



Department of Health

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September 30, 2016

Mr. Eliot Fishman
Director
Center for Medicaid and CHIP Services (CMCS)
Center for Medicare and Medicaid Services
7500 Security Blvd, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Mr. Fishman:

Pursuant to the terms of New York State's Medicaid Section 1115 Demonstration Partnership Plan (11-W-00114/2), the State is required to seek Federal approval of any amendments. In accordance with this requirement New York State Department of Health (NYSDOH) is submitting this request to the federal Centers for Medicare & Medicaid Services (CMS) to amend the 1115 Waiver, seeking the following changes:

NYSDOH is requesting an authorization of federal Medicaid matching funds for limited and targeted Medicaid services to be provided in the 30-day period immediately prior to release to incarcerated individuals who are eligible for and enrolled in Medicaid, and are eligible for New York's Health Home program (i.e., they have two or more chronic physical/behavioral conditions, serious mental illness (SMI) or HIV/AIDS). The goals are to establish linkages to health care prior to release to help ensure individuals can remain healthy and stable in the community. The Amendment will also facilitate the goals of Delivery System Reform Incentive Payment (DSRIP) program to reduce avoidable hospitalizations and health care costs, as well as improve health outcomes.

The covered Medicaid services to be made available during the 30-days prior to release from the correctional facility are:

- Health Home care management, including outreach, enrollment and development of a care plan;
- Limited clinical consultation services provided by community based medical and behavioral health practitioners to facilitate continuity of care at post release; and
- Certain medications including long acting or depot preparations for chronic conditions (e.g. schizophrenia, substance use disorders) or suppressive or curative medications (e.g. HIV, hepatitis C) that would support longer term clinical stability post release.

Individuals released from incarceration often experience significant barriers to successful community re-entry. Research supports that a disproportionate number of persons are incarcerated with behavioral health conditions (i.e., substance use disorders and mental health diagnoses) as well as HIV/AIDS and other chronic diseases. The ability to provide Medicaid services during the 30-day period prior to release will help to bridge the gap in connectivity to health care services for incarcerated individuals as they re-enter the community. Specifically, the Amendment will provide incarcerated individuals the ability to:

- Effectively engage with a Health Home care manager to begin to develop an integrated care plan that identifies medical, behavioral health and social needs to support a stable and successful community life;
- Establish relationships with critical community based medical and behavioral health professionals prior to discharge; and
- Receive appropriate stabilizing medications prior to release to facilitate maintaining medical and psychiatric stability while facing the challenges of transitioning back to the community.

If CMS wishes to discuss this request further, please contact Lana Earle of my staff at 518-473-0919. Thank you for your consideration of this request.

Sincerely,



Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

Attachments

cc: Michael Melendez, CMS
John Guhl, CMS
Angela Garner, CMS
Deb Steinbach, CMS
Gregory Allen, NYS DOH
Lana Earle, NYS DOH
Jonathan Lang, NYS DOH
Peggy Elmer, NYS DOH
Priscilla Smith, NYS DOH
Paul Francis, NYS Executive Chamber

New York State
Criminal Justice
Partnership Plan Waiver Amendment

Introduction:

New York State is requesting approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Partnership Plan Waiver to authorize federal Medicaid matching funds for limited and targeted Medicaid services to be provided in the 30-day period immediately prior to release of incarcerated individuals who are eligible for and enrolled in Medicaid, and are eligible for New York's Health Home program (i.e., they have two or more chronic physical/behavioral health conditions, serious mental illness (SMI) or HIV/AIDS.) Coverage for these services is requested for persons incarcerated and sentenced in county and state facilities.

The covered Medicaid services to be made available in the 30 days prior to release from the correctional facility are:

- Health Home care management, including outreach, enrollment and development of a care plan.
- Limited clinical consultation services provided by community based medical and behavioral health practitioners to facilitate continuity of care at post release.
- Certain medications including long acting or depot preparations for chronic conditions (e.g., schizophrenia, substance use disorders) or suppressive or curative medications (HIV, hepatitis C) that would support longer term clinical stability post release.

