



Criminal Justice Involved Population Healthcare Enrollment Program

"The mission of ASPIN is to provide innovative educational programs, resource management, program development, and network management in collaboration with all healthcare entities to address health disparities and whole health management."

ASPIN - Criminal Justice Involved Population Healthcare Enrollment

Program Objectives

Navigators will learn to:

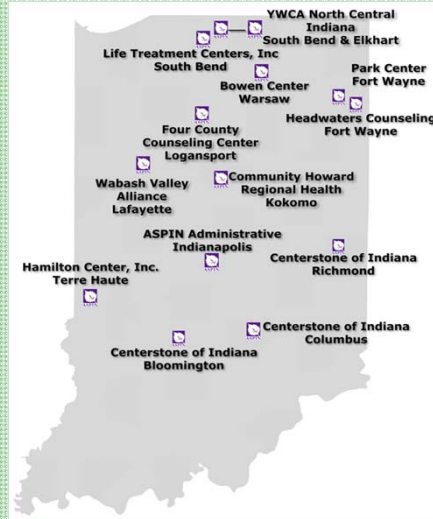
- Identify basic facts and statistics related to the uninsured criminal justice involved population (CJIP) in Indiana specifically.
- Understand the requirements of Indiana's HEA 1269 and identify the primary goal.
- Demonstrate how navigators can help with enrollment of the CJIP population.
- Work with local Sheriff's for enrollment.





Affiliated Service Providers of Indiana

- Bowen Center**
www.bowencenter.org
- Centerstone of Indiana**
www.centerstone.org
- Four County Counseling Center**
www.fourcounty.org
- Hamilton Center, Inc.**
www.hamiltoncenter.org
- Community Howard Regional Health**
www.ecommunity.com/howard/
- Life Treatment Centers, Inc.**
www.lifetreatmentcenters.org
- Park Center**
www.parkcenter.org
- Wabash Valley Alliance**
www.wvhmhc.org
- YWCA North Central Indiana**
www.ywcancin.org
- Headwaters Counseling**
www.headwaterscounseling.org



Who is ASPIN?

ASPIN's Four Service Lines

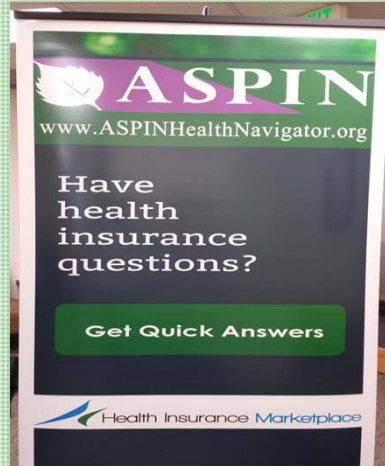


ASPIN, a 501 c 3 not for profit network operates four major service lines: third party administration, training and workforce development, health improvement, and grants management. The mission of ASPIN is to provide innovative educational programs, resource management, program development, and network management in collaboration with all healthcare entities to address health disparities and whole health management.



Assist with Enrollment in Federal Market Place and State Programs

- Funded through CMS to Provide Free Assistance to Enroll in the Federal Healthcare Marketplace and HIP since 2013
- 20+ State and Federal Certified Navigators
- ASPIN Health Navigator Outreach Events & Appointments in all 92 Indiana Counties



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Criminal Justice Involved Enrollments

Provided Enrollment Assistance

- County Jails- 794 Appointments
- Probation/Corrections- 145 Appointments

Statewide Enrollments

- Applications for Individuals Pending Release- 18, 728
- Individuals Approved- 16,428
- Individuals Pending Approval- 1,589



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Indiana HEA 1269 – Part 1 Presumptive Eligibility

Takes advantage of Medicaid coverage exemption that says that an incarcerated individual who is expected to be hospitalized for 24 hours or more is not considered an inmate during the hospitalization and can be covered by Medicaid – Medicaid can be applied for through the Presumptive Eligibility process.



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Indiana HEA 1269- Part 2 Authorized Representative

Sheriff may assist an offender that is incarcerated for less than 30 days to apply for Medicaid (HIP – Healthy Indiana Plan) and act as the offender's authorized representative – IC-11-10-3-7



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Indiana HEA 1269 – Part 3 Medicaid Application

Sheriff shall before discharge or release from county jail - an offender incarcerated for at least 30 days shall assist the offender in applying for Medicaid – this can be done as the authorized representative or by a health navigator IC-11-10-3-7 and IC 27-19-2-12



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Indiana HEA 1269 – Part 4 Behavioral Health Screening

Securing treatment for offenders who has been diagnosed with a mental illness or addictive disorder – Recovery Works – IC 11 – 12- 5-10



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Recovery Works



Recovery Works focuses on pre-incarceration diversion services and post-incarceration re-entry services, which not only hopes to divert low-level offenders from incarceration to community services, but to reduce recidivism.

