



Health Homes for Justice Populations

This brief is for public safety leaders, state Medicaid agency personnel, and policymakers who work on issues related to criminal justice and behavioral health. The Affordable Care Act allows states to receive an enhanced match rate for “health home” services provided to special populations. Other than minimal baseline requirements, the development of health home design is left largely to states. This document explains how states can implement health homes for the justice population and designate providers familiar with these individuals’ complex medical and behavioral health needs to effectively coordinate their care upon release from jail or prison.

What are health homes?

The Affordable Care Act (ACA) offers states a Medicaid state plan option called “health homes.” States can designate certain providers, or a team of providers, as the health home for Medicaid beneficiaries with qualifying chronic conditions. Health homes offer enrollees access to providers that are able to expertly coordinate complex care for that portion of the Medicaid population. Health homes are responsible for facilitating access to and coordination of a full array of primary and acute physical health services, behavioral healthcare, and long-term community-based services and supports. States that choose to participate in the health home option must file a state plan amendment (SPA) with the federal Centers for Medicare & Medicaid Services (CMS). Health home services receive an enhanced 90 percent federal match rate during the first two years the SPA is in effect.

Under the ACA, chronic conditions are defined to include:

- a mental health condition
- a substance use disorder
- asthma
- diabetes
- heart disease
- being overweight

Case Study: New York State

New York implemented health homes specifically for individuals being released from jail and prison. Using correctional healthcare classification data, individuals are screened for health home eligibility and connected to designated health home providers throughout the state.¹

Health home services include:

- comprehensive care management
- care coordination and health promotion
- comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- patient and family support
- referral to community and social support services
- use of health information technology to link services
- claim for that quarter

What is the opportunity for justice populations?

To serve individuals involved in the justice system, states can create health home eligibility requirements accordingly. Per federal requirements, individuals would be eligible if they have two qualifying chronic conditions, or if they have one and are at risk for another. Adding an additional qualifying factor—for example, that an individual was recently discharged from jail or prison—would create a health home focused on providing critical care to individuals as they navigate the challenging transition back into their communities. Such a program could be crafted for a certain geographic portion of a state or for people with priority health conditions statewide.²



For more information about health homes, visit CMS' Health Home Information Resource Center at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/health-home-information-resource-center.html>.

About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

TASC's Medicaid Policy Series is designed to help leaders maximize the opportunities of Medicaid expansion in order to more swiftly and effectively connect justice populations to healthcare services in the community. The lead author of the series is TASC Administrator of Medicaid Policy and Program Development Sherie Arriazola.

For further information, or to find out about TASC's consulting services, contact:

Ben Ekelund, Administrator of Consulting and Training
 bekelund@tasc.org or 312.573.8337

Endnotes

¹ Allen, G. (2014). *New York state health homes: Care management for the criminal justice involved population* [presentation]. Retrieved from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mhanys_cj_workshop_12_10_14.pdf.

² Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. (2012). *Health homes (Section 2703) frequently asked questions*. Retrieved from https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-homes-faq-5-3-12_2.pdf.