



Department of Corrections

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RI Executive Office of Health and Human Services
Open Meeting re: RI Section 1115 Research and Demonstration Waiver Extension Request

Testimony submitted by Elizabeth V. Earls
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Thank you for this opportunity to provide comment on the Executive Office of Health and Human Service request for extension of the State's 1115 Waiver, informally referred to as the RI Global Medicaid Waiver.

The RI Department of Corrections Division of Rehabilitative Services has identified a few areas where resources from the extended 1115 waiver could support improved healthcare services to specific populations under the supervision of our correctional system.

1. It is our understanding that under the Affordable Care Act, persons with private insurance who are incarcerated but not yet sentenced will be able to have any covered healthcare services provided to them during this period reimbursed by their health insurer. This same opportunity, however, does not extend to those with Medical Assistance (Medicaid). (Our current data shows that at any one time, we have an average of 600 individuals, who are in our custody but are not yet sentenced.)
 - We recommend that the Waiver application request that the State be allowed to include this coverage through its Medicaid program.
2. Related to this, we recognize that in order for the Correction Department's healthcare staff to be considered reimbursable, and for our Department to be able to submit claims for reimbursement for these services, regardless of payer source, some steps must be taken to re-organize our current healthcare delivery system, including, but not limited to:

- a. Practitioners will need to be credentialed by payers and included in delivery networks;
 - b. Our current infirmaries/clinics will need to become a licensed entity, and then meet HIPAA requirements as a 'covered entity';
 - We therefore, recommend that consideration of the resources needed to achieve this enhanced status be supported through the Waiver. This could include, but not be limited to, upgrades to IT and EMR infrastructure.
3. Currently, persons who are sentenced to the ACI, who would be eligible for Medicaid coverage while in the community, cannot have their services covered by Medicaid during their incarceration. However, our population's characteristics, consistent with national data, indicate a high need for specialty healthcare services such as:
- substance abuse treatment,
 - Cognitive Behavioral Therapy (CBT),
 - Dialectical Behavior Therapy (DBT), etc..
- Increased support for these services provided to targeted populations can have a positive impact on recidivism.

During the first Waiver period, the State received approval to fund and provide Medicaid covered services to targeted populations, who would not otherwise be Medicaid eligible. This was done through the CNOM process.

- We recommend that the State seek permission to provide specific services, as cited above, to the incarcerated population using this same funding vehicle.
4. When the State first introduced its Rite Care Program, it hired outreach workers to assist in the identification and enrollment of eligible families. These outreach workers were located in community health centers, hospitals and other locations where eligible families were most likely to present for care. With the opportunity of nearly universal healthcare coverage offered through the Affordable Care Act, we recognize that many of our incarcerated adults will now have access to healthcare coverage upon release. Eligibility determination and application for this coverage, whether it is Medicaid or affordable coverage, will go through the Health Benefit Exchange currently under development.
- We recommend that permission be sought through the Waiver application for the hiring of outreach workers/health navigators/in-person assisters who could meet with our offenders prior to their release to both educate offenders about the importance of utilizing routine healthcare, and guide them through the eligibility/application process. Also, because a great percentage of our offenders are released directly to community supervision from the Courts, additional

outreach staff would be needed for community locations including probation and parole offices and the court houses.

- To support our need for these staff, I have attached for your information, a document which summarizes the characteristics of the typical RI DOC sentenced offender. As you will see, education levels are low for the majority of our offenders, lending support for our need for these outreach staff.

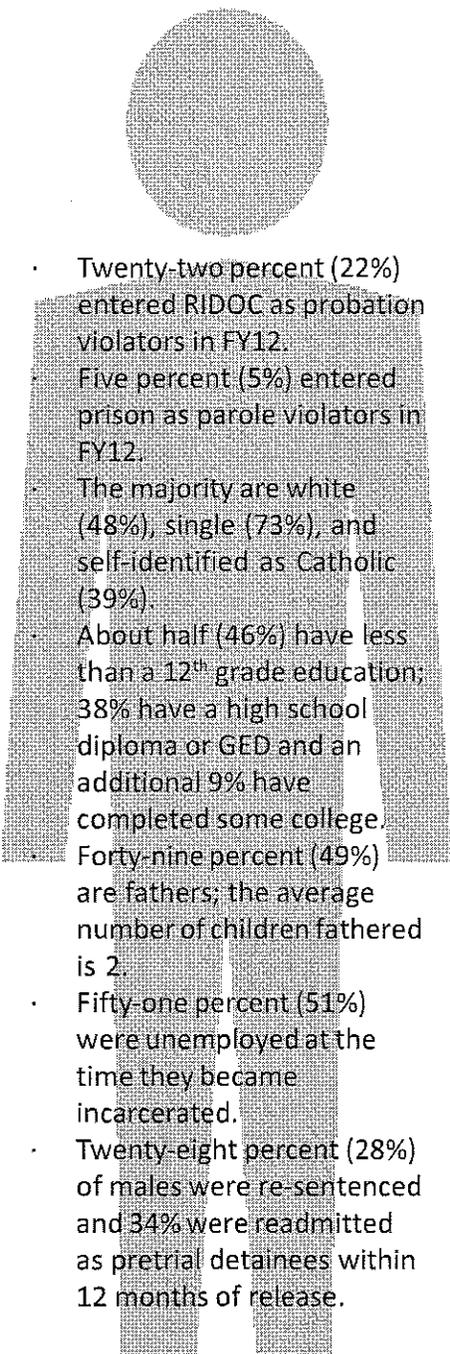
5. In recent years, the State has taken advantage of opportunities offered either through the Waiver or other demonstration projects, to organize dedicated networks and/or patient-centered health home models to meet the needs of specific populations - generally, those with high rates of serious mental illness and/or other chronic diseases and disabilities.

