



Healthy Louisiana

JUSTICE-INVOLVED PRE-RELEASE ENROLLMENT PROGRAM MANUAL

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1. Purpose

The Louisiana Department of Health (LDH) is working with the Louisiana Department Public Safety & Corrections (DOC) on a pre-release enrollment program for the justice-involved population that will be covered by Medicaid Expansion under the New Adult Group. The Medicaid managed care organizations (MCOs) are essential to the success of this program. Specific elements and expectations of the MCOs for program implementation are detailed in this manual. LDH may issue additional guidance to the MCOs aside from the content of this manual to ensure the success of this program. This manual will be amended as needed.

2. Timeline

The Louisiana Department of Health intends to implement pre-release enrollment of the offender population in phases starting at the state level and then proceeding to local level jails. There are currently 8 DOC state prison facilities and 105 local jails that house DOC offenders, with additional local jails housing only local offenders. Much is still unknown about the local jail population, including the capacity of current systems to be able to facilitate a streamlined Medicaid enrollment, and the number of local offender releases each year in order to determine the programmatic impact of absorbing this population into Medicaid. A vigorous stakeholder process involving sheriffs and local jail administrators is needed to facilitate successful enrollment of this population including regional roadshow meetings hosted by DOC and LDH and the managed care organizations.

Tentative go-live dates for each phase of the project along with approximate annual offender releases are below. Facility location codes and contacts are included in **Appendix A**.

Phase 1: DOC offenders in DOC Prisons

Effective date: January 1, 2017

Commencement of daily file transfer from DOC to LDH through pre-release interface:
January 1, 2017

Commencement of offender releases: February 1, 2017

Contract amendment and rates effective: February 1, 2017

Anticipated offender volume: 12,800 per annum

Phase 2A: DOC offenders in DOC Regional Re-entry Centers

Effective date: November 1, 2017

Commencement of offender releases: November 1, 2017

Anticipated offender volume: 15,200 per annum

Phase 2B: DOC offenders in local jail facilities

Effective date: TBD

Commencement of offender releases: TBD

Anticipated offender volume: TBD

Phase 3: Local offenders in local facilities

Effective date: TBD

Commencement of offender releases: TBD

Anticipated offender volume: TBD

3. Process for Benefits Suspension during Incarceration

The Centers for Medicare and Medicaid Services (CMS) does not allow Federal Financial Participation (FFP) for persons restricted to a public institution, inclusive of incarceration, except for inpatient care of 24 or more hours¹. In Louisiana, when a Medicaid member becomes incarcerated, they do not lose Medicaid eligibility. Instead, Medicaid benefits are suspended during the incarceration segment and members are unlinked (i.e., dis-enrolled) from their health plan in order to prevent improper Medicaid payments. A step-by-step process of the current interface effectuating Medicaid benefits suspension and health plan disenrollment is detailed below.

1. DOC's offender management system (CAJUN) transmits a daily flat file to LaMEDS called the IN/OUT file, which includes all DOC-level admits documented into CAJUN that day. Incarceration start dates appear in the "IN" field.²
2. LaMEDS is updated in accordance with the DOC IN/OUT process outlined in **Appendix B** and places the incarcerated member in suspended status with a lock-in segment. All Medicaid benefits are therefore suspended with the exception of inpatient care³.
3. The lock-in segment information is remitted to the MCOs on the lock-in file extract (see **Appendix C** for file layout) under lock-in code 5 (juveniles) or 6 (adults) in the DOC Begin Date field, along with corresponding disenrollment information on the 834 file from Enrollment broker.
4. Upon release, the offender's actual release date is transmitted to LDH in the "OUT" field on the daily IN/OUT file.
5. The OUT date is loaded into the LDH systems interface and is remitted to the MCOs on the lock-in file extract in the DOC End Date field.
6. The member is enrolled with their health plan according to the Enrollment broker assignment logic and the effective date is loaded on the 834 file retro-active to the 1st day of the month of release with corresponding capitation code.

¹ <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/sho16007.pdf>

² Receipt of someone's admit or release date on the In/Out file may be delayed due to data entry delays at the prison or jail.

³ Claims with dates of service equal to the member's admit or release date will be paid.

4. Pre-Release Program Education

4.1 Training

DOC will conduct training to the offenders preparing for release regarding enrollment into Medicaid and the services and options available under each MCO. Educational and training materials have been developed in coordination with LDH and the MCOs. Included in this training will be:

- An **educational video**⁴ including an introduction to Medicaid coverage, a restatement of MCO value-added services, any marketing points submitted by the MCOs.
- Marketing materials from each MCO will be made available for offenders to review prior to completing their Medicaid application.
- The handout titled “**Healthy Louisiana: Information for Releasing Offenders**” about the Medicaid program and what information the offender must keep up to date in order to maintain coverage. This handout will accompany the educational video. **(Appendix D)**
- The MCO comparison chart of value added services. This document should also accompany the education video and be supplied to offenders at the time they are selecting their health plan. **(Appendix E⁵)**.
- The handout titled “**Welcome to Healthy Louisiana: FAQs,**” to be included in the member’s discharge packet. This handout accompanies the member’s cards and health plan welcome packet. **(Appendix F)**
- Supplemental educational material on:
 - Safelink Phone program
 - Housing options
 - Transportation
- In the event that an offender is missed for enrollment before he/she is released, they will be supplied with information about how to apply for Medicaid after release **(Appendix G)**.

⁴ Available on DVD or through DropBox.

⁵ A comparison chart of dental plans is also provided to DOC, but the dental plans do not participate in the Pre-release Enrollment Program. Though applicants may select a dental plan on their paper applications, they are not linked to a dental plan until after release.

4.2 MCOs Marketing Directly to Offenders during Incarceration

MCOs should not make arrangements directly with DOC facilities or DOC staff to conduct on-site marketing at DOC facilities that participate in the Pre-Release Program. At times, a DOC facility may conduct a resource fair and all MCOs are invited to participate in these events. At the discretion of DOC headquarters and/or DOC facility staff and LDH, the MCOs may conduct marketing directly to offenders. Such marketing efforts must be open to all MCOs. Prior approval from DOC and LDH is required.