<http://www.in.gov/fssa/dmha/2929.htm>



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Two Distinct Groups

Short Term Hospitalization

Prisoners in jail seeking inpatient (overnight) hospital care and returning to jail

Community Re-Entry

Prisoners that have been incarcerated for 30 days or longer who are in line for re-entry (release)



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Inmate Healthcare: Re-entry Timeline



45 day application processing and notice response by State eligibility system – Custom program notice & any other applicable
Keep in Offender's file and supply at release.

Determine when you want to release AR status post release via "Report Change" to DFR via phone call



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Indiana Health Coverage Programs HIP 2.0

- Eligibility criteria:
 - Age 19-64
 - Income under 138% Federal Poverty Level (FPL)
 - NOT eligible for Medicare or other Medicaid categories
- HIP Plus
 - Best Value
 - Includes Dental and Vision
 - NO co-pays with the exception of non-emergency ER
 - Monthly contribution to POWER Account
- HIP Basic
 - Fallback option for those with income less than 100% FPL who do NOT make their POWER Account contributions
 - Does NOT include dental and vision
 - Copayments REQUIRED for services: doctor visits, prescriptions, etc.



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CJIP Screening Tool

Name _____
Date _____

Screening Tool for Insurance Enrollment (Check box for Yes answers)

- Do you have health insurance – employer, Medicare, Tricare, VA or Marketplace? (if no, eligible for enrollment appointment)
- Are you enrolled in HIP or Medicaid? (if no, eligible for enrollment appointment)
- If you have Hip or Medicaid insurance – do you have a copy of your card? (Print copy of card for file)
- Are you a resident of Indiana? What County? _____
(if yes, eligible for enrollment appointment)
Where were you born? City _____
State _____
- (Legal) Immigrant? (if yes, eligible for enrollment appointment)



HIP Application Questions

Additional Information

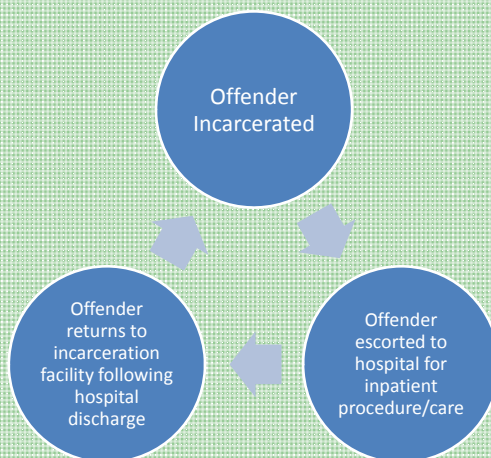
If not applying for Health Coverage, completion of the Social Security Number is optional. While the SSN is not required, income information from that individual may be needed if included in the assistance group. The State will not be able to electronically verify potential income information from this individual if the SSN is not provided.

Do you have an SSN?	Yes
SSN	
Are you a US Citizen or US National?	Yes
Are you currently incarcerated?	Yes
Are you pending disposition?	--Please Select--
What is your release date?	
Were you incarcerated in the last 60 days?	Yes
What was your release date?	

Exit Next



Meeting with Sheriff - Inmate Presumptive Eligibility



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Full IHCP Application Approval/Suspension

Jonnie Hohn
123 St
Indy, IN 47011

Dear Jonnie Hohn,

Your Healthy Indiana Plan (HIP) application dated (insert date) has been suspended because:

- You meet all the eligibility requirements for the Healthy Indiana Plan except that you are an inmate of a prison or jail. During this incarceration period you are not eligible for health coverage benefits unless you are admitted as an inpatient in a hospital.
- If you do become an inpatient in a hospital, the prison or jail may help you apply for inmate hospitalization coverage at the hospital.



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Authorized Representative

Indiana Family and Social Services Administration

Sign and Submit your Application

Please read the following information regarding your application for assistance:

If you want someone to act on your behalf in applying for benefits and/or act for you on an ongoing basis, an authorized representative form must be completed and signed by the applicant and signed by the authorized representative. Complete ONE form per authorized representative.

