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HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title HEALTHCARE APPLICATION PROCESS
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Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Standards
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I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to establish guidelines and responsibilities for the Medicaid/HIP 2.0 application process.

II. DEFINITIONS:

For the purpose of this HCSD, the following definitions are provided:

- A. **AUTHORIZED REPRESENTATIVE (AR):** Designated position to act responsibly on the behalf of the patient in assisting with the healthcare application and renewal of eligibility along with ongoing communications with FSSA.
- B. **CASE MANAGEMENT STAFF:** A member of Unit Team who acts as the initial point of contact for day-to-day issues in the housing unit, coordinates case management matters and facilitates access to programs and services, works with incarcerated individuals to create case plans, and assists in preparing the incarcerated individual for the release and re-entry process.
- C. **COMPREHENSIVE CASE MANAGEMENT SYSTEM (CCMS):** In the Division of Youth Services (DYS), refers to both the process of identifying and assessing the incarcerated individual's risk and needs, developing a Case Plan, linking the incarcerated individual to appropriate services, and monitoring progress. In addition to the electronic database used by treatment staff to record, store, and review incarcerated individual data, including Case Plans and Progress Reports.
- D. **DEPARTMENT OF FAMILY RESOURCES (DFR):** A division of the Family and Social Services Administration. The DFR receives applications and approves

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eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Cash Assistance (TANF), and childcare; implementing a modernized application process using internet, document imaging, and call-in services. DFR operates in all Indiana counties and administers the childcare licensing and inspection program.

- E. DEPARTMENTAL TRANSITIONAL HEALTHCARE): A team within the Health Services Division of the Department specializing in coordination and continuum of health care when an incarcerated individual enters and is released from the Department, including the processing of health care applications, and communicating with FSSA in matters related to State of Indiana benefits
- F. DIRECTOR OF TRANSITIONAL HEALTHCARE AND CONTRACT COMPLIANCE: Leadership position within Health Services Division supervising the Transitional Healthcare Manager and contract compliance.
- G. DISABILITY: The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than twelve (12) months.
- H. DIVISION OF DATA ANALYTICS: The Division of Data Analytics is responsible for data stewardship and the preservation of Department data assets. The Division has primary responsibility for Department reporting and analyses of Department data and information collected from Department operational systems of record.
- I. EARLIEST POSSIBLE RELEASE DATE (EPRD): The date on which an incarcerated individual would be entitled to discharge or release, taking into consideration: 1) The term of the sentence; 2) the term of any other concurrent or consecutive sentence which the incarcerated individual must serve; 3) credit time which the incarcerated individual has earned prior to sentencing; and, 4) the maximum amount of credit time which the incarcerated individual would earn if they remained in the current credit class during the period of confinement.
- J. EXECUTIVE DIRECTOR OF TRANSITIONAL HEALTHCARE: An executive leadership member within the Health Division supervising the Department's Transitional Healthcare .
- K. FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA): FSSA is a health care and social service funding agency of the State of Indiana that oversees five (5) care divisions that administer services to Indiana residents.

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- L. FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA) DOCUMENTS CENTER: The documents center is an integral part of the eligibility operations and handles the intake of mailed applications, as well as, the scanning and classification of documents using a software solution, enabling the creation and processing of electronic case information, such as used in the online Medicaid application process.
- M. HEALTHCARE SERVICES ADMINSTRATOR (HSA): A staff person selected by the Health Services vendor that is responsible for planning, directing, and coordinating healthcare services.
- N. INDIANA MEDICAID FOR PROVIDER PORTAL: Internet based portal that provides information regarding health coverage eligibility and status of health coverage.
- O. IRIS: The Indiana Department of Correction Records Imaging System.
- P. MEDICAID APPLICATION: Indiana Family and Social Services Administration online application for health care coverage.
- Q. MANAGED CARE ENTITY (MCE): An entity that provides health care plans and services through health insurance.
- R. NEXTGEN: Software that houses electronic health records.
- S. OFFENDER CASE MANAGEMENT SYSTEM (OCMS): The electronic database used by Unit Team to record, store, and review incarcerated individual's data including case plans and progress reports.
- T. OFFENDER INFORMATION SYSTEM (OIS): The electronic database utilized by classification to record, store, and review incarcerated individual information.
- U. OFFICE OF MEDICAID POLICY AND PLANNING (OMPP): Division of FSSA that administers Medicaid programs and policies for the State of Indiana.
- V. PAROLE STAFF: Department staff supervising returned individuals in the community prior to the expiration of the individual's sentence.

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- W. PROJECTED PROGRAM COMPLETION DATE (PPCD): The date established as a target goal and may be positively or negatively affected by the incarcerated individual's behavior and program progress.
- X. PRESUMPTIVE ELIGIBILITY (PE): A process that offers short-term coverage of services. This program exists to ensure that the applicant has immediate access to health care. Incarcerated individuals may be eligible for Medicaid coverage as offered through the Family and Social Services Administration's programs while receiving inpatient services delivered at a Medicaid-approved facility during incarceration.
- Y. RE-ENTRY PORTFOLIO: A folder of information and documents compiled by staff for each incarcerated individual with an EPRD that includes originals or copies of certificates, resume's, birth certificates, Social Security cards, Bureau of Motor Vehicles (BMV)-issued identification cards, and other materials to be used in the community and provided to the incarcerated individual upon release.
- Z. RECIPIENT IDENTIFICATION (RID) NUMBER: A client identification number issued for Medicaid services.
- AA. TRANSITIONAL HEALTHCARE SPECIALIST (THS): A member of the Department's Transitional Healthcare responsible for reviewing health care coverage for releasing individuals and assists in continuum of care planning post-release.
- BB. WARDEN: A leadership position within the Department responsible for oversight of a correctional facility.
- CC. VITAL RECORDS: Documents of life events maintained under governmental authority such as birth certificates, Social Security documents, State identification, etc.