The ability to provide Medicaid services during the 30-day period prior to release will help complement other initiatives that the State has implemented to engage the criminal justice population in health care as they re-enter the community. These initiatives include: (1) the Health Home Criminal Justice Workgroup which is a NYS Department of Health (DOH) sponsored statewide group convened around the opportunities for the Medicaid Health Homes to engage the criminal justice population and (2) the Justice and Mental Health Collaboration Program (JMHCP) administered by the NYS Division of Criminal Justice Services (DCJS) in partnership with the NYS Office of Mental Health (OMH) to improve outcomes for individuals with mental illness by enhancing criminal justice and behavioral health collaboration at the local government level. At the local municipality and county level, there are also various health care, community provider and criminal justice collaborations working with criminal justice involved individuals (CJII). The goal of all of these initiatives is to improve the quality of care for this population, reduce their health care costs, and reduce the incidence of and financial cost of recidivism. The State and the stakeholders involved in these initiatives have recommend that the State pursue this waiver to complement and improve the success of these efforts.

Background:

There is ample documentation from across the country that the criminal justice involved population contains a disproportionate number of persons with behavioral health conditions (i.e., substance use disorders and mental health disorders) as well as HIV/AIDS and other chronic diseases. In New York this is evidenced by information from the New York State County Re-entry Task Forces: in the 19 participating counties, of the 4,079 persons eligible for the Task Force Program, 26% required mental health treatment and 79% required substance use disorder treatment while 82% required social

services.¹ A review of the 400 individuals who were jailed in New York City over 18 times in the last five years found a total of 10,000 jail admissions, equivalent to 5 jail admissions per year per person, on average.² Sixty-seven percent of these individuals had mental health problems; 21% had a severe mental illness; and 99% struggled with a substance abuse problem.³

State and local correctional facilities (i.e., prisons and jails, respectively) provide medical services including medications for medical and mental health conditions. Individuals also re-enter the community with a limited supply of medications. However, medication management for substance use disorders is generally not provided. The provision of medication for specific conditions occurs within the controlled setting provided by the facility. This stability disappears when a person is released into the community. Even when individuals are released with medications or a prescription, compliance with or access to medication is not assured. For individuals who have a history of serious mental illness or SUD, particularly opioid abuse, there is a greater risk of non-compliance and/or relapse upon reentry into the community. The inability to adhere to a medication regime increases the risk of recidivism. For previous opioid users, the lack of medication for substance abuse disorders presents a significant danger to previous users who may not appreciate their reduced tolerance and inadvertently overdose and die. Death by overdose is the most frequent cause of death in the first two weeks post release⁴. The use of depot/long acting medications for treatment of schizophrenia and opioid addiction can support a smoother transition into the community, facilitate the successful linkage to other services to further maintain stability⁵. The ability to begin the use of depot/long acting medications prior to release will ensure these medications are clinically appropriate and tolerated and remain in use when the member re-enters the community.

New York is seeking to build and strengthen the relationship between the care provided inside of its jails and prisons and the care provided by Medicaid providers upon release. One of the barriers to establishing this transitional connectivity to health care has been the State's suspension and reinstatement process for Medicaid. The process for re-instating has resulted in delays in having Medicaid coverage restored upon release and creates a problematic gap in which members cannot access services and the continuity of care is disrupted. In the absence of Medicaid coverage, providers are reluctant to make appointments prior to release and in the immediate period after release. In 2014, the NYS Council on Community Re-Entry and Reintegration was formed to address obstacles faced by individuals transitioning from incarceration to the community, including this gap in the reinstatement of health coverage. To facilitate the arrangement of critical services prior to release the Council recommended that NYS reinstate Medicaid benefits 30 days prior to release, but not allow services to be billed, and issue a Medicaid benefit card prior to release. The DOH Office of Health Insurance Programs is currently working to implement this "reinstate without ability to bill" function.

To complement this effort and more effectively address the gap and increase the likelihood that post-release programs succeed with respect to the most medically and socially complex inmates, New York State enacted legislation as part of the Fiscal Year 2016/17 Budget permitting the State to:

¹ County Re-entry Task Force Program Activity Report: July 2013 – June 2014

² Mayor's Task Force on Behavioral Health and the Criminal Justice System: Action Plan (Dec. 2014)

³ Ibid.

