



STATE OF WISCONSIN
Department of
Corrections

MEDICAID APPLICATION DATA ANNUAL REPORT

FISCAL YEAR 2022

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EXECUTIVE SUMMARY



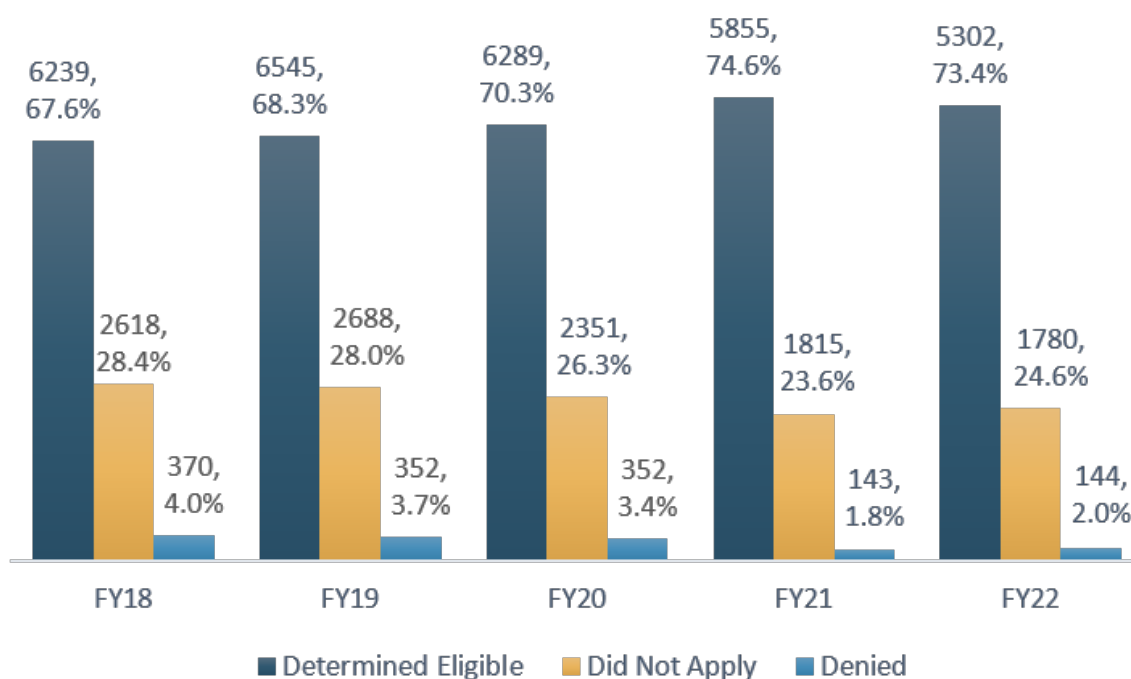
The Department of Corrections (DOC) partners with Department of Health Services (DHS) and Income Maintenance (IM) agencies to provide individuals in DOC custody the opportunity to apply for Medicaid prior to release from incarceration. Individuals leaving prison with Medicaid eligibility determined can access medications and treatment for acute and chronic medical conditions, mental illness, and substance use disorders upon release. In Fiscal Year (FY) 22, there were 7,226 individuals released from prison that fit criteria for the purpose of this evaluation as shown in Graph 1. This includes youth and adults incarcerated longer than 30 days in DOC custody and released from DOC facilities, county jails, the Wisconsin Resource Center, and Mendota Juvenile Treatment Center.

In FY22, there were 5,302 individuals determined eligible for Medicaid programs, meaning 73.4 percent of people releasing from incarceration were determined eligible: 60 percent were determined eligible the month prior to release, 25.5 percent the month of release, and 6.5 percent the month following release. Approximately 24.6 percent of individuals did not apply during these months and 2.0 percent of the population was denied.

The DOC population continued to feel the effects of the COVID-19 pandemic in FY22. As seen in Graph 1, the total number of individuals included in the report decreased from 7,849 in FY21 to 7,226 this fiscal year; a result of decreases in the prison population during the pandemic. While the overall eligibility determination rate decreased by 1.2 percentage points from FY21 to FY22, it is still higher than all pre-pandemic rates. This may be due to the pandemic providing motivation for individuals preparing for release from prison to establish eligibility and health access.

As part of the inter-governmental agreement, DOC and DHS exchange information to study and improve application advocacy. The information exchange also provides the data evaluated in this report. The Medicaid eligibility determinations referenced in this report refer to approved applications for Wisconsin Medicaid programs. DOC leaders can use this report to identify facilities with successful application processes and employ them at other locations. Increased Medicaid eligibility prior to release supports Division of Community Corrections work and increases the likelihood of client success.

Graph 1: Medicaid Eligibility Determination Totals and Rates by Fiscal Year



DOC FACILITIES



Maximum

Columbia Correctional Institution (CCI)
Dodge Correctional Institution (DCI)
Green Bay Correctional Institution (GBCI)
Waupun Correctional Institution (WCI)
Wisconsin Secure Program Facility (WSPF)

Medium

Fox Lake Correctional Institution (FLCI)
Milwaukee Secure Detention Facility (MSDF)
New Lisbon Correctional Institution (NLCI)
Oshkosh Correctional Institution (OSCI)
Racine Correctional Institution (RCI)
Racine Youthful Offender Correctional Facility (RYOCF)
Redgranite Correctional Institution (RGCI)
Stanley Correctional Institution (SCI)

Minimum

Chippewa Valley Correctional Treatment Facility (CVCTF)
Oakhill Correctional Institution (OCI)
Prairie du Chien Correctional Institution (PDCI)
Sturtevant Transitional Facility (STF)

