



OREGON
HEALTH
AUTHORITY

October 11, 2024

Medicaid and Specialty Courts

Joint Task Force on Specialty Courts

Agenda

- Medicaid Coverage - Medical appropriateness and necessity
- Medicaid Services for Specialty Court Directives
- Overview of Medicaid Expansion in Carceral Settings

Medical Appropriateness and Necessity

- Medicaid covers services that the Medicaid program determines are medically appropriate and medically necessary to treat covered health conditions.
 - Medically appropriate means health services items or supplies, recommended by a licensed health provider within the scope of their practice, that are safe, effective, and appropriate for the individual.
 - Medically necessary means health services and items required to address one or more of the following:
 - prevent, diagnose, or treat an individual's disease contention or disorder that may result in health impairments or a disability
 - assist people to reach age-appropriate growth and development
 - access benefits toward non-institutional living
- Medicaid's coverage determination is separate from and does not rely on Oregon's specialty court mandates although the two can overlap.

Medicaid Services for Specialty Courts

- Medicaid can cover services directed from specialty courts, when medical appropriateness and medical necessity are present
- Requires documentation from a licensed practitioner within the scope of their practice to cover court ordered services
- The individual's plan of service must outline the medically appropriate and necessary service and include:
 - Type of service;
 - Frequency of intervention;
 - Duration of intervention.

Opportunities to Collaborate

- Currently, OHA does not have a mechanism to track utilization for services mandated by the courts
- OHA would need to prioritize a research project to identify code and modifier combinations or other options available to identify specialty courts order and services
 - Contingent upon current HCBS policy option package
 - OHA will need to scope and resource this project to determine resourcing needs and order of magnitude for policy and MMIS configuration

Expanding Medicaid into Carceral Settings

- Oregon's limited expansion of Medicaid to individuals who are incarcerated aims to increase positive health and social outcomes.

Current: People that are incarcerated do not have Medicaid

- Once incarcerated, people lose Medicaid access due to federal law
- Upon release from carceral facilities individuals experience a coverage gap
- Gaps in coverage lead to difficulty in access to health care and vital services



Future: Extending limited Medicaid eligibility to facilities will achieve various things

- Address a majority of the challenges associated with the coverage gap upon release from carceral facilities
- Proactively reduce health equity gaps in Oregon
- Reduce social and financial costs related to recidivism and other negative outcomes

Two Medicaid Expansion Efforts

There are two new efforts that will support people who are incarcerated via Medicaid eligibility (the Oregon Health Plan):

1. 2023 Federal Consolidated Appropriations Act (FCAA)
2. Reentry Demonstration of Oregon's 1115 Medicaid Waiver (2022-2027)

2023 Federal Consolidated Appropriations Act

- Creates requirements to expand Medicaid coverage of some services to a subset of people who are or were formerly incarcerated (post-adjudication only).
- Mandatory for all states.
- Requires that Medicaid enrollment be offered 30 days before release to:
 - Youth under age 21; and
 - Former foster care youth up to age 26.

Reentry Demonstration, 1115 Medicaid Waiver

- Builds on FCAA requirements and will provide a method for Carceral Facilities (CF) to build and pay for systems to offer new services.
- Adds that **eligible youth and adults** who are incarcerated must be offered Medicaid enrollment 90 days before release.
- Includes select Medicaid services such as medication assisted treatment (MAT), peers, clinical consultation, and medication administration.
- Go-live date effective January 1, 2026.
- Eligible CF must opt-in to participate.
- Offers capacity building funds to prepare facilities for implementation.

Medicaid Expansion in Carceral Settings

1115 Waiver

Family planning services

Person centered care plan

FCAA

Targeted Case Management

- Comprehensive needs assessments, development of a person-centered care plan, referrals and related activities, monitoring and follow-up activities, and TCM must continue for at least 30 days post-release.
- States must provide medical, behavioral, and dental screening and diagnostic services
- Screening services:
 - comprehensive health and developmental history, comprehensive unclothed physical examinations, appropriate vision and hearing testing, appropriate laboratory tests, and dental screening services.

Behavioral & Physical Health

- Behavioral health crisis & stabilization services
- ***Medication Assisted Treatment (MAT)***
- Substance use disorder services

Diagnostic, treatment, & prevention services to stabilize common & communicable health conditions including:

- Hepatitis
- HIV
- Tuberculosis
- Blood pressure
- STIs
- Diabetes

Medication & Pharmacy

- ***Pharmacy-in-hand at release***
- Pharmacy coverage
- Medication management



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Questions?



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Thank you!