⁴ Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors, I.A.Binswanger, et al., *Addiction Science and Clinical Practice* 2012 7:3

⁵ The role of long-acting injectable antipsychotics in schizophrenia: a critical appraisal, S. Brissos et al., *Ther.Adv.Psychopharmacol* 2014 Oct. 4(5): 198-219

“Seek federal authority to provide medical assistance for transitional services including but not limited to medical, prescription, and care coordination services for high needs inmates in state and local correctional facilities thirty days prior to release.”⁶

By receiving transitional services and linkages to community-based resources, justice-involved individuals with significant health conditions will be more likely to remain stable in the community, avoid relapse and overdose, reduce emergency department (ED) use and hospital admissions, and avoid re-incarceration.

Program Design:

The goal of this program is ensure a seamless transition to community based services for incarcerated individuals reentering the community who are eligible for the Health Home program. Thirty days prior to release, this amendment will provide incarcerated individuals the ability to:

- Effectively engage with a Health Home care manager to begin to develop an integrated care plan that identifies medical, behavioral health and social needs to support a stable and successful community life, and addresses eligibility/enrollment in a managed care and/or Health and Recovery Plan, if appropriate, in collaboration with the discharge planning services of the facility,
- Meet and establish relationships with critical community based medical and behavioral health personnel prior to discharge, and
- Receive appropriate stabilizing medications prior to release to facilitate maintaining medical and psychiatric stability while facing the challenges of transitioning back to the community.

The three components above, specifically Health Home care management, consultation with medical and/or behavioral health providers, and medications including long acting depot medications are currently Medicaid benefits. When a community provider cannot meet directly with the individual and discharge planner due to distance from a specific state prison, the majority of state prisons have videoconferencing that should allow services consistent with New York State Medicaid telehealth requirements. This amendment will provide the opportunity to address current restrictions on providing and billing for this tailored scope of Medicaid benefits that are critical to ensuring smooth transition to the community. New York State is ideally situated to implement a pilot, testing the efficacy of adding these services to covered Medicaid services in this limited environment. See chart below.

Table 1: Key Components of the Criminal Justice Reentry Program

Key Components of Criminal Justice Reentry Program		
Component:	Status:	Implementation Date:
Implementation of Suspension Status for incarcerated Medicaid members	In Place	2008

⁶ Chapter 59 of the New York State Laws of 2016, Part B, § 21-a.

Key Components of Criminal Justice Reentry Program		
Component:	Status:	Implementation Date:
Health Homes	In Place	2012
Health Home Criminal Justice Workgroup	In Place	2012
Reinstatement of Medicaid benefits for incarcerated persons 30 days prior to release (no billing allowed)	In Process	Anticipated to begin Fall 2016
Medicaid Coverage for Transitional Services for Medicaid members beginning 30 days prior to release	Requested	January 2016

While the State has implemented many actions to assist those transitioning from incarceration to the community, there remains a significant gap in the ability of the State to provide transitional services prior to discharge. Individuals leaving incarceration often have experienced significant social disruption that they need to resolve. They may be homeless, they may be abandoned by families or only have connections to the persons, places and influences that initially lead to their involvement with the criminal justice system. There are numerous stories of persons committing crimes only to facilitate return to the stability of a correctional facility where they are housed, fed and provided medical care – none of which they were able to access within the community. Even under the best of circumstances, when a person is discharged without prior contact with his/her future care manager or care provider or does not have long acting depot medications, there is a high risk he/she will establish other priorities and will not engage with critical service providers when they reenter the community. Engagement and contact with the individual needs to be happen prior to release to comfortably facilitate the continuity of care after discharge. This remains the critical piece to complete the activities that New York State has already implemented.

Table 2: Services Requested in the 30 Days Prior to Release from Incarceration

Services	Covered under Medicaid?	Requested for coverage in 30 days prior to discharge?
Health Home Care Management (Engagement and care plan development), including by telemedicine linkage	Yes	Requested
Initial consultation by physician, nurse practitioner, licensed/registered/certified substance use disorder or mental health specialist, including by telemedicine linkage	Yes	Requested

Services	Covered under Medicaid?	Requested for coverage in 30 days prior to discharge?
Medications used for management of substance use disorders (e.g., buprenorphine and other long acting depot medications)	Yes	Requested
Medications used for management of psychiatric disorders	Yes	Requested
Medications used for management of high risk chronic disorders including HIV/AIDS; Hepatitis C	Yes	Requested

Eligibility:

Individuals eligible for this program are those whose Medicaid benefits were limited to inpatient hospital only, are 30 days from their expected release date (ERD), and who meet New York State’s Health Home eligibility criteria. Specifically, individuals must have two or more qualifying chronic diseases, HIV/AIDS, or serious mental illness. Medicaid members who are eligible for HARPs are also eligible for Health Home services.

