



# Medi-Cal Inmate Eligibility Program (MCIEP) Overview

[MCIEP@dhcs.ca.gov](mailto: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.

# 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.



# 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.

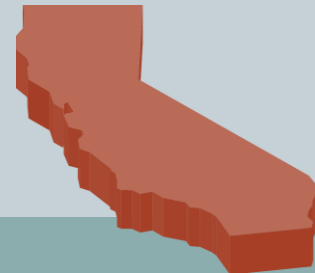




# Local Counties



- 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

