



Medi-Cal Inmate Eligibility Program (MCIEP) Overview

MCIEP@dhcs.ca.gov





Background



- In FY 2008-09 the California Department of Corrections and Rehabilitation (CDCR) spent \$258.9 million General Fund (GF) on inpatient healthcare costs for inmates admitted to a hospital or similar facility located off the grounds of the state correctional facility.
- These services were being funded with 100% GF dollars and paid via negotiated contracts between CDCR and participating hospitals, at rates up to 130% of the Medicare rate.
- Given the severe budget challenges the state was experiencing, this level of reimbursement was not sustainable. This situation led to the development of the Medi-Cal Inmate Eligibility Program (MCIEP).





Additional Background

- Federal law (42 CFR 435.1009) generally prohibits claiming federal Medicaid funds for health care services provided to inmates residing in correctional facilities such as state prisons.
- This federal prohibition **does not** apply to services provided to an eligible inmate receiving inpatient services at a medical institution located off the grounds of the correctional facility.





Authority



- Assembly Bill (AB) 1628 (Chapter 729, Statutes of 2010) authorizes the CDCR and the Department of Health Care Services (DHCS) to utilize the Medi-Cal program to draw down federal funds to offset a portion of inpatient costs for adult state correctional inmates, who are determined to be Medi-Cal eligible, when such services are provided off the grounds of the correctional facility.
- The 1115 Waiver approved for the Low Income Health Program (LIHP) provides for the coverage of LIHP eligible inmates who receive inpatient services off the grounds of the correctional facility.





Additional Authority



- Senate Bill 1399 (Leno, Chapter 405, Statutes of 2010) authorizes that the CDCR may grant medical parole to permanently medically-incapacitated inmates.





What is the Inmate Program?



- The MCIEP was developed to provide Medi-Cal-covered services to eligible California State Prison inmates who receive in-patient medical services off the grounds of the correctional facility.
- The MCIEP was implemented on April 1, 2011.
- The Medi-Cal Eligibility Division (MCED) within the DHCS is responsible for determining eligibility for inmates.





What Medical Parole Means



- Under SB 1399, inmates who are determined to be in a vegetative or incapacitated state and deemed to pose no threat to society can win release from state prison if the Board of Parole Hearings approves.
- DHCS and CDCR are working diligently to identify potential medical parole recipients who may be eligible for Medi-Cal.





Who is involved?



- California Prison Health Care Services (CPHCS)
- Department of Health Care Services (DHCS)
- Local Counties
- Participating hospitals and medical providers



California Prison Health Care Services (CPHCS)



- CPHCS is the court appointed receivership responsible for the health care provided to inmates who are in the care of the CDCR.
- CPHCS also has the responsibility to oversee the payment of healthcare costs for the medical care provided to inmates.
- CPHCS staff are not located in any of the correctional facilities.
- CPHCS staff are the contact point between DHCS and the inmate.

CALIFORNIA PRISON
HEALTH CARE SERVICES

Department of Health Care Services (DHCS)



- DHCS informs the counties when a prisoner is being paroled in order to facilitate continued coverage for the individual once they are released.
- DHCS and CPHCS work collaboratively to:
 - Develop program procedures and policies for receipt and processing applications.
 - Facilitate the eligibility process and eligibility determinations.
 - Facilitate the claiming process for obtaining FFP for covered services.
 - Coordinate with the LIHP program development and procedures.

CALIFORNIA PRISON
HEALTH CARE SERVICES



Participating Hospitals and Medical Providers



- Hospitals provide the applicant with the Medi-Cal (MC210) application and assists them in completing it, along with the Retroactive Benefits Coverage form(MC210A), and supporting documents for verification of income or property, if necessary.
- Hospitals forward completed applications to CPHCS and assist with any additional verification that may be needed.
- CPHCS also goes out to medical facilities.

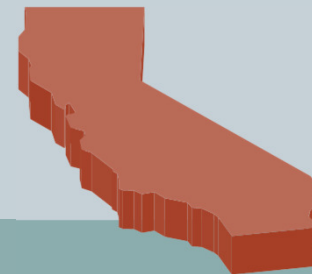




Local Counties



- Counties are responsible for assisting DHCS with open cases when an applicant has been previously enrolled into Medi-Cal.
 - Counties close the county cases.
- Counties enroll infants into Medi-Cal born to an inmate.
- If an inmate who is released from prison needs additional Medi-Cal benefits, the county must establish ongoing eligibility.





The Challenge



- The challenge for both agencies and their partners is to facilitate Medi-Cal eligibility determinations for a unique population while complying with all State and Federal Medi-Cal eligibility requirements.





Summary and Conclusion



- AB 1628 allows CDCR to minimize the impact of inpatient health care costs for inmates admitted to a hospital or similar facility located off the grounds of the state correctional facility through the implementation of the MCIEP.
- AB 1399 allows CDCR to reduce health care costs for incapacitated adults who are granted medical parole.
- By working with various partners, MCED is able to determine eligibility and enroll inmates and medical parolees into Medi-Cal, in order to draw down FFP and reduce state GF costs.





Thank you

