --> End((3.1)) </pre>	<p>County Jail uploads or sends health and benefit record with inmate</p> <p>2.1-Intake: Wexford conducts intake, physical and behavioral health (BH) assessment, benefit verification</p> <p>Flag if previous enrollment/current enrollment/newly eligible.</p> <p>IDOC staff will process applications in three tracks:</p> <ul style="list-style-type: none"> (a) Already enrolled (b) Six months or less (process) (c) More than six months (complete but don't process until 90 days pre-release) <p>All inmate addresses changed to Concordia Court</p> <p>IDOC staff will send change of address form to HFS</p> <p>IDOC staff will complete Risk Classification</p> <p>Inmate transferred to permanent facility</p>

24 Hour Hospitalization Benefit

Process	Notes
<p>24 Hour Hospitalization</p> <pre> graph TD A[Hospitalization Needed] --> B[Complete paperwork and arrange transport] B --> C{Enrolled in Medicaid?} C -- Yes --> D[Verify eligibility on day of service] C -- No --> E[Medicaid enrollment completed through ABE portal] E --- F[Presumptive Eligibility due to lack of time for processing enrollment] D --> G{Hospitalization > 24 hours?} E --> G G -- Yes --> H[Process Claim] G -- No --> I[Bill sent to DoC to pay] </pre>	<p>Wexford determines hospitalization is necessary for an inmate</p> <p>Wexford– complete following tasks:</p> <ul style="list-style-type: none"> (a) Complete required IDOC and hospital paperwork for transfer (b) Arrange for transport to hospital (c) Verify status of benefits (d) Complete enrollment application if inmate is not enrolled <p>If inmate is hospitalized for > 24 hours, Wexford sends claim to HFS to process for payment</p> <p>If inmate is hospitalized for < than 24 hours, Wexford sends claim to IDOC to process for payment</p>

3.1 Ninety Days Pre-Release

Process	Notes
<p>90 Days Pre-Release</p> <pre> graph TD 3.1((3.1)) --> A[Generate report of discharges within 90 days IDOC Staff] A --> B[Complete Enrollment (Validate info and submit to HCS) IDOC Staff] B --- Note[Within 12 months everyone has to be enrolled before 90 days] B --> C[Complete pre-release plan IDOC Staff] B --> D[Complete Transfer Discharge Summary IDOC Staff] C --> E[Coordinate with Managed Care entity IDOC Staff] D --> E E --> F{Time Served or Parole?} F -- Time Served --> End([End]) F -- Parole --> G[Notify parole office 7 days prior to release IDOC Staff] G --> 4.1((4.1)) </pre>	<p>HFS generates list of all inmates coming up for recertification within 90 days (pending process)</p> <p>3.1-IDOC staff generate report of discharges within 90 days</p> <p>IDOC staff cross-match HFS recertification list with upcoming discharges</p> <p>IDOC staff complete enrollment process for each of two tracks:</p> <p>(a) Already enrolled - ensure enrollment is still valid</p> <p>(b) Verify application information gathered at intake is still valid and submit application through ABE or Marketplace</p> <p>IDOC staff notifies parole office of impending release 7 days prior to release</p>

4.0 Parole

Process	Notes
<p>4.0 Parole</p> <pre> graph TD Start((4.0)) --> Step1[Individual reports to Parole within 72 hours] Step1 --> Step2[Verify Benefits and Enrollment Parole] Step2 --> Step3[Violates Parole] Step3 --> End((Back to 1.1 or 2.1)) </pre>	<p>4.1-Parole Officer: If parolee doesn't have health benefits, complete public benefit application through ABE or Marketplace (see 4.1 & 4.2)</p> <p>If parolee violates parole and is incarcerated, the process returns to 1.1 or 2.1 and repeats</p>