5. Application Process

5.1 Medicaid Application Process

A) Phase 1 Facilities

1. **Timing of Application Completion** - Nine months⁶ prior to the scheduled release date, DOC will have offenders complete the **1-DOCE DOC SUPPLEMENTAL SIGNATURE FORM (Appendix H)**, which contains a place for the offender's signature, choice of health plan, authorization for transfer of medical history/records, offender's social security number or alien number, the offender's DOC number, and an indicator if the offender meets DOC high-need criteria.
 - a. The offender's signature is required for completion of his/her Medicaid application and the signature form will be kept on the Medicaid member record.
 - b. Offenders may decline to enroll in Medicaid. DOC has developed a form for the offender to sign to officially opt-out of pre-release enrollment (**Appendix I**).
2. **Calculation of Release Date** - DOC will perform a concurrent calculation of an offender's adjusted release, if applicable, in order to transmit the most accurate release date information to LDH and to the MCOs.
3. **Submission of 1-DOCE to LDH** - DOC shall submit the signature form to LDH via email at IMDOC@la.gov or fax to 1-877-672-0324. DOC should send no more than 10 applications per attachment to IMDOC@la.gov, and each email should be no more than 30 MB in totality. Email messages that exceed 30 MB will not be delivered by the la.gov email server. It is recommended that DOC include a coversheet listing applicant names with each submission.
4. **CAJUN⁷ Medicaid Screen Submission to LDH** – Using the CADDMEDPLN or CMODMDPLN screen in CAJUN, DOC staff will select the offender's health plan of choice and submit the CAJUN screen to LDH. CAJUN will transmit a daily pre-release file of applicants to LDH upon its nightly refresh.
5. **LDH Processing** - Upon receipt of the pre-release interface file, LDH will follow the process outlined in **Appendix B - DOC IN/OUT & PRE-RELEASE SYSTEMS PROCESSES** for systems updates and transmittal to the MCOs. LDH will update its systems as needed and complete certification for submission to the Fiscal Intermediary.

⁶ DOC may use 1DOCE as long as release date in CAJUN is >30 days away.

⁷ CAJUN is DOC's offender management system.

B) Phase 2 Facilities

1. **Timing of Application Completion** – Upon intake, DOC will have applicable offenders complete **1DOC-E DOC SUPPLEMENTAL SIGNATURE FORM (Appendix H)**.
2. Phase 2 Facilities shall follow the same process as outlined in 5.1.A above.

6. Eligibility & Enrollment

All applicants will be assessed by the Louisiana Medicaid Eligibility and Determination System (LaMEDS) for eligibility and will be enrolled in the most appropriate type of Medicaid in accordance with available information in LaMEDS' interfaces and eligibility rules.

6.1 Aid Categories & Type Cases

Although the Program was designed to enroll persons into Adult Group Medicaid Expansion (aid category/type case 50/550), based on LaMEDS' findings, applicants may not ultimately be enrolled in the Adult Group. Persons who are outside of the age range for the Adult Group will be considered for other Medicaid programs and will be enrolled accordingly. Based on eligibility rules, not all applicants will be eligible for full benefits with Medicaid; some applicants will be enrolled in partial benefits. All aid category/type cases are valid for the Program.

A) New Members

Newly enrolled members or inactive (i.e., closed) Medicaid cases that are eligible for the Adult Group will be placed in one of the following aid category/type cases:

- 50/550 – Adult New Group aid category and type case; all offenders not designated high-need by DOC.
- 51/550 – Justice-involved high-need aid category and type case; as determined by DOC and eligible for pre-release case management. **(Phase 1 facilities only)**

Members who are not eligible for Adult Group Expansion due to age or other available information (such as existing enrollment in Medicare) will be placed in the appropriate aid category/type case as determined by LaMEDS.

B) Existing Member

Members with active eligibility in Medicaid will continue to be certified in their pre-existing eligibility groups (aid category/type case) upon certification through the pre-release process, unless current eligibility review determines that another eligibility group (e.g., Medicaid Expansion) is a more appropriate choice. Persons who were previously enrolled in the Adult Group (50/550) *may* switch to the high-needs group (51/550), if clinically warranted. Eligibility rules may automatically change the aid category/type case of a member at a later date.

C) Changes in AC/TC

When a member is no longer eligible for their current AC/TC, the enrollment broker will flip the member into the new, different AC/TC as determined by LaMEDS.

For Phase 1 facilities ONLY – members who were previously certified as 50/550 and who now meet the criteria for high-need, will be certified into the 51/550 aid category/type case. LDH’s eligibility determination system does not allow more than one aid category/type case per month; the current 50/550 segment is active at the time of pre-release processing. The 51/550 segment will not be active until the month following certification through the pre-release process⁸.

6.2 MCO Linkages for Pre-Release Enrollees

A) Assignment to Health Plan

The enrollment broker will assign the incarcerated member to a health plan according to the offender’s selection on their 1-DOCE application unless prevented by the current assignment logic for pre-existing Medicaid enrollees (e.g., dis-enrolled within previous 60 days, etc.). If no health plan is chosen by the new enrollee, the enrollment broker will assign the applicant to an MCO using its current auto-assignment logic. For members who had active Medicaid at the time of incarceration, but who have since been dis-enrolled from their health plan, in the absence of a 1-DOCE or CAJUN application with the offender’s health plan of choice indicated, the enrollment broker will follow its auto-assignment logic. However, the assignment will not occur until after Medicaid benefits are re-activated upon release.

B) Lock-In File Extract

After the offender is certified by Medicaid, the SURS lock-in code of 5 for youth⁹ and 6 for adults¹⁰ will be placed on their record and remitted to the MCOs on the lock-in file extract transmitted by the enrollment broker. The lock-in file extract is where the scheduled pre-release date sent from CAJUN at the time of application will be populated in the “pre-release date” field.

