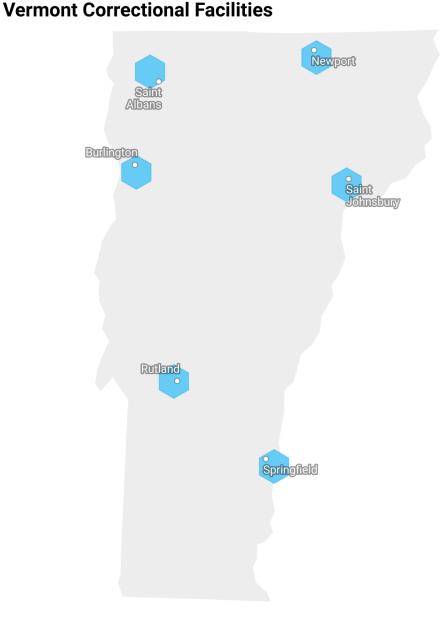
## Vermont's Reentry Initiative: CMS Site Visit

August 2024



# **DOC Overview**

- Housed within Vermont Agency of Human Servic
- Unified System
  - Detention / sentenced / community supervisi
- Facilities:
  - 6 in-state facilities
    - 5 men's facilities
    - 1 women's facility
  - 1 out-of-state men's facility
- Probation & Parole:
  - 12 district offices
- Training: Vermont Correctional Academy
- Budget: **\$200M**
- Staff: **1,000**



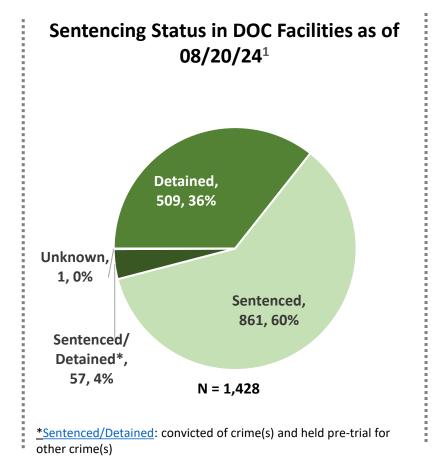
Created with Datawrapper

## **Key Features of VT's Reentry Initiative**

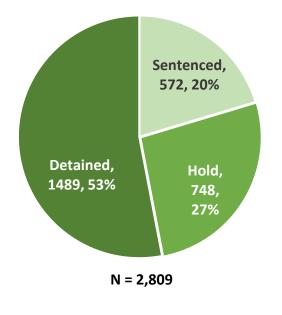
CMS approved Vermont's Reentry Initiative as an amendment to the Global Commitment demonstration on July 2, 2024.

	Covered	l Services
Key Features	Service	Provider
Eligible individuals: Post- adjudication population only, no targeted conditions	Case management	Vermont Chronic Care Initiative
	Medication-assisted treatment	DOC medical contractor and pharmacy vendor
<ul> <li>Eligible facilities: Reentry initiative will be implemented in all DOC facilities</li> <li>Pre-release duration of services: 90 days</li> <li>Capacity building funding: \$3 million</li> </ul>	30-day supply of all prescription medications at release	DOC pharmacy vendor
	Medication and medication administration, including treatment	DOC pharmacy vendor
	for Hepatitis C	
	Screening for common health conditions	DOC medical contractor
	Peer support services	In-reach community-based peer support specialists

### VT Has 6 DOC Facilities Where 1,400+ People are Incarcerated



Individuals Released by Booking Status from 1/1/24 – 7/31/24<sup>2</sup>





## Summary of Eligibility and Enrollment Approach

Medicaid E&E and Application Assistance	<ul> <li>DOC's medical contractor staff will verify Medicaid enrollment status via MMIS for all individuals at intake.</li> <li>DOC's medical contractor staff will provide Medicaid application assistance to all individuals eligible for but not enrolled in Medicaid</li> <li>DOC may augment Medicaid application assistance staffing, if needed (i.e., training additional medical contractor staff, leveraging community-based application assisters)</li> </ul>
Medicaid Benefits Suspension Approach & Effectuating Full Medicaid Coverage Upon Release	<ul> <li>VT will establish a Medicaid benefits suspension process to ensure that only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release.</li> </ul>
	<ul> <li>VT will assign a "flag" in the Department of Vermont Health Access (DVHA) eligibility and enrollment systems to indicate that an individual has been incarcerated and this information will be sent to the MMIS to effectuate a Medicaid suspension that will limit the payment of services only to those that are authorized under the Demonstration.</li> </ul>
	<ul> <li>Medicaid benefits will not be suspended for individuals incarcerated for &lt;28 days.</li> </ul>
	<ul> <li>The flag in DVHA E&amp;E systems would be removed upon release and MMIS would be updated to establish full Medicaid benefits.</li> </ul>
	<ul> <li>VT will define a policy that specifies when and how DOC will share information with DVHA to confirm an individual has been incarcerated and expected release dates based on minimum sentence to initiate pre-release case management, and actual date of release to trigger Medicaid reimbursement for reentry services and establishment of full Medicaid coverage.</li> </ul>



### **Summary of Case Management Approach**

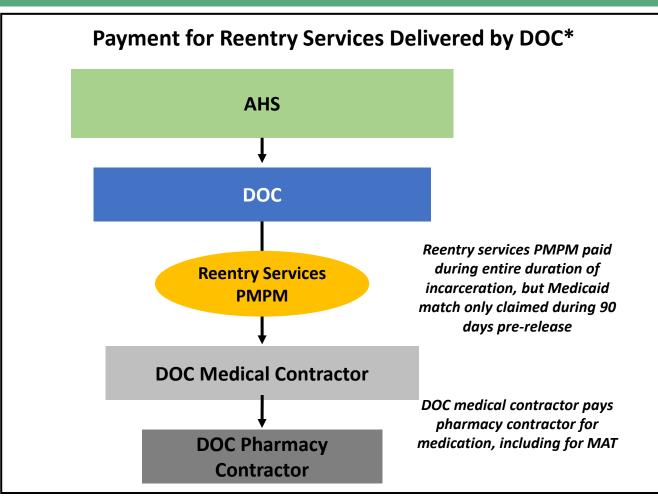
VT's Reentry Initiative will adopt a community-based in-reach case management approach to promote continuity of care throughout the prerelease and immediate post-release period.