Currently, reinstating Medicaid 30 days prior to release is more easily accomplished in the state prison system where there is more certainty around release dates and there are systems in place to exchange such data between Department of Corrections and Community Supervision (DOCCS) and DOH. The State is now working to develop data exchange processes between county jails, state criminal justice agencies and DOH. During the development of those processes, the State will phase in the demonstration by beginning the program in the State prisons, and then expanding to county jails.

As shown in the table below, there are 25,019 annual discharges from prison, and 193,349 annual discharges from jail (64,699 in New York City, and 128, 650 in rest-of-State jails). The State preliminarily estimates that approximately 55% of this population would be eligible for Health Home (25% serious mental illness, 5% HIV, and 25% with chronic conditions, which include a SUD or Hepatitis C diagnosis).

Table 3: Incarcerated Population in New York State

Incarcerated Population in New York State			
Aggregate Sites	Average Daily Population	Total Annual Discharges (includes multiple discharges for same person)	Date of Statistic
New York City Department of Correction —County Jail	9,753	64,699	2015
Rest of State – County Jails	15,573	128,650	2015

New York State Department of Corrections and Community Supervision – State Prison	52,045	25,019	2015
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Enrollment:

DOH will work with counties and DOCCS to provide training around the provisions of the amendment, the Health Home program and Health Home eligibility requirements. Individuals who are eligible for Health Home will be identified by the health care providers within the DOCCS prisons and county jail systems. The State will also work with DOCCS and counties to match Health Home eligible lists to members who are approaching the 30 day pre-release timeframe. The Health Home care manager will be the focal point for discharge planning, including using the limited scope of Medicaid benefits authorized under this amendment within the 30 day period. The Health Home care manager will be the hub for conducting and maintaining continuity of care with the individual during pre and post discharge to the community. The Health Home care manager will also identify HARP eligible members and arrange care planning accordingly, including connectivity to Home and Community Based Services. Members not eligible for HARP will be assisted with enrollment in a managed care plan.

Expansion Program Benefits:

As referenced above, New York already has implemented many initiatives to improve care for the justice-involved population with chronic conditions, including those affected by the opioid epidemic, other substance use disorders, mental health conditions (e.g., NYS Office of Mental Health Medication Grants Program), and/or HIV/AIDS (“End the Epidemic”). The State has expanded Medicaid coverage to all low-income adults; elected to suspend rather than terminate Medicaid eligibility for inmates; designed a benefit package that covers the optimal continuum of substance use disorder and mental health services; established Health Homes initiatives focused on the criminal justice-involved population at release; and launched an ambitious delivery system reform effort- the Delivery System Reform Incentive Program (DSRIP). This amendment will complement and facilitate the success of those efforts by ensuring inmates with serious physical and behavioral health conditions can return to the community with the services they need already in place and be better poised to appropriately leverage needed State and Federal services in the community.

Impact on Medicaid Members:

The targeted scope of Medicaid benefits provided to inmates 30 days prior to release under this amendment will provide for effective discharge planning by linking individuals with serious physical and behavioral health conditions to a comprehensive system of care and transitional supports during pre **and** post discharge to promote stability in the community. The introduction and linkage to services pre-release ensures connectivity to care at release. Authorizing the targeted scope of benefits for this well-defined group of criminal justice involved individuals will improve health outcomes, and consistent with DSRIP goals, reduce avoidable hospitalizations, and Medicaid costs. Further, this Amendment will

provide CMS and New York the data to evaluate the improvements in health outcomes and the reduction in Medicaid costs of providing critical discharge planning services to inmates pre-release.