IV. RESPONSIBILITIES OF IDOC :

The Department shall identify incarcerated individuals who are potentially eligible for Indiana Health Care coverage plans and assist such individuals, as appropriate, with completion of the necessary applications for those benefits and for Presumptive Eligibility upon inpatient admission of an incarcerated individual, if needed.

Pursuant to House Enrolled Act 1269, the Department shall be the incarcerated individual's Authorized Representative.

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In addition to the Department assisting incarcerated individuals with the healthcare application process and required documentation; the Department shall notify the Department of Family Resources (DFR) of the incarceration of individuals to request suspension of coverage as necessary as well.

V. FACILITY RESPONSIBILITIES:

The Warden shall be responsible for the following:

A. Admission and Orientation

Ensuring the facility admission and orientation program includes information on the purpose and benefits of Medicaid participation.

B. Communication with Incarcerated Population

The Transitional Healthcare Manager, in conjunction with the Director of Transitional Healthcare and Contract Compliance, shall develop and disseminate communications to the incarcerated population. The Warden shall ensure that these communications are posted in the housing units and made available to the incarcerated population. These communications shall include information on the purpose, application process, and incarcerated individuals' rights related to healthcare coverage. The Transitional Healthcare Manager shall be responsible for ensuring healthcare coverage information is provided for the Re-Entry Portfolio and Tablet system.

VI. DEPARTMENT OF CORRECTION RESPONSIBILITIES:

Division of Data Analytics shall provide a monthly report via Cognos to FSSA of incarcerated individuals coming into the Department needing their health care coverage suspended.

The Division of Transitional Healthcare shall make certain that every releasing individual has been reviewed for access to healthcare coverage prior to release. Prior to completing an electronic healthcare coverage application, a Transitional Healthcare Specialist (THS) shall review all FSSA Cognos reports or the Indiana Medicaid for Provider Portal for active healthcare coverage using the offender information system to obtain identification. If the incarcerated individual has active or suspended coverage, the Department THS shall document such in OCMS, and an application shall not be completed on the incarcerated individual's behalf.

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The Department THS shall review OCMS notes and ensure the incarcerated individual is not approved for out-of-state placement. If out-of-state placement is approved, the THS shall document in notes and shall not complete an application on the incarcerated individual's behalf.

Department Transitional Healthcare shall process the electronic healthcare coverage application no sooner than 180 from EPRD and no later than 30 days post-release using OIS and OCMS for all incarcerated individuals being released from the Department.

Once an online application has been completed, a note shall be entered into OCMS at the time of submission. The note shall document the date of application, application number, and release address type.

If an MCE has requested information on their members releasing from incarceration, a THS shall communicate with the MCE to provide any pertinent information and compile a release plan within ten business (10) days of request to assist in the continuum of care for the incarcerated individual into the community.

If an incarcerated individual is deemed disabled, blind, or is over the age of sixty-five (65), a THS shall submit a disability application on behalf of the incarcerated individual if coverage is not active or in suspension.

Once a disability application has been submitted, a THS shall contact the facility's Transitional Healthcare Facilitator to complete the disability questionnaire. The questionnaire shall be returned to the THS within three (3) business days of request.

A THS shall contact FSSA to schedule an interview on behalf of the incarcerated individual, if required. The THS shall document in OCMS when interview has been completed and coordinate with the assigned Case Management staff to obtain any vital records or IDP's trust account information requested by FSSA.

Communication regarding an incarcerated individual's release date will be funneled through Cognos reporting by the Division of Data Analytics.

After healthcare coverage has been reviewed, Department Transitional Healthcare shall be responsible for coordinating all correspondence between facility staff, Parole staff, FSSA, and the incarcerated individual.

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FSSA shall be notified daily through Cognos data exchange of all incarcerated individuals releasing from the Department with a current mailing address to ensure health care coverage is activated.

THS's shall update their database weekly with application information regarding status of coverage, placement, or the completion of an application.

VIII. PRESUMPTIVE ELIGIBILITY (PE):

If an incarcerated individual is admitted and receives inpatient treatment at a Medicaid-approved facility for twenty-four (24) hours or more, they shall be considered to be presumptively eligible for health coverage under Medicaid/HIP 2.0.

The PE Process is as follows:

- A. The Health Services vendor shall communicate with a designated THS if an incarcerated individual under age 65 has become a hospital admission. The designated THS shall complete the PE questionnaire as requested, prior to midnight of the day of admission
- C. The designated THS shall complete a full Medicaid application within thirty (30) days of admission date if PE questionnaire was completed.
- E. If vital documents are requested by FSSA, the designated THS shall obtain documents from IRIS. If vital documents are not available, the THS shall contact the assigned Case Management staff to obtain the documents within five (5) business days from the request.

IX. PAROLE STAFF RESPONSIBILITY:

During the Initial Interview with a parolee, Parole staff shall discuss health care coverage availability with the parolee. If an application for health care coverage was submitted prior to the parolee's release, parolees shall be instructed to contact the Transitional Healthcare Liaison to inquire about the steps necessary to have their healthcare coverage activated. Parolees shall be encouraged to bring copies of notices of any health care coverage-related paperwork with them to schedule follow up appointments.

If an application for health coverage was not submitted prior to release, Parole staff (or designee) shall contact the *parolereleaseissues@idoc.in.gov* email address to ensure an application has been completed on behalf of the parolee. The Department Transitional

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Healthcare Manager shall communicate with the parolee if any additional information or documentation is needed to process the healthcare application.

X. APPLICABILITY:

This HCSD is applicable to all Indiana Department of Correction facilities housing incarcerated adults, and Parole District offices.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date