ACE TA Center

What We Do

The goal of the ACE TA Center is to help RWJHAP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance.

In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage newly eligible clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewal/re-enrollment.

- View all ACE TA Center enrollment tools and resources
- View webinars and presentation slides

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Connecting Recently Incarcerated People Living with HIV to Health Coverage and Care
Roadmap for today’s webinar

1. Incarceration & implications for PLWH nationally
2. Challenges and barriers to coverage and care
3. Coverage options and best practices for enrollment
4. Connection to coverage and care in Louisiana
5. Questions and discussion
Introductions
Audience Poll

Have you been on an ACE webinar before?

- Yes
- No
What is the biggest challenge you face connecting recently released PLWH in health coverage and care?

- Lack of trust in system
- Concerns about stigma/disclosure
- Unaware of coverage termination
- Released into post-ACA environment
- New to HIV/RWHAP services
- Competing priorities (housing, job)
- Other (chat them to us)
Background on incarceration and implications for PLWH
Incarceration and HIV in the U.S.

- **12.8 million** people in jails and state prisons
- Prevalence of HIV in prisons/jails is **three to five times higher** than surrounding communities
- **One in seven** people living with HIV passes through the criminal justice system
- Overlapping characteristics of those incarcerated and living with HIV
What are the health needs?

Prevalence of substance (drug or alcohol) use disorder

- Non-institutionalized adults (18+ years): 12%
- Jail inmates: 68%

What are the health needs?

Prevalence of serious mental illness

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<thead>
<tr>
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<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Non-institutionalized adults (18+ years)</td>
<td>3%</td>
<td>14%</td>
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<tr>
<td>Jail inmates</td>
<td>5%</td>
<td>31%</td>
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U.S. average HIV care continuum

Coverage eligibility for criminal justice-involved population

Pending disposition*

Medicaid – Terminated or suspended

Marketplace – Enroll or continue coverage

* Pending disposition means being held without conviction and waiting for sentencing or other final settlement of a case.
Coverage eligibility for criminal justice-involved population

- Incarceration
  - Medicaid – Terminated or suspended
  - Marketplace – Terminated or ineligible to enroll
Coverage eligibility for criminal justice-involved population

**Medicaid** – Reinstate or re-enroll

**Marketplace** – Enroll during 60-day Special Enrollment Period
Audience Poll

Does your state suspend or terminate Medicaid coverage for those incarcerated?

- Suspend
- Terminate
- I don’t know
Suspension vs. Termination of Medicaid Coverage

Suspension vs. Termination of Medicaid Coverage

“Facilitating enrollment in Medicaid and supporting access to services following incarceration has the potential to make a significant difference in the health of this population and in eligible individuals’ ability to obtain health services that can promote this well-being. Such enrollment will also help individuals with disabilities obtain critical community services to avoid crises and unnecessary institutionalization.”

Incarceration and HIV

PLWH being released from prisons and jails will likely experience:

- Gaps in health coverage
- Gaps in care
- Challenges with medication adherence for HIV and other health conditions
- Poorer outcomes
Importance of coverage and care

- Consumers are most vulnerable during the first year after release
- Frequent users of ED services and inpatient psychiatric services
- Access to medical and mental health services
  - Reduces re-involvement with the criminal justice system
  - Lower rates of death, illness, and HIV transmission
Connecting recently incarcerated PLWH to health coverage & care in Louisiana
Background on Louisiana

- Newly expanded Medicaid
- ~19,000 PLWH, with ~1300 new cases (at the end of 2013)
- Highest incarceration rate in the US and world (1,082/100,000)
  - Nine prisons
  - Medicaid suspended with incarceration
  - ~500 PLWH incarcerated
Collaboration between Louisiana State STD/HIV Program & Corrections

- Started in 2008
- Two Corrections Specialists
- Contracted by the state to work in nine prisons
  - Each works with ~150 clients per year
- 2013 SPNS grant to support the work
Client challenges in Louisiana

- Most clients are uninsured, both entering and leaving prison
- Most are aware of HIV status before prison
  - In 2009, prisons started testing on intake
- Clients have difficulty understanding the complexities of HIV care
- Clients face an array of issues (mental health, substance use, trauma, chronic conditions)
Louisiana’s promising practices