NOTE: In general, the scheduled release date sent upon enrollment from DOC will be the indicator for MCOs to know when to initiate case management in Phase 1. However, because release dates are subject to change as offenders earn or lose good time, the Medicaid Project Manager will also monitor the release dates of each high-need offender and provide communication regarding changes in release dates to the MCOs.

⁸ Due to the end of month cut-off for certain changes in LaMEDS, some AC/TC changes may not show up on the first day of the next month, but are held until the month after.

⁹ Members less than 19 years old, regardless of where incarcerated.

¹⁰ Members 19 years of age or older, regardless of where incarcerated.

C) 834 File: J- or K- Enrollment Pseudo-Linkages

Daily, the enrollment broker will send a concurrent 834 file corresponding to the lock-in file extract to each MCO with its newly assigned members linked through either a J-enrollment code (full benefits) or a K-enrollment code (partial benefits – NEMT and behavioral health only).

The J- or K-enrollment code, when paired with a 5 or 6 lock-in code, indicates the person is a participant in the pre-release enrollment program and is still incarcerated. (Persons with only a 5 or 6 lock-in code are incarcerated, but not necessarily part of the pre-release program.)

- There will be no change to the layout of the 834 file.
- ALL J- or K-enrollment linkages will have a corresponding XXXXX capitation code indicating that there is no associated capitation payment being made while the individual is still incarcerated.
- The J- or K -linkage is purely for informational purposes to the MCO to allow for the health plan card to be mailed and for case management preparations to be initiated in advance of release for high need members in Phase 1.
- Aid category 51 will indicate high-need certifications for members who are eligible for pre-release case management (Phase 1 only).
- For Phase 2, the offender may remain in a J- or K-enrollment linkage for the entire incarceration segment as pre-release enrollment may occur at intake.

D) Member Identification

The MCOs are required to develop a daily process to accurately identify Program enrollees in a J-or K-enrollment linkage by reconciling their 834 file with their lock-in file.

6.3 Activation of Benefits upon Release from Incarceration

When the offender is released, LDH will receive the official release date and the offender's updated community address and phone number on the DOC IN/OUT File through the process outlined in **Appendix B**. The lock-in segment shall end effective on the date in the "out" field on the file.

When the lock-in segment has ended, signifying that the person has been released, the member's incarceration segment will close in LaMEDS and MMIS, and Medicaid benefits will be activated. The following process will be followed:

- LDH's receipt of the offender's official release date is dependent upon DOC staff entering the offender's release into CAJUN and upon CAJUN's nightly refresh. Delays with DOC staff entering the release will impact a member's activation of benefits. LDH does not process CAJUN files on Saturdays, Sundays, or holidays.

- The official release date will be transmitted to the MCOs on the lock-in file extract in the “DOC End Date” field.
- The member’s eligibility effective date will be transmitted to the MCO on a corresponding 834 file retroactive to the 1st day of the month in which the member is released (e.g., if member is released on Sept. 15th, the member’s effective eligibility date will be Sept. 1st).
- PMPMs will be paid to the member’s health plan in full for the month in which the offender is released (back to the 1st of the month of release).
- The member will either switch from a J-enrollment code to a P-enrollment or from a K-enrollment code to a B-enrollment code on the 834 file based on their eligibility group.
- The location code on the lock-in file will change to a 9999.

7 Health Plan Cards & Welcome Packets

7.1 Health Plan Cards

Upon receipt of the offender in a J- or K-linkage on the 834 file, the MCO shall deploy the production and mailing of the health plan member card to the mailing address associated with the DOC location code listed on the lock-in file as indicated in **Appendix A** or to DOC headquarters (see mailing options in 7.1.A). The DOC location code is transmitted on the lock-in file extract in the last field titled “Facility Code” (see **Appendix C** for full lock-in file extract layout). If the location code is missing from the lock-in file, the MCO should contact the Medicaid Project Manager to research the member’s location. Due to the processing logic of the enrollment broker, a J- or K-linkage without a location code may indicate a previous program participant who has become re-incarcerated. Please ask the Medicaid Program Manager to research any member whose enrollment information is atypical.

Members are to receive only one (1) health plan card while enrolled in the Pre-Release Enrollment Program unless a reprint is required under terms of the MCO contract (e.g., updating graphic lay out of the card) or a request is made by Program Manager for a reprint.

Figure 1: Timeline of Member Enrollment, Card Printing, Card Delivery



A) Card Deployment

Deployment of the card to the member should not be delayed; card deployment should not be based on a member’s pre-release date.

Per 12.13.3.1 of the MCO contract: The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new

enrollee (Figure 1). As part of the welcome packet information, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card.

The card deployment requirement may be met in either of the following ways:

Option 1: The MCO may continue their automated mailing process which mails the health plan card to the address as listed on the 834 file as long as the MCO initiates a daily process to manually mail a second health plan card to the DOC headquarters address. This manual process shall be done daily and **ONLY** includes persons in a J- or K-linkage on the 834 file whose:

- mailing address on the 834 file is NOT a DOC Pre-release enrollment facility address, and
- the location code is missing on the lock-in file, and
- the location code has not been supplied by LDH.

Option 2 (Preferred): The MCO shall create either a manual or automated process to disregard or bypass any address on the 834 file that does not match the DOC facility address while the member remains in a J- or K-linkage and shall mail the health plan card to the DOC address in **Appendix A** that corresponds with the location code listed in the lock-in file or supplied by LDH.

B) Card Deployment QA Requirement

The MCOs are required to develop an internal quality assurance process to ensure proper identification of pre-release members. At a minimum, the MCOs should conduct this process weekly.