It is well documented that inmates with serious health conditions use relatively costly Medicaid services (inpatient hospital stays, psychiatric admissions, ED visits for overdoses) at a high rate in the weeks and months immediately after release:

- One in 70 individuals are hospitalized within a week of release from prison or jail (2.5 times higher than non-inmates) and 1 in 12 are hospitalized within 90 days (nearly 2 times higher than non-inmates),⁷ rates which are likely higher for high-cost, high-need inmates targeted by the demonstration waiver.
- According to a national study by Frank et al., nearly a quarter of ex-inmates had a first emergency department (ED) visit within one month of release and were more likely than the general population to visit the ED due to a mental health condition, substance use disorder, or ambulatory sensitive condition.⁸
- According to Althoff et al., immediately after prison release, HIV+ released prisoners are at high risk of discontinuous primary care and lapses in antiretroviral therapy (ART) adherence.⁹

There is also strong evidence that appropriate transitional services can reduce the poor outcomes and high costs among former inmates.

- Pre-release discharge planning has been associated with increased retention in HIV care among HIV+ individuals released from jail across 10 diverse U.S. sites.¹⁰
- In one three-year pilot program for newly released inmates, only 2 of 83 patients on long-acting injectables used illegal drugs or alcohol.¹¹ Similarly, in one observational study, patients who received long-acting antipsychotic medications were twice as likely to remain in treatment as those who received oral antipsychotic medications.¹²
- Long-acting antipsychotic medications also impact recidivism rates. Only 21% of former inmates receiving these medications were re-incarcerated within three years of their release, far below the national average of 70% of inmates returning to jail within three years.¹³

Network Adequacy and Provider Readiness Analysis:

⁷ A High Risk of Hospitalization Following Release from Correctional Facilities in Medicare Beneficiaries: A Retrospective Matched Cohort Study, 2002 to 2010 (Sept. 2013). Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069256/pdf/nihms-586569.pdf>

⁸ Emergency Department Utilization among Recently Released Prisoners: A Retrospective Cohort Study (Nov. 2013). Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818565/>

⁹ Correlates of Retention in HIV Care after Release from Jail: Results from a Multi-site Study (Oct. 2013). Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714328/>

¹⁰ Ibid.

¹¹ Breaking Good: Vivitrol, A New Drug Given As A Monthly Shot, Is Helping Addicts Stay Clean (March 2015). Available from https://www.washingtonpost.com/lifestyle/magazine/his-last-shot-will-a-monthly-jab-of-a-new-drug-keep-this-addict-out-of-jail/2015/03/05/7f054354-7a4c-11e4-84d4-7c896b90abdc_story.html

¹² Time to Discontinuation of Depot and Oral First-Generation Antipsychotics in the Usual Care of Schizophrenia (March 2008). Available from <http://www.ncbi.nlm.nih.gov/pubmed/18308914>

¹³ Vivitrol Program Helps Inmates Stay Sober (April 2015). Available from <https://www.pgdf.org/vivitrol-program-helps-inmates-stay-sober/>

Every county in New York State has at least one active Health Home already interacting with substance use disorder, mental health and physical health providers, community based organizations, and county mental health services (Single Point of Access [SPOA]). A number of these Health Homes are already working with criminal justice involved individuals and engaged with prisons and jails. Additionally, all Health Homes are working with Health and Recovery Plans, a managed care option for individuals with significant behavioral health needs. The ability to identify and link HARP eligible members prior to release will help facilitate the enrollment of HARP members and, most importantly, link them to the array of Home and Community Based Services they are eligible for and which will help transition former inmates to the community.

DOH is now working to strengthen the health information exchange process between the criminal justice system, Health Homes and the State. While there is good communication between DOCCS and DOH for the purposes of managing the suspension process, the data exchange capabilities between counties and the State is still in an early stage of development; however, the State is exploring opportunities to create shared systems of communication for the purposes of outreach referral and linkage to Health Home care management.

Sources of Non-Federal Share of Funding:

The services that are being requested for coverage during the 30 days prior to release from state and county correctional services are currently already covered for Medicaid members who are not incarcerated and who are in fee for service or Medicaid Managed Care Plans. Services are covered with State and Federal matching funds in accordance with the individual's category of eligibility. The State expects savings from drug rebates and from unnecessary services (e.g. Emergency Room and inpatient) that are avoided as a result of providing a limited scope of Medicaid benefits. The State will manage the upfront costs to the Global Spending Cap (GSC).

Budget Neutrality:

New York State and CMS are continuing to discuss the methodology around determining budget neutrality and savings calculations which may result in changes to how members are identified and classified and the corresponding calculation of their costs and savings. Upon completion of those discussions the State will submit estimated costs for the program and demonstrate budget neutrality. Based upon discussions with CMS to date, the State is confident it will be able to demonstrate budget neutrality under this amendment.