**Pre-Release** → **At Release** → **Post-Release**

- Supportive prison leadership
- Conduct medical release planning
  - Link clients to medical care and case management, and complete ADAP application
- Connect clients to case management through video conferencing
- Provide HIV education
Louisiana’s promising practices

Pre-Release → At Release → Post-Release

- Goal is to have the client’s’ ADAP application approved on the day of their release.
- Link them to HIV care with a provider in the community they are returning to.
- Provide short-term supply of HIV medications at release.
- Send new prescriptions to the client’s preferred pharmacy.
Louisiana’s promising practices

Pre-Release → At Release → Post-Release

- Facilitate linkage to HIV care
- Refer clients to case management agency
- Clients reinstate Medicaid benefits by taking paperwork to Medicaid office
- Alert clients to the Marketplace Special Enrollment Period for enrollment after release from incarceration
Lessons learned from the State

- Develop partnership with Departments of Correction
- Engage clients pre-release
- Educate clients on their HIV care
- Enrollment in coverage is not enough to engage recently-released PLWH in HIV care
- Maintain viral suppression post-release by making sure there are no gaps in care or ART
The Philadelphia Center

Mission: To empower those affected by HIV/AIDS and STDs through education and service
Challenges/Barriers

- Stigma and fear of disclosure
- Competing priorities (housing, employment)
- Disengagement from case management
Example: What is HIV?

Sources for images:
Strategies for engagement of PLWH after release
Strategies for connecting to health coverage and HIV care

- ADAP application completed pre-release
- Marketplace Special Enrollment Period
- Support enrollment through partnerships
- Case managers as enrollment assisters
Benefits of coverage and care

- Coverage supports clients getting into HIV care
- Coverage and care for other non-HIV-related health problems
- Medicaid provides access to non-medical needed services (transportation)
Audience Poll

Which of the following strategies would you be most interested in implementing at your agency?

- Pre-release relationship-building
- Case manager training in MH/SUD
- Benefits enrollment pre-release
- Pre-release referral to RWHAP care
- Other (chat to presenter)
Summary and conclusion
Summary of client enrollment challenges

- Lack of trust in system
- Unaware of coverage termination
- Released in different environment (post-ACA)
- New to HIV/RWHAP service delivery system
- Competing priorities are housing, employment, income
Summary of best practice strategies to support enrollment

State

- Suspend rather than terminate Medicaid
- Provide short-term supply of ART
- Cultivate statewide delivery system

Agency

- Foster relationships with Corrections
- Provide discharge planning
  - RWHAP services delivered up to 180 days pre-release
- Develop referral network
- Train case managers to support enrollment
Summary of best practice strategies to support enrollment

Case Manager

- Relationship-building with clients pre-release
- Include benefits enrollment in discharge planning
- Connect client to RWHAP HIV medical care at release
- Address other needs (housing, employment, transportation, etc.)
Conclusion

- Improved access to coverage and care from the ACA could have positive long-term effects on the health of recently incarcerated PLWH

- Enrollment success requires support and collaboration between agencies
Additional resources

- **HealthCare.gov**: Health Coverage for Incarcerated People

- **National Academy for State Health Policy (NASHP) Toolkit**: State Strategies to Enroll Justice-Involved Individuals in Health Coverage

- **Office of the Assistant Secretary for Planning and Evaluation (ASPE) Issue Briefs** on coverage for re-entering individuals

- **National Coordinating Resource Center for AETC Programs (AETC NCRC)** resources on serving criminal justice-involved PLWH or individuals at risk for HIV
References

- Centers for Medicare and Medicaid Services. To Facilitate successful re-entry for individuals transitioning from incarceration to their communities. SHO # 16-007. 28 April 2016. Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf
SAVE THE DATE: upcoming ACE webinars

Health Literacy, Health Insurance Literacy and Consumer Activation
Thursday, July 21 3:00 PM (Eastern Time)

Basics of health coverage enrollment for Ryan White HIV/AIDS program clients
Wednesday, August 10 3:00 PM (Eastern Time)

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