# 2023 -- S 0873 SUBSTITUTE A

LC002676/SUB A

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# STATE OF RHODE ISLAND

### IN GENERAL ASSEMBLY

## **JANUARY SESSION, A.D. 2023**

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### AN ACT

# RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE MEDICAID REENTRY $\operatorname{\mathsf{ACT}}$

<u>Introduced By:</u> Senators Lawson, Lauria, LaMountain, Miller, Kallman, Cano, Euer, DiMario, Valverde, and Mack <u>Date Introduced:</u> March 30, 2023

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1	SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2	GOVERNMENT" is hereby amended by adding thereto the following chapter:
3	CHAPTER 56.4
4	THE MEDICAID REENTRY ACT
5	42-56.4-1. Short title.
6	This chapter shall be known and may be cited as the "The Medicaid Reentry Act."
7	42-56.4-2. Legislative findings and intent.
8	The general assembly finds and declares that:
9	(1) Having access to same day and next day physical and behavioral health services is
10	imperative to facilitate successful reentry for individuals released from incarceration;
11	(2) Suspending Medicaid enrollment for incarcerated individuals causes significant delays
12	in Medicaid reinstatement upon release;
13	(3) Delays in Medicaid reinstatement impedes access to physical and behavioral health
14	appointments and prescription medications upon release; and
15	(4) The intent of this chapter is to facilitate successful reentry by not suspending Medicaid
16	enrollment for individuals who are incarcerated and providing Medicaid coverage for those
17	reentering the community.
18	42-56.4-3. Definitions.

1	As used in this chapter, the following words and terms shall have the following meanings:
2	(1) "Coverage" means and shall include, but is not limited to:
3	(i) Assessments;
4	(ii) Psychosocial counseling;
5	(iii) Medications, including long-acting injectable medications;
6	(iv) Peer support services;
7	(v) Discharge planning; and
8	(vi) Reentry services.
9	(2) "Medical assistance" means the medical assistance program provided by the Rhode
10	Island medical assistance program, as defined under chapter 8 of title 40, or medical assistance
11	provided by a managed care organization under contract with the Rhode Island medical assistance
12	program.
13	(3) "Qualified inmate" means an individual who is incarcerated within the adult
14	correctional institutions or a juvenile correctional facility.
15	42-56.4-4. Maintenance of medical assistance enrollment for incarce rated individuals.
16	(a) During the first thirty (30) days of a person's incarceration at the department of
17	corrections or in a juvenile correctional facility, a person's incarceration status may not affect the
18	person's enrollment in medical assistance if the person is enrolled in medical assistance upon
19	incarceration. The person's medical assistance enrollment shall be maintained throughout the first
20	thirty (30) days of the person's incarceration.
21	(b) If a person is not currently enrolled in medical assistance upon incarceration, the
22	executive office of health and human services, in consultation with the department of corrections,
23	shall, upon the person's consent, determine the person's eligibility and enroll the person in medical
24	assistance upon entry within the department of corrections. Once enrolled in medical assistance,
25	the person's medical assistance enrollment shall be maintained throughout the first thirty (30) days
26	of the person's incarceration.
27	(c) After the first thirty (30) days of the person's incarceration, the person's medical
28	assistance enrollment is subject to suspension.
29	(d) The department of corrections shall, when possible, notify the executive office of health
30	and human services of the individual's upcoming release from incarceration with sufficient time to
31	allow the executive office of health and human services to update the individual's enrollment in
32	medical assistance from suspended to active status thirty (30) days prior to release. Upon receipt
33	of the notification, the executive office of health and human services shall update the individual's
34	enrollment in medical assistance from suspended to active status. If the person was unenrolled in

1	medical assistance during their incarceration, the executive office of health and human services,
2	shall, upon the person's consent, determine the person's eligibility and enroll the person in medical
3	assistance. The individuals Medicaid member information shall be provided to individuals prior to
4	their release.
5	(e) Notwithstanding any provision of this section to the contrary, the executive office of
6	health and human services shall not be required to provide medical assistance benefits to persons
7	who are incarcerated prior to the person's release unless the executive office of health and human
8	services obtains final approval of a demonstration waiver under § 1115 (42 U.S.C. 1315) from the
9	Centers for Medicare and Medicaid Services. No federal funds may be expended for any purpose
10	that is not authorized by the state's agreements with the federal government. The executive office
11	of health and human services shall utilize and maximize federal funding participation when
12	available.
13	(f) The executive office of health and human services shall coordinate with the managed
14	care organizations for the purposes of reconciling any potential financial implications of
15	maintaining active coverage for the first and last thirty (30) days of an individual's confinement.
16	(g) The executive office of health and human services shall require through amending
17	current and future medical assistance managed care contracts, that the managed care organizations
18	meet the provisions of this chapter.
19	(h) The department of corrections shall make reasonable efforts to collaborate with the
20	executive office of health and human services and managed care organizations for the purposes of
21	care coordination activities, improving health care delivery, and release planning for persons
22	incarcerated.
23	(i) The executive office of health and human services and the department of corrections
24	shall provide all monitoring and evaluation reports required under the 1115 Demonstration Waiver
25	if the Centers for Medicare and Medicaid Services waives the inmate exclusion policy in their
26	approval of the demonstration.
27	42-56.4-5. Medicaid waiver for coverage of qualified inmates leaving the department
28	of corrections.
29	(a) Within ninety (90) days after the effective date of this chapter, the executive office of
30	health and human services, in consultation with the department of corrections, shall apply for a
31	demonstration waiver, under § 1115 (42 U.S.C. 1315), with the Centers for Medicare and Medicaid
32	Services to offer, when possible, a program to provide Medicaid benefits to a qualified inmate for
33	up to at least thirty (30) days immediately before the day on which the qualified inmate is released
34	by the department of corrections.

- 1 (b) If the waiver described in subsection (a) of this section is approved, the executive office
- 2 of health and human services shall provide all monitoring and evaluation reports required under the
- 3 <u>1115 demonstration.</u>
- 4 SECTION 2. This act shall take effect on January 1, 2025.

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#### **EXPLANATION**

## BY THE LEGISLATIVE COUNCIL

OF

### AN ACT

## RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE MEDICAID REENTRY ACT

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1	This act would require that Medicaid enrollment be maintained or provided to all inmates
2	in the first thirty (30) days of incarceration at the adult correctional institutions within the
3	department of corrections and the last thirty (30) days of incarceration when possible. It would also
4	require that the executive office of health and human services, in accordance with federal law, apply
5	for an § 1115 waiver to offer a program to provide Medicaid benefits to a qualified inmate for up
6	to at least thirty (30) days immediately before the day on which the qualified inmate is released by
7	the department of corrections.
8	This act would take effect on January 1, 2025.

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