7.2 Card Delivery Tracking Requirement & Fine for Missing Cards

Health plan cards for members enrolled through the Pre-Release enrollment program in a J- or K-linkage, regardless of Medicaid aid category or type case, shall be deployed to the Department of Corrections (DOC) location code listed on the lock-in file or otherwise provided by LDH. Cards for members in a J-or K-linkage, are not to be mailed to a member's home address or any other address but the address associated with the DOC location code until the member's linkage changes to a P or B. Cards for members in a J- or K-linkage shall be sent/mailed using a real-time, trackable method that requires signature confirmation upon delivery¹¹. The MCO will be required to retain proof of delivery for 12 months. Cards for members in a J- or K-linkage will be delivered no later than five (5) business days from the date the MCO or their print vendor deploys

¹¹ COVID-19 may impact ability to obtain direct signatures, however, delivery drivers are still able to document who they delivered package to at the DOC facility and this name is kept in the delivery service's tracking information.

the card. The MCO will be fined up to \$500.00 per incident of a pre-release member's card not arriving at the DOC facility specified on the lock-in file or supplied by LDH, or DOC headquarters in absence of a location code, within fifteen (15) days from receipt of the file from LDH or the Enrollment Broker identifying the new enrollee.

MCOs must adopt the above methodology no later than March 31, 2022. Members with a process date on or after April 1, 2022 will be subject to the conditions and fine listed above.

Even though not all custodial facilities participating in the Pre-release Enrollment Program are operated by the state, state holidays and closure of state offices due to weather or other unforeseen circumstances do not count towards the 15 day window. A list of holidays observed by Louisiana state offices is available for the Division of Administration. State office closures may differ parish to parish. The MCOs should be mindful of facility location during parish-level closures.

The MCO will be provided the opportunity to remit documentation to LDH that confirms that the member's card was delivered within the required timeframe and to the correct address before LDH proceeds with fining the MCO in order for LDH to again confer with DOC staff about the card's receipt.

The MCO will be afforded the opportunity to appeal this fine. The MCO must have a compelling case to appeal the fine. Appeals will be considered on a case by case basis.

A) Exemptions

- i. In the event that DOC staff state they do not have a member's card, but the MCO can provide documentation proving that the card was delivered to the correct facility in the allowed timeframe, the MCO will not be fined.
- ii. In the event that an enrolled member releases from custody within the fifteen (15) days after enrollment processing by the Enrollment Broker, the MCO will not be fined.
- iii. In the event that the member's enrollment date (e.g., process date on Maximus 140 report) is after their release date, regardless of when the release date was entered into CAJUN and transmitted to LDH, the MCO will not be fined.
- iv. In the event that a member is found to have been processed on the Maximus 140 report, but their current incarceration segment is not valid for the Program, the MCO will not be fined.

v. In the event that the DOC facility receives the card for a member who was incarcerated at their facility and erroneously returns the card to the MCO, as long as the MCO can prove that the card was delivered correctly, the MCO will not be fined.

7.3 DOC Verification of Receipt of Health Plan Card

DOC shall build it into its procedures that facility staff shall verify that the offender's health plan card(s)¹² has been received at least two weeks prior to discharge. DOC staff are responsible for documenting receipt of Medicaid cards in CAJUN. If the health plan card has not been received at the facility, DOC staff shall first contact the Medicaid Project Manager to confirm the offender was indeed enrolled in Medicaid. The Medicaid Project Manager will confirm with the respective MCO that a card was mailed, and if needed, request another card be mailed. The card will be mailed to the requesting DOC facility's mailing address as listed in Appendix A.

7.4 MCO Marketing Materials (Welcome Packets)

Commencing July 1, 2019, MCOs should mail new member cards with health plan materials to the DOC facility code listed on the member's record in the lock-in file. The card and the welcome packet may be mailed together (in one envelope) or separately. If a new member is listed in the lock-in file without a DOC location code, but has a J or K linkage, the MCO should contact the LDH Program Manager to research. MCOs will no longer be required to send quarterly shipments of welcome packets to DOC facilities. LDH may request additional materials from the MCOs as needed.

¹² New Medicaid beneficiaries will receive both an LDH Medicaid card and their health plan card. Previous beneficiaries will have received an LDH Medicaid card in the past. LDH does not automatically generate a new LDH Medicaid card. If members have lost their LDH Medicaid card, they will need to contact LDH for a new card.

8 Case Management Requirements

Offenders in custody at Phase 1 facilities will be eligible for case management if identified as “high-need” by DOC based on a set of high-risk health criteria and subsequently enrolled in the 51/550 AC/TC (see 8.1). Any members processed by the enrollment broker as a 51/550 that are found to be incarcerated at an ineligible (i.e., non-Phase 1) facility will be flipped to 50/550. Any members processed by the enrollment broker as a 51/550 with a process date after they have released will be flipped to 50/550. High-need members who transfer to an ineligible facility will be reviewed on a case-by-case basis to determine if remaining as a 51/550 is appropriate. There are some instances when a DOC offender is transferred to an ineligible facility to receive recommended treatments (e.g., substance abuse treatment), which may warrant leaving the member as a 51/550.

8.1 High-need Eligibility Criteria (Phase 1 only)

Serious Mental Illness: Defined as a confirmed diagnosis of at least one of the following: Major Depressive Disorder (MDD), Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Psychotic Disorder, Severe Anxiety Disorder, and Severe Personality Disorder. All Mental Health Level of Care 1, 2 and 3 will require case management.

Level of Care 1: Offenders who have a significant disability primarily due to their mental health condition. These offenders are housed in the special mental health housing units with a 24 hour medical and/or mental health presence.

Level of Care 2: Assigned to offenders with a diagnosis of SMI AND who have been in remission for less than six months, or have displayed a pattern of instability, may not have ability to follow directions or dysfunctional due to mental health illness.

Level of Care 3: Assigned to offenders with SMI and who have been in remission or have been stable for at least six months.

Level of Care 4: Assigned to offenders with any Axis I diagnosis excluding severe mental illness (SMI) and excluding addiction disorder diagnosis or those requiring mental health interventions within the last year. Offenders with Level of Care 4 *may* be referred for case management at the discretion of the Mental Health Director, based on the individual needs of the offender.

Co-occurring Substance Use Disorder: In combination with a medical condition or SMI, use of alcohol or other drugs to the point of impairment (is a condition in which the use of one or more substances leads to a clinically significant impairment or distress). Moderate or severe (using severity scales) who require ongoing treatment.