Click the link to print the [Authorized Representative form](#)

If you are unable to print this form and would like to have it mailed to the applicant, check here

Fax the completed form to 1-800-403-0964 or mail it to: FSSA Document Center, PO Box 1810 Marion IN 46952

If you are not registered to vote where you live now, would you like to apply to register to vote?

Applying to register or declaring to register to vote will not affect the amount of assistance that you will be provided by this agency. If you check "yes", a voter registration application will be mailed to you. *Voter registration applications may also be obtained at FSSA/DPR offices.

If you want to view or change the information entered on your application click **Back**.

If you want to electronically sign and submit your application click **Next**.

When you click **Next** (at the bottom of the page) you are electronically signing and submitting your application to FSSA. **By clicking this button, you are attesting to the fact you are the applicant or are applying on behalf of the applicant.**

If you do not click **Next** we will not be able to process your online application. If you do not want to submit your application online, click here to [print](#) a blank application or have one mailed to you.

Electronic Signature is Required:

I certify, under penalty of perjury, all information I have given on this application, any attachments and information provided during the eligibility determination process is complete and correct to the best of my knowledge and belief, including the citizenship or immigration status of each applicant.

Click Next to Submit your Application



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Take Away Sheet Includes:

- Inmate's health insurance application # to reference
- ASPIN's phone number for questions
- DFR/HIP phone # for calling to activate insurance and release authorized representative
- Any other pertinent information



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Meeting with Sheriff – Ideas for MOU

A. The COUNTY agrees to:

1. Identify offenders potentially eligible for Indiana Health Coverage Programs such as Medicaid and HIP 2.0.
2. Coordinate with ASPIN navigator to develop a schedule that best meets the needs of the COUNTY jail and ASPIN.
3. Provide space for Navigators to talk with and enroll incarcerated individuals in HIP 2.0 or Medicaid, such as tables or cubicles in a visible area.
4. Provide Wi-Fi, if available.
5. Maintain the paperwork from enrollment in the incarcerated individual's release portfolio and provide this information to the individual upon release.

B. ASPIN agrees to:

1. Provide a certified navigator to assist with enrollment, in accordance with guidelines mutually agreed upon by both parties
2. Equip the navigator with mobile office to perform enrollment.
3. Have navigator provide the incarcerated individual with information for assistance with enrollment questions after release.



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Coming Soon CEU- *Jail Enrollment*

Continuing Education (CE) E-learning Training Courses

- HIP 2.0—2 CEs Hours
- Health Literacy Part One Insurance 1 CE Hour
- Health Literacy Part Two Eligibility 1 CE Hour
- Coverage to Care 1 CE Hour
- Veterans New 1CE Hour

Cost: \$25 per CE credit hour

- *Coming soon—Jail Enrollment*



Continuing Education approved by: Indiana Department of Insurance

Register:
<http://www.aspinhealthnavigator.org/lms/>

For more information call:
877-313-7215



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Key Lessons Learned

- Navigators need to stay in contact as a resource for insurance questions at re-entry
- Take a working model to share with Sheriff/staff
- Each county jail will process this differently and have expectations for Navigators
- Inmates are grateful for the opportunity for insurance
- Stress the importance of staying on insurance to the inmate
- Sheriff's are supportive and value the service



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Faces of Navigation in Indiana



Contact Information

Julia Holloway, Senior Project Director
 ASPIN
 8440 Woodfield Crossing Blvd. Suite 460
 Indianapolis, IN 46240
jholloway@aspin.org
 1-877-313-7215
www.aspinhealthnavigator.org

Bill Wilson, Jail Services Coordinator
 Indiana Sheriffs' Association
 147 East Maryland Street
 Indianapolis, IN 46204
bwilson@indianashेरiffs.org
 1-800-622-4779



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Resources

- **Issue Brief - The Importance of Medicaid Coverage for Criminal Justice Involved Individuals Reentering Their Communities**
<https://aspe.hhs.gov/sites/default/files/pdf/201476/MedicaidJustice.pdf>
- **National Reentry Week -**
<https://www.justice.gov/opa/blog/national-reentry-week>
- **Incarceration and the Marketplace Frequently Asked Questions –**
- **Incarceration Exemption from the Shared Responsibility Payment for Individuals who are Incarcerated -**
<https://marketplace.cms.gov/applications-and-forms/incarceration-exemption.pdf>