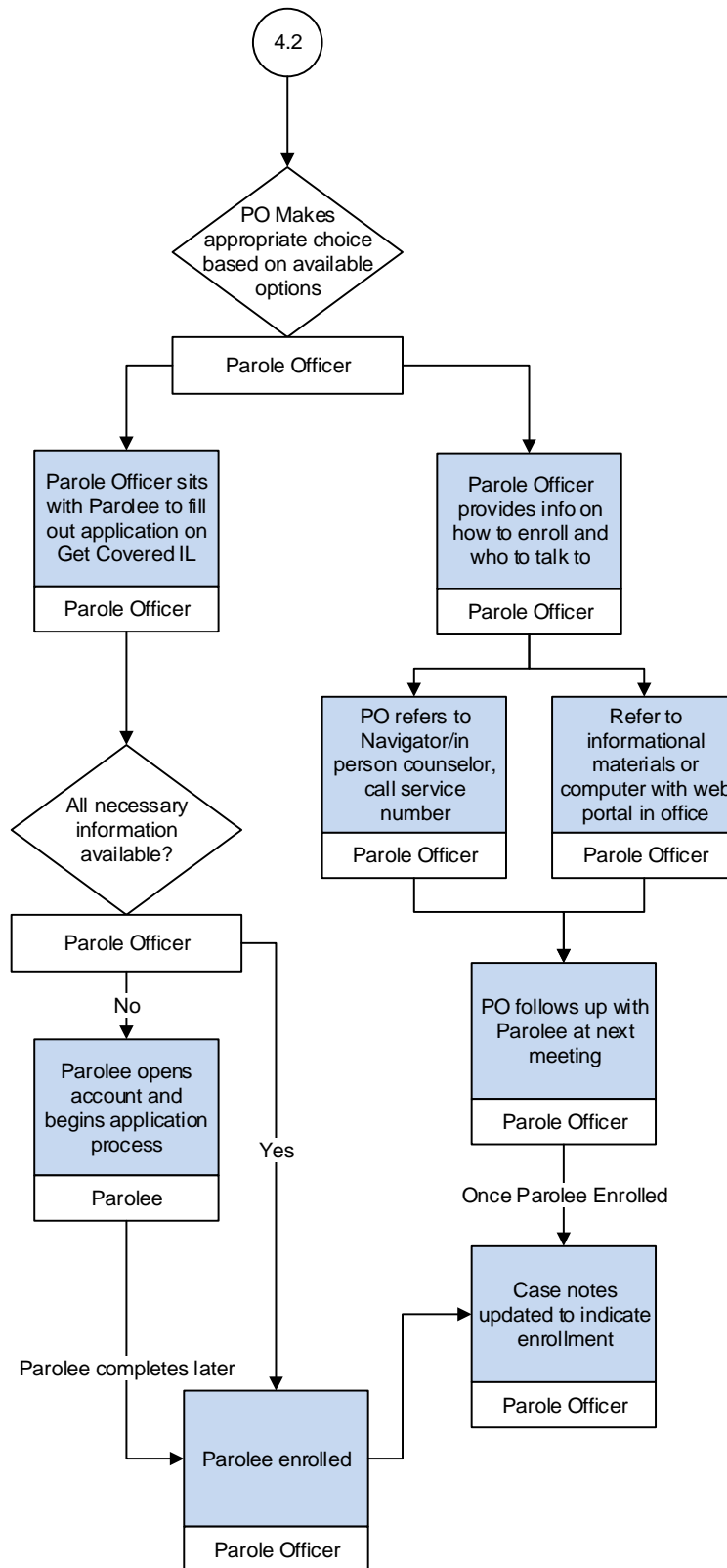
4.1 Enrollment Status Verification Process—Parole

Process	Notes
<p style="text-align: center;">Verification Process</p> <pre> graph TD Start([Start]) --> PO1[Parole Officer] PO1 --> D1{Parolee currently enrolled?} D1 -- No --> PO2[Parole Officer] D1 -- Yes --> D2{Change in enrollment (recertification) to happen during parole?} PO2 --> D2 D2 -- No --> End1([End]) D2 -- Yes --> D3{Parolee decides to enroll?} D3 -- No --> End2([End]) D3 -- Yes --> AP[Application Process] D2 -- Yes --> PO3[Parole Officer] PO3 --> RP[Recertification Process] RP --> UCN[Update case notes] </pre>	<p>4.1: Parole Officer confers with parolees about enrollment status.</p> <p>If parolee is already enrolled, but there is a change in his or her financial status, assist parolee in recertification process</p> <p><u>List of materials required:</u></p> <ul style="list-style-type: none"> Get Covered Illinois Screener to determine Marketplace/Medicaid Eligibility Marketplace and Medicaid informational materials Necessary documentation

4.2 Application Process—Parole

Process	Notes
<p style="text-align: center;">Application Process</p> <pre> graph TD A["PO approaches Parolee about healthcare and coverage needs/ options Parole Officer"] --> B["Need Identified Parole Officer"] B --> C["Health Insurance Marketplace Parole Officer"] B --> D["Medicaid Parole Officer"] B --> E["Other Options Parole Officer"] E --> F["Referrals/ information as needed Parole Officer"] C --> G((4.3)) D --> G F --> G </pre>	<p>If parolee is not enrolled, or has not already applied, he or she will help parolee with enrollment application through one of the three pathways:</p> <ol style="list-style-type: none"> 1. Online through Marketplace/ABE 2. In person 3. Via the telephone <p><u>List of materials required:</u></p> <ol style="list-style-type: none"> 1. Get Covered Illinois Eligibility Screen 2. Marketplace and Medicaid informational materials 3. Necessary documentation