Pregnancy

HIV: Regardless of whether receiving discharge planning from the Office of Public Health.

Multiple Medical Issues: Must be individualized for each offender releasing. Any offender who will require a higher level of care. Poorly controlled chronic disease such as hypertension, asthma, diabetics needing testing supplies and/or insulin injections.

Disability as defined by SSA¹³:

Any disability that will impact ambulation.

Any chronic medical condition that impairs the ability to perform activities of daily living without any assistance.

Hearing or visually impaired.

8.2 Case Management Eligibility

The MCO is only required to provide pre-release case management to individuals in Phase 1 facilities that are enrolled in the aid category and type case of 51/550 aid/category in a J-linkage on the 834 file. Their scheduled release date will be on the lock-in file extract in the “pre-release” field¹⁴. The MCO, at their discretion, may provide pre-release case management to persons in other aid category and type cases upon request from DOC or LDH.

A) Release Conditions that are Ineligible for High-needs Case Management

Offenders with Federal, ICE, or out-of-state detainers are not eligible for pre-release case management services. All other release conditions are eligible for pre-release case management, including persons who are going before the parole board.

i. Denied Parole

Persons who are denied parole will be flipped out of high-needs at the request of either the facility, DOC headquarters, or the Medicaid Project Manager, unless the offender has an upcoming adjusted or full-term date (FTD) release in the next 24 months.

B) Case Management Opt-Out

If the offender has already been certified as high-need and subsequently refuses case management (at any point during the process), DOC will send a signed opt-out form (**Appendix J**) to the MCO email address listed in section 8.4 for the case file and to the Medicaid Program Manager. Alternatively, the MCO may notify the Medicaid Program Manager that the member declined case management. The MCO will close the case management record. The Medicaid

¹³ If a member was already determined disabled by SSA, although DOC may mark their application as high-needs, they may not be enrolled in the 51/550 AC/TC.

¹⁴ The scheduled release date sent on the lock-in file is the release date from the member’s master record at the time of application, but may not be the most up-to-date release date. Please refer to the monthly 51/550 datasets provided by LDH and any communication from LDH regarding changes to a member’s release date.

Program Manager will request Eligibility to flip the member out of the 51/550 aid category/type case and put into 50/550. The 50/550 will be active starting the next month of eligibility.

8.3 LaMEDS AC/TC Change

Persons who were originally enrolled into the AC/TC of 51/550, but who flip into another AC/TC during incarceration due to the eligibility hierarchy in LaMEDS will no longer be eligible for pre-release case management. LDH will notify the member's MCO when this occurs.

Persons whose AC/TC of 51/550 is changed to another AC/TC post-release due to changes in eligibility may continue to receive case management services at the discretion of the MCO.

8.4 Preparation for Pre-Release Case Management Services

A) Access to DOC's FTP Site

MCO staff members who need access to DOC's secure file transfer portal (SFTP) site in order to access medical record transfer summaries for high-need members should have their supervisor or case manager supervisor email the Medicaid Project Manager with their name, email address, and phone number. The Medicaid Project Manager will submit an Ivanti help ticket to request access.

B) Medical Record Transfer

DOC will upload a Medical Record Transfer Summary form (**Attachment K**) for high-need offenders in Phase 1 facilities to the secure file transfer portal (SFTP) site for the assigned MCO to retrieve.

- i. **Email Notification** - The MCO will receive an email that the 51/550 high-need member's medical record transfer summary form has been uploaded to the DOC FTP site at the following email addresses listed in Table 1. The MCO should then retrieve the medical transfer summary from the FTP site.
 - a. If MCO staff suspect an offender's record has been wrongfully placed into their MCO's folder, they should promptly contact the Medicaid Project Manager to verify member's health plan assignment. The Medicaid Project Manager will advise DOC headquarters or facility staff to move the files into the correct MCO's folder if needed.

The email to the MCO will follow the following format:

- *Subject Line: New Medicaid Application from the Louisiana Department of Corrections*
- *Body of Email: Offender Name/DOC Number: John Doe / DOC# 999999*

Table 1

Health Plan	Case Management Contact Info
Aetna	ABHLA-DOC@aetna.com
AmeriHealth Caritas Louisiana	ACLA_DeptofCorrections@amerihealthcaritasla.com
Healthy Blue of Louisiana	healthybluecorrections@healthybluela.com
Louisiana Healthcare Connections	BRO_PreReleaseLHCC@centene.com
Unitedhealthcare	united_deptcorrectionref@uhc.com

- ii. The timing of the notification email from DOC will likely not be concurrent with receipt of the member on 834 file due to eligibility determination outcomes, the timing of the internal LDH systems processing, and the member’s release date.
- iii. Threshold for notifying LDH of issues regarding timing of the Medicaid Record Transfer Summary form: If the MCO has not received the notification email from DOC within **60 days of member’s release date**¹⁵, please notify the LDH and DOC project managers for investigation and completion.
 - LDH: Karissa.page@la.gov
 - DOC: DOC.MedicaidHQ@LA.GOV

8.5 Case Management Appointment Scheduling

Approximately sixty (60) to seventy-five (75) days prior to the member’s earliest known release date¹⁶, the MCOs shall initiate contact with the facility where the high-need offender is currently in custody to commence with obtaining the Medical Record Transfer Summary and scheduling the first case management appointment. Case management appointments shall be scheduled in coordination with the DOC facility liaison contacts listed in **Appendix A**. The MCOs should follow the procedure below for contacting the DOC facilities. General guidance for scheduling case management visits is included in **Appendix L**.

¹⁵ Provided member has 60 days remaining before releasing.

¹⁶ MCOs should refer to their 51/550 datasets provided by LDH and any communication from LDH about changes in release dates. MCOs should not solely rely on the release date sent with member’s enrollment files.

Step 1: Scheduling case management appointments:

- Option 1: The MCO may call the DOC facility liaison contact to schedule case management appointments
- Option 2: The MCO may send a non-secure email request to schedule the case management appointment(s). The email should include the offender's name and DOC number, as provided on the medical record transfer summary form.

