ASSEMBLY, No. 1295

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

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SYNOPSIS

Requires DOC and DHS to pre-enroll inmates in Medicaid; establishes Medicaid enrollment course for inmates within DOC.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

AN ACT concerning medical care for inmates, supplementing Title 30 of the Revised Statutes, and amending P.L.2009, c.329.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. (New section) a. The Commissioner of Corrections shall establish within each State correctional facility a Medicaid peer mentoring program. Under the program, the Office of Transitional Services within the Department of Corrections shall select inmates who may volunteer to serve as peer mentors to educate fellow inmates who are eligible for release about the Medicaid enrollment process. The peer mentors shall be responsible for:

(1) advising inmates about the federal requirement that all individuals maintain health care coverage and the potential tax liability if a person is uninsured;

(2) educating inmates about the benefits of applying for Medicaid;

(3) providing presentations during pre-enrollment classes established pursuant to section 9 of P.L.2009, c.329 (C.30:4-91.17);

(4) providing guidance and assistance throughout the pre-enrollment process established pursuant to section 9 of P.L.2009, c.329 (C.30:4-91.17).

b. The Office of Transitional Services, in consultation with the Department of Human Services, shall establish a training program to prepare peer mentors for their responsibilities established pursuant to subsection a. of this section.

2. Section 9 of P.L.2009, c.329 (C.30:4-91.17) is amended to read as follows:

9. a. The Office of Transitional Services within the Department of Corrections, in consultation with the Department of Human Services, shall establish a Medicaid pre-release enrollment program for inmates who are nearing the end of their term of incarceration. Under the program, the Office of Transitional Services shall establish a pre-release enrollment class utilizing peer mentors who are trained pursuant to section 1 of P.L. , c. (C.) (pending before the Legislature as this bill). The pre-release enrollment class shall educate inmates about the benefits of applying for Medicaid and the various managed care plans offered by Medicaid. Inmates who are within 90 days of their scheduled date of release from incarceration from a State correctional facility or a residential community release program shall participate in the pre-enrollment class.

Within one week of the pre-enrollment class, the Office of

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Transition Services shall assist the inmate in making a managed care selection and applying for medical assistance benefits under the Medicaid program. Medicaid eligibility determinations shall be based on information provided by the inmate prior to the scheduled date of release from incarceration as well as the medical history provided by the Department of Corrections.

b. The Office of Transitional Services shall coordinate with the Department of Human Services to provide eligible inmates with a Medicaid eligibility identification card on the date the inmate is released from incarceration. The Commissioner of Corrections shall ensure that at least **[**30**]** 60 days prior to the scheduled date of release of an inmate from a correctional institution in the State, the appropriate staff at the institution notify the applicable county welfare agency to process the initial application for medical assistance benefits under the Medicaid program or the reinstatement of the inmate in the Medicaid program if the inmate was enrolled in Medicaid prior to incarceration and continues to meet eligibility requirements for the program. The commission shall provide each eligible inmate with a Medicaid eligibility identification card upon the date on which the inmate is released from incarceration.

c. Prior to release from incarceration, every inmate with complex health needs shall be assigned a case manager from Medicaid managed care organization chosen by the inmate. The case manager shall establish for each inmate with complex health needs a transition plan to coordinate the inmate's access to medical care and services following the inmate's release from incarceration. In establishing the transition plan, the case manager may communicate with the inmate regarding the inmate's health care via a video conference call. The transition plan shall include an initial appointment with a primary care physician who accepts Medicaid and a list of any scheduled follow-up appointments. The transition plan also shall include assistance with coordinating other services including, but not limited to, locating available housing and accessible transportation in close proximity to the inmate's healthcare providers. The commission shall provide the transition plan to each inmate with complex health needs upon the date on which the inmate is released from incarceration.