4.2 Detailed Application Process—Parole cont.





A Culture of Coverage for Justice-Involved Adults in Illinois

Implementing the Affordable Care Act within the Illinois Department of Corrections

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IDOC Process Map Crosswalk

The following slides are designed for use as a training tool for the Illinois Department of Corrections Maps which are included in the Resource Guide.

1.1 Jail Intake

1.1. Jail Intake

- **Jail medical provider** conducts intake, physical and behavioral health (BH) assessment, benefit verification
- **Jail DataLink (JDL) staff**** verify benefit status and current enrollment with a community behavioral health provider
- If detainee ***is not enrolled*** in Medicaid/Marketplace, JDL staff complete application with inmate (**only applicable where there is dedicated JDL Case Manager i.e.: Peoria, St. Clair, Will)

1.1. Transfer to IDOC

- County jail transmits health and benefit records to IDOC **24 hours prior** to transfer
- OR**
- County jail photocopies and sends health and benefit records to IDOC **with inmate**
 - **THEN**, records uploaded into Offender 360

2.1 IDOC R&C and Transfer to Permanent Facility

2.1. IDOC R&C and Transfer to Permanent Facility

- **County jail** uploads or sends health and benefit records with inmate
- **Wexford** conducts intake, physical and behavioral health (BH) assessment, benefit verification
- Flag if previous enrollment/current enrollment/newly eligible
- IDOC Staff/Wexford will process applications in three tracks:
 - Already enrolled
 - Six months or less (process)
 - More than six months (complete but don't process until 90 days pre-release)

2.1. IDOC R&C and Transfer to Permanent Facility

- All inmate addresses changed to Concordia Court
- IDOC Staff/Wexford will send change of address form to HFS
- IDOC Staff complete Risk Classification
- Inmate transferred to permanent facility

24 Hour Hospitalization Benefit

24 Hour Hospitalization Benefit

Wexford completes the following tasks:

- Wexford determines if hospitalization is necessary for an inmate
- Wexford– complete following tasks:
 - Complete required IDOC and hospital paperwork for transfer
 - Arrange for transport to hospital
 - Verify status of benefits
 - Complete enrollment application if inmate is not enrolled
- If inmate is hospitalized for **more than 24 hours**, Wexford sends claim to **HFS** to process for payment
- If inmate is hospitalized for **less than 24 hours**, Wexford sends claim to **IDOC** to process for payment

3.1 Ninety Days Pre-Release

3.1. Ninety Days Pre-Release

- HFS generates list of all inmates coming up for recertification within 90 days (pending process)
- IDOC staff generate report of discharges within 90 days
- IDOC staff cross-match HFS recertification list with upcoming discharges
- IDOC staff complete enrollment process for each of two tracks:
 - Already enrolled → ensure enrollment is still valid
 - Not yet enrolled → verify application information gathered at intake is still valid and submit application through ABE
- IDOC staff notifies parole office of impending release 7 days prior to release

4.0 General Parole Process

4.0. General Parole Process

- If parolee doesn't have health benefits, parolee completes Get Covered Illinois eligibility screener and then either Medicaid or Marketplace application (see 4.1 & 4.2)
- If parolee violates parole and is incarcerated, the process returns to 1.1 or 2.1 and repeats

4.1 Enrollment Status Verification Process—Parole

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- Parole Officer confers with parolees about enrollment status.
- If parolee is not enrolled, or has not already applied, he or she will help parolee with enrollment application through one of the three pathways:
 - Online through ABE or Marketplace
 - In person
 - Via the telephone
- List of materials required:
 - Get Covered Illinois eligibility screen
 - Marketplace and Medicaid informational materials
 - Necessary documentation

Review Questions

1. What are the three ways an individual can apply for benefits for Medicaid or the Marketplace?
2. What are the requirements for an individual to receive Medicaid? To receive insurance through the Marketplace?
3. You intake an individual into Statesville on a parole violation. He is serving a six month term. He indicates he is in Medicaid. What steps should you take to ensure he is not terminated from Medicaid during his incarceration?