NOTE: If the MCO has not received a response back from the DOC facility within 48 hours, please contact the Medicaid Project Manager and DOC to troubleshoot at DOC.MedicaidHQ@LA.GOV

Step 2: Send non-secure WebEx appointments with only the offender's name and DOC number.
NOTE: The offender's name and DOC number are public record and not considered protected information.

8.6 Conducting Pre-Release Case Management

A) Technology Platform

The MCO should conduct their pre-release case management visits through video conference (preferred) with the offender through Cisco® WebEx technology. If the DOC facility's (near site) or the MCO office's (far site) IT infrastructure cannot (or cannot reliably) support the data demand of video conference, then teleconference should be pursued.

B) Number of Pre-Release Case Management Visits

The MCO should complete at least one (1) pre-release case management visit with the member. It is preferred that the MCO complete two (2) pre-release case management visits. There may be extenuating circumstances when more than two pre-release case management visits need to be conducted, based on the member's needs or changes in their release date.

C) Timing of Case Management Visits

As shown in Table 2, the MCO should attempt to conduct the first case management appointment approximately 45 (\pm 15) days prior to the member's earliest known release date, and if possible, the second appointment should be held 15 (\pm 5) days before release. The conditions of release and other extenuating circumstances may dictate that these appointments be conducted on a different time table. The transition specialist (or similar) at each DOC facility may make the request to the Medicaid Project Manager to expedite case management delivery. The Medicaid Project Manager, with just-cause, may also request the MCO to provide case management services on a timeline that differs from above. The second case management visit should not be held in the final week of a member's incarceration, unless necessary or requested by the transition specialist.

In the event that a member's release date is delayed by at least 90 days after the 2nd case management visit is completed (e.g. parole denied, loss of good time), the MCO is expected to conduct a 3rd case management visit closer to member's new release date (see 8.6.D.ii.c). This 3rd visit will replace the original 2nd visit in data reporting.

D) Content of Case Management Visit

i. First Session

a. Time Allowance: The first case management appointment will be scheduled for 1 hour to perform the initial assessment. The first 15 minutes will be reserved for the MCO case manager and the DOC transition specialist or healthcare worker to discuss the member's medical history and other pertinent release information, if necessary.

b. Authorizations to Release/Obtain: During the initial assessment, the case manager should request that the member complete an authorization to obtain/release information to the offender's emergency contact or designee. Each MCO is permitted to use their own documentation if written authorization is needed. The MCO should also request the member to complete an authorization to obtain/release information with the case manager or MCO and with any treatment provider the MCO intends to schedule with.

c. Content – Assessment: **Appendix M** details the minimum level of content that should be reviewed during the initial assessment. It is the responsibility of the case manager to ask additional questions to best understand the medical and mental health needs, as well as other needs, of their member. The information provided by DOC on the Medical Transfer Summary is not meant to be all-inclusive. Thus, it behooves the case manager to ask questions that confirm the content provided by DOC, as well as to dig deeper into the member's care history and anticipated needs post-release.

d. Repeat of First Session: ONLY for members whose release date changes by 6 months or more (i.e. moved further into the future).

ii. Second Session

a. Time Allowance: A second case management appointment will follow at a date closer to the member's release, approximately 15 (±5) days before, unless circumstances dictate otherwise. The second visit will be scheduled for 30 minutes.

b. Content - Post-Release Appointments & Transfer of Care: Update the offender on the Transition of Care Plan developed by the MCO (see Appendix N), including scheduled

appointments, including arrangement of non-emergent medical transportation (NEMT) and referrals to other resources, and for any follow-up questions.

c. Repeat of Second Visit: ONLY for members whose release date changes by 90 days or more (i.e. moved further into the future). Follow directives given regarding timing and content in 7.4. The case manager is expected to provide a current transition of care plan at this visit (see 7.5).

Table 2

Days Before Release	Timeline (Ideal)
90	
75	Contact DOC facility for member’s medical records. Schedule 1 st case management visit.
60	
45 (± 15)	Conduct 1 st case management visit.
30	Schedule 2 nd case management visit (if not already scheduled).
15 (± 5)	Conduct 2 nd case management visit. Send Transition of Care Plan to DOC for member.
0	Member’s release date.

8.7 Case Management Transition of Care Form

In advance of the second case management session, the MCO will complete the **Healthy Louisiana Case Management Transition of Care Plan Form (Appendix N)**. Prior to the second session, at least 24 hours in advance, the MCO will remit the form to DOC for dissemination to the offender, the offender’s Probation and Parole officer, and for the offender’s medical chart. The form shall be submitted via secure email to the email addresses listed in **Appendix A** based on which facility the offender is housed at.

8.8 Observations of Case Management Visits

The Medicaid Project Manager will conduct, at a minimum, an annual on-site observation of each MCO’s case management session proceedings¹⁷. The Medicaid Project Manager may conduct these observations without an advanced warning to the MCO. The Medicaid Project Manager

¹⁷ Provided the DOC facilities are allowing visitors on-site.

will use an objective-based evaluation rubric and will share the results with MCO leadership, as well as LDH Medicaid leadership (**Appendix O**). The Medicaid Project Manager may conduct further training with MCO staff based on the conduction of their case management visits. The Medicaid Project Manager may institute follow-up observations until such a point that the case management visits are being satisfactorily conducted.

8.9 Expectations of Case Managers Working with Released Members

A) Goal of Case Management

The goal of case management is to link persons to care upon release from prison and to make efforts to ensure members stay engaged in care until their health condition(s) are stable and the member can effectively manage their health condition(s) independently.

Linkage to care is defined as attending a primary care or behavioral health appointment within 30 days of release from prison/jail. Case managers are responsible for ensuring appointments made through pre-release process fall within the 30 day window. Ideally, appointments listed on the Transfer of Care Plan should be scheduled to occur within 14 days post release. The case manager is responsible for securing an appointment (with a set date and time) for the member. Every attempt should be made to schedule an appointment, however, once all attempts have been exhausted, walk-in appointments are allowable.