The case manager shall contact the inmate at least five days following the inmate's release from incarceration to assist the inmate with accessing care according to the transition plan. The assistance provided shall include identifying and removing barriers to care and addressing any additional needs that are expressed by the inmate. After three unsuccessful attempts to contact the inmate, the case manager shall send to the inmate a letter with the case manager's contact information to request assistance.

d. As used in this act **[**,**]** :

"Complex health needs" means a medical condition that is a mental illness, substance use disorder, infectious disease, chronic

condition, or fatal illness for which an inmate received continuous treatment while incarcerated.

"Medicaid" means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

(cf: P.L.2009, c.329, s.9)

3. (New section) a. The Commissioner of Human Services shall apply for any State plan amendments or waivers as may be necessary to implement the provisions of P.L. , c. (pending before the Legislature as this bill) and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

b. The Commissioner of Corrections, in coordination with the Commissioner of Human Services, shall promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate the provisions of P.L. , c. (pending before the Legislature as this bill).

4. This act shall take effect on the first day of the thirteenth month following the date of enactment.

STATEMENT

This bill establishes a program to enroll inmates into Medicaid prior to their release from incarceration and assist inmates to access healthcare providers following their release.

Under the bill, the Commissioner of Corrections is required to establish within each State correctional facility a peer mentoring program comprised of inmates trained to assist other inmates to apply for Medicaid. The bill requires the Office of Transitional Services (OTS) within the Department of Corrections (DOC) to select inmates who volunteer to serve as peer mentors to educate fellow inmates who are eligible for release about the Medicaid enrollment process. The peer mentors are to be responsible for advising inmates about the federal requirement that all individuals maintain health care coverage and the potential tax liability if a person is uninsured. In addition, peer mentors are to educate inmates about the benefits of applying for Medicaid; provide presentations during Medicaid pre-enrollment classes; and provide guidance and assistance throughout the pre-enrollment process. The bill requires OTS to train peer mentors to carry out these responsibilities.

In addition, the bill requires OTS, in consultation with the Department of Human Services (DHS), to establish a Medicaid pre-release enrollment program for inmates who are within 90 days of their date of release from incarceration. Under the program, the

OTS would establish a pre-release enrollment class utilizing the trained peer mentors to educate inmates about the benefits of applying for Medicaid and the various managed care plans offered by Medicaid. Within one week of the pre-enrollment class, the OTS would be required to assist inmates in making a managed care selection and applying for medical assistance benefits under the Medicaid program.

The bill also requires OTS to coordinate with DHS to provide eligible inmates with a Medicaid eligibility identification card on the date the inmate is released from incarceration. Medicaid eligibility determination would be based on information provided by the inmate prior to the scheduled date of release from incarceration as well as the medical history provided by the Department of Corrections.

Finally, the bill requires every inmate with complex health needs to be assigned a case manager from a Medicaid managed care organization chosen by the inmate. The bill defines complex health needs as medical conditions that are a mental illness, substance use disorder, infectious disease, chronic condition, or fatal illness for which an inmate received continuous treatment while incarcerated.

The bill requires case managers to establish for each inmate with complex health needs a transition plan to coordinate the inmate's access to medical care and services following the inmate's release from incarceration. In establishing the transition plan, the case manager may communicate with the inmate regarding the inmate's health care needs via a video conference call. The transition plan is to include an initial appointment with a primary care physician who accepts Medicaid and a list of any scheduled follow-up appointments. The transition plan also is to include assistance with coordinating other services including, but not limited to, locating available housing and accessible transportation in close proximity to the inmate's healthcare providers. The bill requires DOC to provide each inmate with the transition plan upon the date on which the inmate is released from incarceration.

The case manager also is required to contact the inmate at least five days following the inmate's release from incarceration to assist the inmate with accessing care according to the transition plan. The assistance provided is to include identifying and removing barriers to care and addressing any additional needs that are expressed by the inmate. After three unsuccessful attempts to contact the inmate, the case manager would be required to send to the inmate a letter with the case manager's contact information to request assistance.