The Vermont Chronic Care Initiative (VCCI) will be the lead case management entity during the pre- and post-release period. VCCI, which is under VT's Agency of Human Services, provides intensive, community-based whole-person case management services to VT Medicaid enrollees with chronic health conditions and other complex needs.

	V		
	Pre-Release Roles and Responsibilities	Post-Release Roles and Responsibilities	Warm handoff
DOC identifies dividuals eligible for Medicaid reentry services and refers dividuals to VCCI for case management.	<ul> <li>VCCI assigns a reentry care manager based on expected location of release for both pre- and post-release case management functions.</li> <li>VCCI care manager assumes lead responsibility for delivering case management (in-person when possible, otherwise via telehealth) beginning 90 days prior to the release date.</li> <li>VCCI care manager coordinates with DOC/medical contractor staff to develop Reentry Care Plan and prepare for transition to community, as needed.</li> <li>VCCI coordinates peer support services</li> </ul>	<ul> <li>The same VCCI care manager assigned to an individual pre-release continues to provide case management into the immediate post-release period (~3-6 months, unless specialized community- based case manager identified sooner).</li> <li>VCCI care manager identifies if the individual has a prior community-based case manager and/or would benefit from specialized case management services (e.g., through a community- based mental health provider, HCBS program, Hub and Spoke Health Home for opioid use disorders).</li> </ul>	for eligible individuals Specialized Case Management Program

### **Payment Approach for Reentry Services**

To ensure that Medicaid is only paying for services in the 90 days pre-release, DOC will pay its medical contractor a PMPM that incorporates <u>only</u> the cost of reentry services. The State will only claim Medicaid match for this PMPM during the 90 days pre-release. DOC will pay its medical contractor separately for the provision of other services (i.e., those that are not covered under the 1115 demonstration).



#### Payment for VCCI Case Management

AHS will pay for VCCI case managers as a Medicaid administrative cost. AHS will conduct monitoring to ensure that case management is only provided in the 90 days pre-release, in addition to the post-release period.



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\*VT is still determining the payment approach for pre-release peer support services

## **Questions?**

# **Background Materials**



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### **Incarceration Rates by State - 2024**

Rate per 100,000

Louisana	1,067						
Mississippi	1,020						
Arkansas	912						
United States	608						
Oregon	494						
California	494						
Hawaii	367						
Connecticut	326						
New York	317						
New Hampshire	278		Vermont's over	rall inc	arcera	tion rate	e ranks
Maine	272		secon	d-lowe	est nati	onally	
Rhode Island	254						
Vermont	245	I					
Massachusetts	241						

Includes those held in state prisons, local jails, federal prisons, USMS detainees, Indian Country jails, juvenile facilities, and involuntarily commitments

Source: Prison Policy Initiative • Created with Datawrapper

# **Vermont Incarcerated Population**

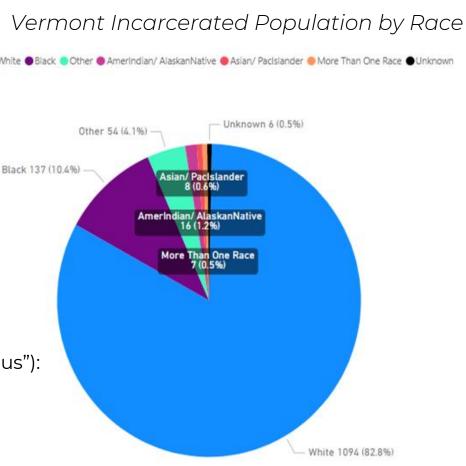
### Demographics

- Gender Identity:
  - Male: 1265 (90.6% of total incarcerated population)
  - Female: 109 (7.8%)
  - Transgender or different gender identify: 22 (1.6%)
- Population by Race:
  - White: 82.1%
  - People of Color: 17.4%
  - Unknown/did not disclose: 0.5%

#### **Charges & Convictions**

- Felony charge/conviction:
  - 92% detained
  - 94% sentenced
- Agg. assault, sexual assault, murder charge/conviction ("Felony Serious"):
  - 60% detained
  - 62% sentenced
- Violent crime: 77% (sentenced)







# **DOC Population Statistics: Health**

### **Medication Trends**

- Population receiving medication: **90%**
- Receiving psychotropic medications: **70%**
- Average number of medications: **5.5**
- Receiving Medication for Opioid Use Disorder (MOUD): **70%**

### **Health Trends**

- **1,000** individuals w/ diagnosed chronic illness
  - **90%** of the average daily incarcerated population
  - **47% increase** from 2015 to 2022
- Total ED visits by incarcerated individuals in 2023: **532**
- Deaths in custody in 2024: 3 (2 individuals on medical furlough)