The case manager is the single access point to care, and may be seen as a representative of the care system as a whole. As such, the MCO and case management staff need to consider the impact of this perception.

It is the goal that 75% of high-need members who received at least one (1) pre-release case management session are linked to care within 30 days post-release.

B) Case Management Model:

The MCO will employ a broker/generalist model, where a single case manager identifies the client's needs, refers the client to health care and service providers within the community, and coordinates and monitors further treatment.

For members with complex high needs, the MCO may employ an **intensive case management model**, where a multidisciplinary team of case managers and clinicians provide some or all services directly.

C) Case Load Size

It is up to the MCO to determine how many case managers are assigned to the DOC Pre-release Case Management process and whether each case manager will cover only physical health needs, only behavioral health needs, or both. Case managers assigned to the Program may also provide case management services to non-DOC members. It is recommended that each case manager be actively managing no more than 30 members (of any type) at any given time. If the MCO opts to have case managers solely dedicated to the DOC Program, these case managers should be actively managing no more than 30 released members.

D) Tracking Case Management Engagement

The MCO is responsible for tracking a high-need member's engagement with the case management process for a minimum of 120 days (4 months post-release).

9. Post-Release Requirements

9.1 Releasing Address

At release, DOC will update the offender's address and phone number (if available) in CAJUN and remit the updated information along with the official release date to LDH on the IN/OUT File. The updated information will be transmitted through the process outlined in **Appendix B** and updated on the 834 file so that the MCOs will have access to the most up to date contact information for the released offender. If the MCO notices any typos or errors in the address, please notify the Medicaid Project Manager to correct. The address will be updated in LaMEDS by the member's case owner.

9.2 Activation of Medicaid Benefits

It may take 7 to 10 calendar days from the time the DOC facility inputs an offender's release into CAJUN before their benefits are active with the MCO. Please note that the DOC facilities may not always enter the release into CAJUN on the same day the member leaves the facility.

Although LDH receives the IN/OUT FILE from DOC every night, there are times when a member releases and LDH may not receive their corresponding release, and thus, the member's eligibility continues to show an incarceration suspension. It is imperative that the MCO notify the LDH Medicaid Project Manager as soon as possible to research the member's CAJUN, LaMEDS, and MMIS records. If the Medicaid Project Manager is able to determine that the member's master prison record indeed shows a release, but LDH's systems still contains an incarceration segment, they will make a request to Medicaid Eligibility to close the incarceration segment. If CAJUN still shows the member as incarcerated, LDH will require other documented proof of release from the member, such as release paperwork or court papers. Verbal statements of release will not be sufficient. The Medicaid Project Manager will also coordinate with DOC to update the member's master record.

9.3 Continuity of Medication

Upon release, DOC should provide the offender with a fourteen (14) day supply of medications¹⁸ and a thirty (30) day written prescription for a refill(s). The MCO is responsible for medication continuity of care in accordance with its contract.

¹⁸ Some facilities may supply a releasing offender with a 30-day supply of their medication. If the medication is unique to the offender, the facility may release the offender with whatever quantity remains.

9.4 Requirements for High-need Identified Members Released from DOC custody

The MCOs shall continue case management activities as initiated prior to release and through the Transition of Care Plan for offenders released from a Phase 1 facility (See Section 9.8)

Although the Medicaid Project Manager tracks the release dates of the high-need members directly in their prison master records, release dates may change significantly. If a high-need member is released immediately, or so early that the MCO is unable to initiate or complete case management, the MCO shall continue to follow-up with the member after release to offer, or continue to offer, case management as per its normal process. The Medicaid Project Manager will alert the MCO about early releases, as they learn of them, and will request the MCO to attempt to conduct post-release case management. The MCO may attempt to obtain the medical and/or mental health records from the prison that the member was released from, but this may not always be possible depending on how quickly DOC archives medical charts.

9.5 Welcome Calls

A) High-need Members

The MCO may omit welcome calls for high-need members in the 51/550 eligibility group provided, except for members missed for pre-release case management. However, in lieu of the welcome call, the MCO case manager must attempt to make contact within 7 days of release.

- i. Unable to contact letters: MCOs are not permitted to mail an unable to contact letter to persons who received at least one (1) case management session until the member's linkage changes from a J to P.
- ii. Voicemail messages: Although the case manager may leave a voicemail with the member or member's emergency contact, this voice mail does not constitute making contact with the member.
- iii. Members who declined case management: If the member was placed in the 51/550 group and subsequently signed a case management opt-out form while still incarcerated, the MCO shall follow the current contractual requirements for conducting member welcome calls as per Section 12.11.2.3.1 of the contract. During the welcome call, the MCO shall also update contact information as needed. The MCO shall re-offer case management after release.

B) All Other Members

For all other offenders in Phase 1 or Phase 2, upon release, the MCO shall conduct welcome calls at the offender's registered phone number on the 834 file in accordance with Section 12.11.2.3.1

of the contract. During the welcome call, the MCOs is responsible for conducting a health/risk screening or assessment to determine if a referral to case management is necessitated. The MCO shall also update contact information as needed and remit back to LDH.

C) When Unable to Maintain Contact

If the member cannot be reached by the phone number on the 834 file by the case manager or for the welcome call, the MCO shall contact the member's Probation and Parole district or ask the Medicaid Project Manager for updated contact information for member.

If this last attempt through Probation and Parole is unsuccessful, the MCO shall continue attempting to locate the member through other means and case management shall continue and/or terminate in accordance with the standard policy and procedures for the MCO.

9.6 Requirements if Member Released Prior to Linkage

If an offender's pre-release date has passed and he/she has been released from incarceration prior to receipt of a J- or K-linkage on the lock-in file, the MCO will receive the member in a P- or B-linkage and shall mail all standard notices and health plan card to the address as listed on the 834 file and conduct the welcome call in accordance with Section 12.11.2.3.1 of the contract. In the event that a 51/550 member's enrollment is processed by the enrollment broker after the member has been released, the Medicaid Project Manager will request Eligibility to flip the member to 50/550. The 50/550 will start on the 1st day of the next month of eligibility.

