

Title: Real Time Eligibility

Category: Cross Boundary Collaboration & Partnerships

State: Commonwealth of Pennsylvania

Contact: Dustin Rhoads

CIO, Public Safety Delivery Center

1920 Technology Parkway

Mechanicsburg, PA 17050

717-728-0342

durhoads@pa.gov

Project Initiation: 6/1/2017

Project End: 3/12/2018

Executive Summary

Like most correctional systems across the nation, Pennsylvania continues to be challenged by escalating costs related to the care and custody of inmates. With a nearly billion-dollar increase in spending in the past decade alone, the Governor's Office, General Assembly and the Department of Corrections (DOC) have aggressively pursued proactive means to manage both the size and effectiveness of Pennsylvania's correctional system.

Reducing recidivism is one important way for DOC to achieve better results from both a policy and fiscal perspective. For many inmates, access to quality healthcare is a critical component of their successful reentry into society. Immediate access to Medicaid benefits upon release helps to ensure the continuity of care for services, such as mental health, substance abuse and other chronic conditions, established during incarceration.

In June 2017, the Department of Corrections partnered with the Pennsylvania Department of Human Services (DHS) and the Pennsylvania Justice Network (JNET) to automate the Medicaid eligibility application process. The project, known as Real Time Eligibility (RTE), uses recently developed data services at DOC to generate and deliver pre-release messages via JNET to the DHS eligibility system known as COMPASS (Commonwealth of Pennsylvania Access to Social Services). Conversely, in compliance with federal law to prevent Medicaid fraud and abuse, messages are also sent to DHS whenever new inmates are admitted to DOC in order to suspend benefit payments while they are in correctional custody.

Since the implementation of the RTE project in March 2018, DHS has automated benefit registrations for 9,247 reentrants released from state correctional facilities. On average, benefits are valued at \$615.79 per individual per month. In total, the RTE project has enabled \$5,694,210 in medical benefits for recently released individuals returning to the community since its inception.

Additionally, the RTE has automatically notified DHS of 3,416 incarcerated individuals. The real-time electronic notification process replaces a monthly spreadsheet of recently incarcerated individuals that was exchanged between DOC and DHS. Since the information was only shared once per month previously, there was meaningful potential for benefit fraud and abuse by individuals who are no longer eligible for Medicaid. RTE has saved both the commonwealth and federal government \$2,103,538 in Medicaid fraud, waste and abuse. When combined, the RTE is providing over \$7.7 million in annual value.

## *Concept*

It has long been recognized that effective community reentry planning for individuals returning from incarceration benefits society in both qualitative human outcomes and quantitative financial results.

In Pennsylvania, DOC is responsible for the custody and care of over 50,000 inmates each and every day. With an annual operating budget of over 2.4 billion dollars and 15,000 staff members, DOC represents a significant financial commitment on behalf of the taxpayers of the Commonwealth.

Between 2006 and 2015, the budget of DOC increased 50 percent from \$1.6 billion to \$2.4 billion. According to Pennsylvania Commission on Crime and Delinquency Chairman Charles Ramsey, "...rising corrections costs are going to put a serious strain on an already tight budget if action is not taken."

A major driver of rising prison costs are the healthcare needs of the inmate population. Nationally, up to 44 percent of state prison inmates report a health problem beyond the common cold or flu. Almost one-quarter of inmates (24 percent) report a chronic health condition such as hypertension, diabetes or heart related issues. Department of Justice statistics indicate that as much as 56 percent of inmates in state correctional facilities suffer from a mental health condition. Nationally, over 45 percent of state inmates report problems with alcohol abuse or dependence, while 44 percent report drug dependence or abuse. In Pennsylvania, 66 percent of inmates have a history of drug or alcohol dependence with 24.5 percent of the inmate population receiving drug and alcohol treatment.

While the costs to house an inmate by DOC averages about \$124 per day, the housing cost for a mentally ill inmate is typically 66 percent higher. When coupled with the fact that 67.8 percent of prisoners are rearrested within three years of release, the need to address the health of the inmate population upon release is a paramount issue both from public safety and financial perspectives.

Consider that DOC is responsible for releasing approximately 18,000 inmates annually. Using historic recidivism rates, there is the potential for 12,000 reentrants to return to the criminal justice system within three years.

Traditionally, applications for Medicaid benefits were processed manually by DOC on behalf of chronically and/or mentally ill individuals returning to the community. This is done proactively to help ensure the continuity of care upon release for the most clinically vulnerable reentrants. Also of particular interest are the pending reentrants who have voluntarily enrolled in the Medication Assisted Therapy program. Medicaid is secured for these individuals to reduce the likelihood that once opioid-dependent individuals relapse to abusing opioids upon release from incarceration. The application process has proven a worthy, if not labor and time intensive, process for DOC personnel.

“It’s important to recognize the fact that 90 percent of those who enter our gates leave one day,” said DOC Secretary John Wetzel. “It is in the community’s best interest to have those that leave succeed. Ensuring they have access to medical and mental health benefits is essential to a successful transition back to the community.”

In an effort to provide Medicaid coverage for all DOC’s reentrants and in hopes of reducing recidivism through a seamless transition of mental health and substance abuse services, a data sharing arrangement was initiated with DHS to the support the automatic enrollment of Medicaid benefits for all reentrants transitioning back into the community. As DHS is responsible for the administration of all state and federal Medicaid funds within the Commonwealth, its cooperation and commitment to this partnership was critical.