Review Questions

4. You conduct a pre-release interview with an inmate who will be released in 90 days, he indicates he has never been on Medicaid. What steps should you take to help him apply for Medicaid?
5. A parolee tells you that he doesn't need health insurance, he's perfectly healthy. How do you start the discussion about the "pros" of health care coverage and why coverage is important for him?
6. What should a parolee do if she has a change in her financial status and earns too much money to qualify for Medicaid?

A Culture of Coverage for Justice-Involved Adults in Illinois

Resources

National Resources

- Academy of Correctional Health Professionals - <http://www.correctionalhealth.org/>
- American Correctional Health Services Association - <http://www.achsa.org/>
- Centers for Medicare & Medicaid Services, Health Insurance Marketplace
 - Partner resources: <http://marketplace.cms.gov/getofficialresources/other-partner-resources/other-partner-resources.html>
 - Ten Ways Corrections Systems Can Help Link Returning Offenders to Health Insurance: <http://marketplace.cms.gov/getofficialresources/other-partner-resources/corrections-systems.pdf>
 - Ten Ways Court Systems Can Help Make Connections to New Health Insurance Opportunities: <http://marketplace.cms.gov/getofficialresources/other-partner-resources/ten-ways-court-systems.pdf>
 - Ten Ways Probation and Parole Officers Can Help Link People to New Health Insurance Opportunities: <http://marketplace.cms.gov/getofficialresources/other-partner-resources/ten-ways-probation-and-parole.pdf>
- Coalition for Whole Health: <http://www.coalitionforwholehealth.org/>
- Community Oriented Correctional Health Services (COCHS): <http://cochs.org/>
- National Commission on Correctional Healthcare - <http://www.ncchc.org/>

Articles and Reports

- Braude, L. & N. Miller. (nd). Using health reform to enhance health outcomes for former inmates: 10 steps to improve the return. Advocates for Human Potential.
 - This document describes how the ACA may benefit former justice-involved adults as well as how and at what points justice systems can play a role in improving health outcomes for this population.
 - http://www.rsat-tta.com/Files/PPACA_Improving-the-Return
- Cardwell, A. & M. Gilmore. (2012). County Jails and the Affordable Care Act: Enrolling Eligible Individuals in Health Coverage." Community Services Division National Association of Counties.

- This brief reviews how the ACA may affect county jails, describes potential issues related to enrolling county jail inmates, and proposes models for eligibility and enrollment systems and processes.
- http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/County-Jails-HealthCare_WebVersion.pdf
- Community Oriented Correctional Health Services. (2013). Frequently asked questions: The Affordable Care Act (ACA) and justice-involved populations.
 - This Q & A document addresses the implications of the ACA for justice-involved adults.
 - http://www.cochs.org/files/ACA/COCHS_FAQ_ACA.pdf
- Council of State Governments Justice Center. (2013) Implications of the Affordable Care Act on People Involved in the Criminal Justice System. New York: Council of State Governments Justice Center.
 - This report describes how provisions of the ACA relate to justice-involved adults and how criminal justice agencies may help these individuals access healthcare by determining their eligibility, facilitating enrollment, and collaborating with providers.
 - http://csgjusticecenter.org/wp-content/uploads/2013/04/4.5.13_Affordable_Care_Act_FINAL.pdf
- DiPietro, Barbara. (2011). "Frequently Asked Questions: Implications of the Federal Legislation on Justice Involved Populations." New York: Council of State Governments Justice Center.
 - This Q & A document addresses the implications of the ACA for justice-involved adults with regard to eligibility and services, individual requirements and exemptions, and enrollment.
 - <http://csgjusticecenter.org/cp/publications/frequently-asked-questions-implications-of-health-reform-on-justice-involved-populations/#.UqnX3vRDvII>

Glossary of Key Terms

Application for Benefits Eligibility (ABE)

ABE is the State of Illinois' new web-based application portal for Medicaid, SNAP and cash benefits. Members of two new eligibility groups – ACA Adults and Former Foster Children – may use this online application portal to apply for coverage.

See: <https://abe.illinois.gov/abe/access/>

ACA Adult Group

The group of individuals at or below 138% of the federal poverty level who will be eligible for Medicaid, beginning January 1, 2014, regardless of parental status or disability. That is, single adults with an annual income of approximately \$14,400 or less (or a family of four with an annual income of \$29,300 or less). In Illinois, individuals at or below 138% of the federal poverty level will be eligible for Medicaid.