The individuals who come into the custody of the RI DOC mirror these targeted populations in many ways. There are high rates of mental illness and substance abuse; they are individuals who have gone without routine primary care, dental care, etc.. They need education in basic health and wellness, nutrition, and more.

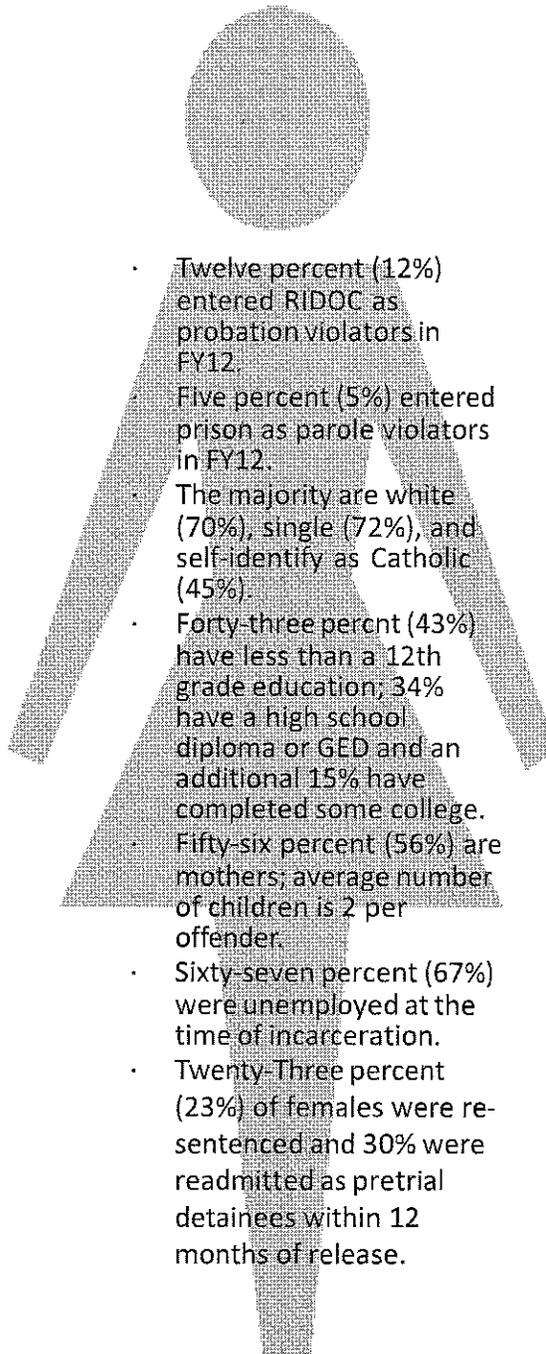
- We recommend that EOHHS consider partnering with DOC to develop a demonstration project that would engage/enroll our offenders into similar health home networks at the time of their release. Dedicated health homes would provide a forum to improve the ex-offenders health literacy as well as improve the ex offenders health outcomes. Establishment of this project could be supported through the Waiver.

Offender Characteristics

Characteristics of a Typical RIDOC Sentenced Offender



- Twenty-two percent (22%) entered RIDOC as probation violators in FY12.
- Five percent (5%) entered prison as parole violators in FY12.
- The majority are white (48%), single (73%), and self-identified as Catholic (39%).
- About half (46%) have less than a 12th grade education; 38% have a high school diploma or GED and an additional 9% have completed some college.
- Forty-nine percent (49%) are fathers; the average number of children fathered is 2.
- Fifty-one percent (51%) were unemployed at the time they became incarcerated.
- Twenty-eight percent (28%) of males were re-sentenced and 34% were readmitted as pretrial detainees within 12 months of release.



- Twelve percent (12%) entered RIDOC as probation violators in FY12.
- Five percent (5%) entered prison as parole violators in FY12.
- The majority are white (70%), single (72%), and self-identify as Catholic (45%).
- Forty-three percent (43%) have less than a 12th grade education; 34% have a high school diploma or GED and an additional 15% have completed some college.
- Fifty-six percent (56%) are mothers; average number of children is 2 per offender.
- Sixty-seven percent (67%) were unemployed at the time of incarceration.
- Twenty-Three percent (23%) of females were re-sentenced and 30% were readmitted as pretrial detainees within 12 months of release.

The medium security inmates use kitchen knives to create the shards. They escape with handguns and ammunition.

Axess are maximum Maximum security is tolled when parole and parole bonds saved.

1966
The word "Biosocial" is a word finding a new release program for inmates who have completed one split of incarceration.

1969
A socially funded program marks out a 100% led by the other known as 30% Solo Spots 100% SS