Reporting, Program Monitoring and Quality Management:

Today, there are no nationally recognized metrics that address the health and wellness outcomes of reentry programs. This amendment will help provide that missing data and analysis. Metrics for analyzing the impact of the amendment will also naturally align with Managed Care Plan measures, DSRIP and value based payments. It is anticipated that DOH, DOCCS, and county/New York City jails in collaboration with the Health Home Criminal Justice Workgroup and other stakeholders, will monitor the implementation of the program and its anticipated outcomes. As discussed earlier, the State is

working to link Medicaid data and criminal justice information. Medicaid claims and encounter data will also be used to help evaluate changes to health outcomes of individuals covered under the amendment.

Metrics used to evaluate the amendment will include the following data and quality measures for each member (if applicable) that received any of the limited scope of Medicaid benefits authorized 30 days prior to release. Members will be tracked during the 30 day pre-release period and for at least 18 months, beginning with the month they re-enter the community.

- 1) The number and percentage share of members that had a primary care visit within 30 – 45 days of release.
- 2) The number and percentage share of members that had a behavioral health/clinic visit within 30-45 days of release.
- 3) The number and percentage share of members that remained continuously linked to Health Home (as measured by monthly billable care management services) or that were discharged from Health Home because they were determined to be stable and no longer need Health Home care management.
- 4) Number and percentage share of members that had improvements in clinical outcomes (e.g., HIV+, CD4 and VL, for DM, and HbA1c).
- 5) Number and percentage share of members that were not stably housed (as measured and tracked by the functional indicators of the Health Home “high, medium, low” payment methodology).
- 6) Number and percentage share of members that continuously adhered to medication regime (including substance abuse and mental health medications).
- 7) Number of emergency room visits per member, percentage of members that had one or two or more emergency room visits.
- 8) Number of inpatient stays per member, percentage of members that had one or two or more inpatient stays.
- 9) Number and percentage share of members that were arrested and number and percentage share that were arrested due to behavioral health incident (if known).

Public Comments Received and Response:

Please see Attachment 1 documenting public comments received in response to the State’s Public Notice regarding the submission of this amendment. The following provides a summary of the name/entity that submitted the comment, the date the comment was submitted, a brief summary of the comments and the State’s response.

- 1) Letter of Support from the Legal Action Center (in Attachment 1): Letter of support for the proposed waiver.
- 2) Comments from the New York State Conference of Local Mental Hygiene Directors, Inc. (in Attachment 1): The Conference expressed its support for this waiver and noted that the Local Governmental Units work closely with their local correctional facilities. They noted the following items for consideration:
 - a) have all inmates who meet Health Home criteria to be eligible for Health Home Plus, a higher intensity program. They provided their recommended criteria. DOH Response: The criteria are very broad and would appear to include essentially all Health Home eligible releasees. This is not consistent with current Health Home plans.

b) proposed a number of services including care management, mental health and SUD treatment, medication management, discharge planning, comprehensive assessment for mental health and SUD, psychotropic medications, peer services and group support. DOH Response: A number of the suggestions were already in the waiver. A number of the suggestions were already provided within the incarceration site or were in the class of Home and Community Based Services and not within the scope of this waiver request.

- 3) Comments from Ronald Harling, Superintendent, Monroe County Jail (in Attachment 1) : Mr. Harling submitted comments on the services that his team would like to be considered as part of the submitted waiver. Specifically he listed diagnoses including increasing population eligible for Health Home Plus and high risk circumstances that would identify high need inmates. Additionally, he suggested the following services: in reach care management, in reach chemical dependency and mental health intake, and groups by community providers. DOH Response: Comments on Health Home Plus will be shared with the Health Home team but are not consistent with current plans. The listed diagnoses are included in those for Health Home eligibility. High risk circumstances are further considerations already in Health Home eligibility. Three of the requested services are consistent with the current waiver request; group therapy sessions should be part of the services already provided with the facility and are not considered transitional services.
- 4) Email request from Elizabeth Hagan, Families USA, who was interested in writing an article about “New York’s great work”.
- 5) Email request from Chuck Hitchings, Treinen, requesting briefing documents. DOH Response: The gentleman was referred to the Public Affairs Group since his request was the broader state initiative.