10. Payment

10.1 Per Member per Month (PMPM)

Rate-setting will be based on historical claims data provided by DOC for all specialty services. Mercer will make rate assumptions based on information from other states and information provided by DOC on pharmaceutical utilization and claims data.

Mercer will create a separate rate cell for the “high need” eligibility group requiring case management designated by eligibility group 51/550 with corresponding capitation codes as shown in Table 3.

Table 3

COA/ELIGIBILITY GROUP (51/550)	CAPITATION CODE	LINKAGE TYPE
ADULTS AND CHILDREN: NON-DUAL	97XU7	P-Linkage
DUAL	95XU5	B-Linkage
NON-DUAL WITH LTC SEGMENT	95OT1	B-Linkage
NON-DUAL WITHOUT LTC SEGMENT	95OT1	B-Linkage

For full details, please see the MVX crosswalk, which has been updated to reflect the new capitation codes for the New Adult – High Need group. These will be the paying capitation codes for the 51/550 expansion eligibility group that is justice-involved in a P-or B-linkage only. As with other rate cells, there will be a different regional rate based on different parts of the state, but there will be no differentiation based on gender or age, and each region will use the same code. Rates will be effective by February 1, 2017.

10.2 Duration of 51/550 Aid Category and Type Case

The MCOs will receive the New Adult – High Need PMPM rate for a maximum of twelve (12) months post-release or until the member switches AC/TC or loses eligibility, whichever happens first. At twelve months post-release, high-need members who are still eligible for the Adult Group will be automatically flipped to 50/550 AC/TC.

If a member is wrongfully removed from the 51/550 aid category/type case, excluding case closures, before annual renewal, the MCO should contact the Medicaid Project Manager to research. The Project Manager will make all efforts to correct the member’s AC/TC, but some programming constraints in LaMEDS may prevent amending the case.

MCOs will receive the established PMPM for members falling into any other type case/aid category.

10.3 J- or K-Linkage Non-Paying Capitation Code

There will be a XXXXX “dummy” or filler capitation code used for when an incarcerated person is placed into a J- or K-linkage only. XXXXX is a non-paying capitation code and it will end when the J- or K-linkage closes and the P- or B-linkage opens. As a dummy code, it will not be placed on the MVX crosswalk.

11. Renewal

11.1 Ex Parte Renewal

While incarcerated, a member's Medicaid eligibility is no longer renewed *ex parte* if their scheduled annual renewal date passes during their incarceration period. The same renewal process is followed for all Medicaid members regardless of incarceration. Incarcerated members may not have to prove wage eligibility in order to complete renewal.

11.2 Annual Renewal

Starting in mid-2021, Pre-release enrollees are no longer required to re-verify eligibility for Medicaid at 60 days post-release. The Pre-release member's renewal cycle will follow the same schedule as other Medicaid members.

11.3 Closures

Eligibility in Medicaid may be closed before the scheduled annual renewal if the member does not respond to requests for information by the deadline provided in their letter from Medicaid. Common requests for information include verifying member's identity, citizenship, or wages. In 2019, Louisiana Medicaid commenced with quarterly wage verification. Members whose Medicaid case is closed will receive a closure notice detailing the date the case will be closed and the reason for the closure.

12. Reporting Requirements

12.1 Case Management Report

Case management data for the 51/550 high need group will be captured through monthly reporting to LDH. The high-need data sets are considered ad-hoc reports to LDH. Data sets will be sent to MCOs at the beginning of each month. MCOs will have 14 days from date of transmission to return completed data sets. The Medicaid Program Manager will review the dataset for accuracy and will communicate individually with each MCO regarding discrepancies.

A) Incomplete and/or Late Report Submissions

Failure to return completed data sets to LDH by stated deadline will be considered non-compliance and will carry a monetary penalty per section 20.3 of MCO contracts. For the first instance of an incomplete or late submission, the MCO shall be issued a written warning notice of noncompliance. For the second instance, LDH's Contracts unit will be notified and penalty will be issued to the MCO.

- i. Requests for Extension: Each MCO may request once per calendar year for an extension to submit their high-need data report after the deadline provided by LDH. The MCO must submit their request in writing to the Medicaid Program Manager. The MCO will be allowed no more than 48 hours beyond the stated deadline to submit their report.
- ii. Errors & Missing Information: Datasets submitted with greater than 5 errors, including missing information, will be considered incomplete.

12.2 Returned Mail Report

The Returned Mail Report was discontinued in 2019.

12.3 Tracking Justice-Involved Individuals after Release

The indicator for the justice-involved population will be the scheduled release date populated on the lock-in file extract in the "pre-release date" field, the lock-in code of 5 or 6 on the lock-in file, the J- or K-linkage on the 834 file, and DOC location code. The MCOs should use these indicators to build its system tables for internal tracking purposes as needed.

Members found to be missing any required data elements (location code, pre-release date, J/K linkage) should be sent to the Medicaid Program Manager to research. When sending member information to the Medicaid Program Manager, please include Medicaid Eligibility ID (not MCO ID #) and member's date of birth or Social Security number. All emails with members' personal health information, including personal identifiers, need to be sent securely (encrypted).

Appendix

Appendix A – DOC Facility Location Codes & Contacts

Appendix B – DOC IN/OUT Process

Appendix C – Lock-in File Extract

Appendix D – Healthy Louisiana: Information for Releasing Offenders

Appendix E – MCO Comparison Chart

Appendix F – Welcome to Healthy Louisiana: FAQs

Appendix G – Healthy Louisiana Enrollment Information Post-Release

Appendix H – 1DOCE DOC Supplemental Signature Form

Appendix I – Pre-Release Enrollment Opt-Out Form

Appendix J – Case Management Opt-Out Form

Appendix K – Medical Record Transfer Summary

Appendix L – General Guidance for Scheduling Case Management Visits

Appendix M – Recommended Content for First Case Management Visit

Appendix N – Transition of Care Plan

Appendix O – Case Management Observation Rubric