An Intergovernmental Memorandum of Understanding (MOU) was finalized between DOC and DHS in September 2017. This MOU established a data sharing agreement between the two agencies. DOC and DHS then partnered with the Pennsylvania Justice Network (JNET), which serves as the Commonwealth’s primary criminal justice information broker, to develop a solution to automate the application and eligibility processes for DOC reentrants.

The group initiated the Real Time Eligibility (RTE) project in June 2017. Through collaborative effort, the group was able to facilitate the exchange of inmate admission and pre-release information between DOC and DHS. Beginning in March 2018, the process for applying for Medicaid benefits for all reentrants, regardless of health conditions or substance abuse history, was automated for everyone who consented to the application submission.

An ancillary, but critically important, benefit of this exchange is the reduction of fraud. By providing DOC admission information to DHS, benefits can be suspended automatically upon incarceration in accordance with federal Medicaid laws. This helps reduce the potential for benefits fraud.

### *Significance*

The Commonwealth of Pennsylvania has a long history of leadership in the areas of corrections and criminal justice reform. Prison reform and relief groups were forming in Philadelphia as early as the constitutional convention in 1787. A series of laws passed by the Pennsylvania legislature in the 1790’s established the first modern prison system in the United States. Known as the Pennsylvania System, penitentiaries focused on reforming rather than punishing the individual. Pennsylvania has literally been at the forefront of progressive correctional reforms since the very beginning of our nation.

Today, the DOC mission statement clearly reflects this tradition of proactive correctional forethought and policy. The DOC’s “mission is to reduce criminal behavior by providing individualized treatment and education to inmates, resulting in successful community reintegration through accountability and positive change.”

Major correctional initiatives under the administration of Governor Tom Wolf include:

- To reform the system and reduce the inmate population through the Justice Reinvestment Initiative (JRI), which began in 2012 and continues today. The goal of JRI is to change the system for the better and to reinvest any monetary savings back into the community to provide community-based services to prevent crime. System changes, along with preventive community measures, should result, in time, in the reduction of the state prison population without jeopardizing public safety.
- To enhance and improve the mental health services provided to inmates. Twenty-four percent of the inmate population requires some sort of mental health monitoring and/or services. Eight percent of the inmate population is seriously mentally ill.
- To reduce future crime and recidivism by providing inmates with tools and skills necessary for them to reenter society successfully and to not commit new crimes nor interact negatively with the criminal justice field, either through rearrests or reincarceration.

Moreover, the mission of DHS is “...to improve the quality of life for Pennsylvania’s individuals and families... while demonstrating accountability for taxpayer resources.” The department is responsible for purchasing health care for more than 2.3 million Pennsylvania residents and enrolling Medical Assistance providers who administer the care. Additionally, the department works to ensure the integrity of these programs, in part by detecting and deterring provider and recipient fraud and abuse.

Ensuring that the benefits of soon-to-be released reentrants to the community, as well recently incarcerated individuals, are seamlessly and responsibly managed and administered are at the core of both the DOC and DHS missions.

### *Impact*

While the benefits of the RTE are significant, the implementation of the project was actually quite simple. As both DHS and DOC are data partners with JNET, the infrastructure to exchange information was already in place. With recent technology upgrades at DOC, a comprehensive data web service (CDWS) inmate event message was already included in the JNET service catalog for use by approved agencies. With the execution of the MOU between DHS and DOC, JNET was given approval to enable the CDWS for consumption by DHS.

When a potential reentrant is within 15 days of his or her eligible release date, the DOC CDWS generates a pre-release message to JNET. In turn, JNET sends that message electronically to DHS to populate its Commonwealth of Pennsylvania Access to Social Services (COMPASS) system. With that information populated in COMPASS, depending on the individual’s situation and specific benefits they are qualified for, eligibility approvals, reviews and/or escalations can be automatically initiated.

Again, by leveraging existing services, infrastructure and partnerships, this exchange was accomplished with minimal costs to the Commonwealth.

Since the implementation of the RTE project in March 2018, DHS has automated benefit registration for over 9,247 reentrants from DOC. On average, benefits are valued at \$615.79 per individual per month. Since inception, the RTE project has enabled \$5,694,210 in medical benefits for recently released individuals returning to the community.

Additionally, the RTE has automatically notified DHS of 3,416 re-incarcerated individuals. The electronic notification process replaces a monthly spreadsheet of recently incarcerated individuals that was exchanged between DOC and DHS. Since the information was only shared once per month previously, there was meaningful potential for benefit fraud and abuse by individuals no longer eligible for Medicaid. RTE has saved both the Commonwealth and federal government \$2,103,538 in Medicaid fraud, waste and abuse. When combined, the RTE is providing over \$7.7 million in annual value.

While it is too early to meaningfully examine potential reductions in DOC recidivism rates as a result of the RTE, we are optimistic (particularly when coupled with other criminal justice reforms) that Pennsylvania will experience a reduction in the recidivism rate among DOC reentrants.

With the success we have experienced on the state level, Pennsylvania is now exploring the expansion of RTE to the county jail system, which houses an additional 37,000 inmates across 62 facilities.