

SENATE, No. 371

STATE OF NEW JERSEY
219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator JOSEPH P. CRYAN

District 20 (Union)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

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.



1 **AN ACT** concerning medical care for inmates, supplementing Title
2 30 of the Revised Statutes, and amending P.L.2009, c.329.

3

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

6

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

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

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

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

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

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

28

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

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

45 Within one week of the pre-enrollment class, the Office of
46 Transition Services shall assist the inmate in making a managed

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.

1 care selection and applying for medical assistance benefits under
2 the Medicaid program. Medicaid eligibility determinations shall be
3 based on information provided by the inmate prior to the scheduled
4 date of release from incarceration as well as the medical history
5 provided by the Department of Corrections.

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

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

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

45 d. As used in this act [.] :

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

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

3 "Medicaid" means the Medicaid program established pursuant to
4 P.L.1968, c.413 (C.30:4D-1 et seq.).
5 (cf: P.L.2009, c.329, s.9)
6

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

13 b. The Commissioner of Corrections, in coordination with the
14 Commissioner of Human Services, shall promulgate rules and
15 regulations, pursuant to the "Administrative Procedure Act,"
16 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate the
17 provisions of P.L. , c. (pending before the Legislature as this
18 bill).
19

20 4. This act shall take effect on the first day of the thirteenth
21 month following the date of enactment.
22
23

24 STATEMENT

25
26 This bill establishes a program to enroll inmates into Medicaid
27 prior to their release from incarceration and assist inmates to access
28 healthcare providers following their release.

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

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

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

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

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

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

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