Accountable Care Entity (ACE)

Of the four different types of managed care networks being established in Illinois to provide Medicaid services, Accountable Care Entities (ACEs) are the newest and were designed to serve as one of the healthcare network models for ACA adults enrolled in Medicaid in the state of Illinois. Proposals to establish ACE networks were received by the Department of Healthcare and Family Services on January 3, 2014. The ACE applicant groups selected are to provide healthcare network services starting July 2014.

ACEs will have these elements: (1) will be organized by providers and will coordinate a network of Medicaid services; (2) will initially enroll children and their family members, with an option to enroll "newly eligible" adults under ACA; (3) will each be large enough to have impact for a population of at least 40,000 clients in Cook County, 20,000 in collar counties, 10,000 downstate; (4) will include at a minimum the following types of providers: primary care, specialty care, hospitals, and behavioral healthcare; (5) will have a governance structure that includes each type of provider; (6) will build an infrastructure to support care management functions among the providers in the network, such as health information technology, risk assessment tools, data analytics, and communication with Medicaid members; and (7) will be on a 3-year path to a new payment structure different from the current fee-for-service: shared savings within first 18 months, partial risk after 18 months, and full risk after 3 years.

Coordinated Care Entity (CCE)

One model of an integrated delivery system created under Illinois Public Act 96-1501 that requires the Department of Healthcare and Family Services to move at least 50% of recipients eligible for comprehensive medical benefits in all programs administered by the Department to a managed care network program by January 1, 2015. CCEs allow providers to design and offer care coordination models other than traditional Health Maintenance Organizations (HMOs) that provide equal or better care coordination services, produce equal or better health outcomes, and render equal or better savings than traditional HMOs.

Essential Health Benefits

The categories of service that must be covered by Medicaid and private health insurance plans; the ACA specifies ten categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse disorder services, including behavioral health

treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness and chronic disease management; and pediatric services, including oral and vision care.

GetCoveredIllinois

GetCoveredIllinois.gov is the official website marketplace where individuals, families and small business owners can get connected to their new health insurance options with coverage.

See: <http://getcoveredillinois.gov/>

Health Insurance Marketplace

The health insurance Marketplace serves as online shopping portal where individuals and small business can review, compare, and purchase private health insurance plans. The Marketplace will also determine eligibility for subsidized health coverage, depending on income/financial status. Specifically, households with an annual income of 100% - 400% of the federal poverty level may be eligible for subsidies, such as tax credits and cost sharing. Enrollment for insurance coverage through the Marketplace, however, will be limited to annual open enrollment periods.

Individual Responsibility Provision

This is the component of the ACA that requires most citizens and legal residents to have a minimum level of health insurance coverage, beginning January 1, 2014. Unless exempt, individuals who do not meet this requirement are subject to a penalty, which will increase over time. The following individuals are exempt from the mandate: those who cannot afford coverage, members of Indian tribes, those with coverage gaps of less than three months, those experiencing hardships and incarcerated individuals with the exception of incarceration pending the disposition of charges.

Managed care

This is the use of a panel or network of healthcare providers to provide care to enrollees. This system of integrated healthcare typically includes the following components:

- A set of designated doctors and healthcare facilities, known as a provider network, which furnishes an array of healthcare services to enrollees
- Explicit standards for selecting providers
- Formal utilization review and quality improvement programs
- An emphasis on preventive care
- Financial incentives to encourage enrollees to use care efficiently.

Medicaid

This is a federal program providing health insurance for individuals with limited income. Expanded eligibility for Medicaid is a key component of the Affordable Care Act. Beginning January 1, 2014, individuals at or below 138% of the federal poverty level will be eligible for Medicaid (this is calculated by 133% of the poverty level plus a 5% federally adjusted requirement); regardless of parental status or disability (this group is also called the ACA Adult Group). That is, single adults with an annual income of approximately \$14,400 or less (or a family of four with an annual income of \$29,300 or less) will be newly eligible for Medicaid. Individuals at or below 138% of the federal poverty level will be eligible for Medicaid. There is no time limit for enrollment in Medicaid, meaning that applicants can apply for Medicaid at any time, without open enrollment restrictions.

Navigators

Individuals or organizations trained to help consumers and small businesses find and apply for health insurance through the Marketplace and Medicaid. They are required to be unbiased, and their services are free. Navigators are required to provide services to all interested and eligible applicants – including justice-involved adults. Navigators receive grant funding from the federal government or the state to support their activities; they must complete both state-specific and federal training.

Assistors

Assistors perform generally the same functions as Navigators but are funded through separate grants or contracts administered by the state. They must also complete comprehensive training.