Wisconsin Correctional Center System (WCCS)

Black River Correctional Center (BRCC)
Drug Abuse Correctional Center (DACC)
Felmers O. Chaney Correctional Center (FCCC)
Flambeau Correctional Center (FCC)
Gordon Correctional Center (GCC)
John C. Burke Correctional Center (JBCC)
Kenosha Correctional Center (KCC)
Marshall E. Sherrer Correctional Center (MSCC)
McNaughton Correctional Center (MCC)
Oregon Correctional Center (OCC)
Sanger B. Powers Correctional Center (SPCC)
St. Croix Correctional Center (SCCC)
Thompson Correctional Center (TCC)
Winnebago Correctional Center (WCC)

Wisconsin's Women's Correctional System (WCCS)

Taycheedah Correctional Institution (TCI)
Milwaukee Women's Correctional Center (MWCC)
Robert E. Ellsworth Correctional Center (REECC)

Juvenile

Lincoln Hills School (LHS)
Cooper Lake School (CLS)

Department of Health Services

Wisconsin Resource Center (WRC)

FACILITY OUTCOMES

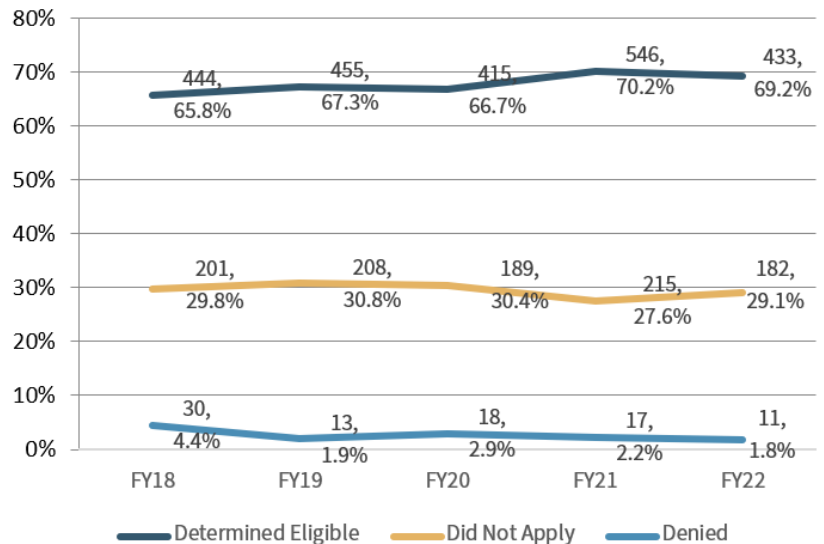


MEN'S MAXIMUM

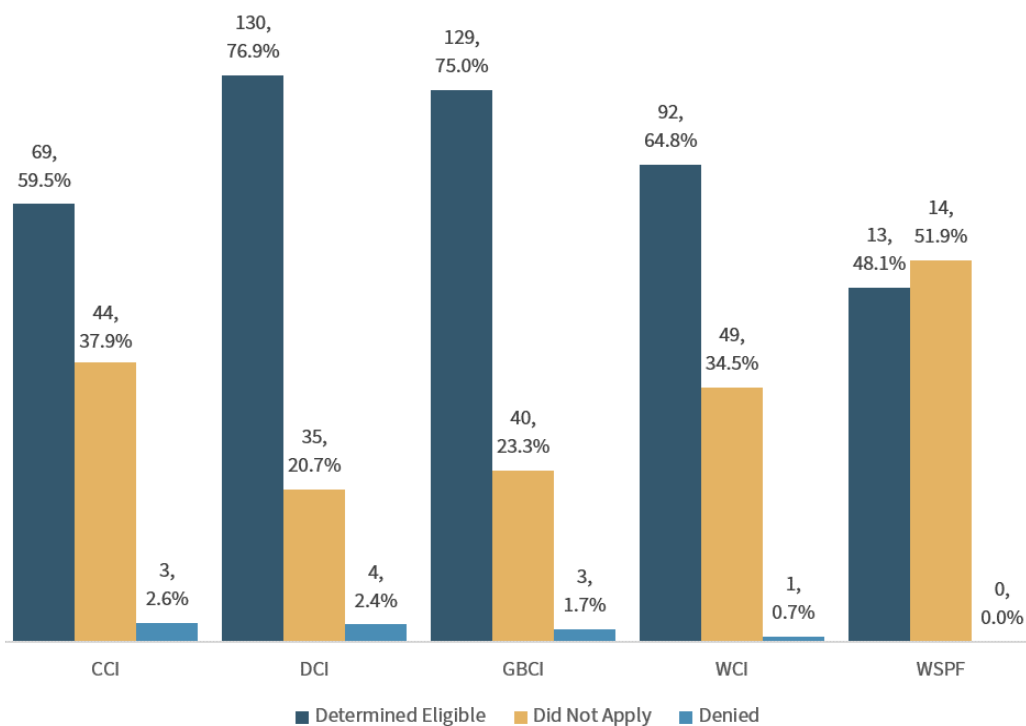
This fiscal year's report includes trend data on Medicaid eligibility determination rates and releases over time by security classification and demographic information. The FY22 data show a 19.5 percent decrease in releases from the men's maximum security facilities compared to releases in FY21. Graph 1 notes the men's maximum security facilities decreased eligibility determinations by 1.0 percentage point over FY22, a raw number decrease of 113 individuals.

Graph 2 indicates Maximum Security Medicaid Eligibility Determination Totals and Rates by Institution. Dodge Correctional Institution (DCI) exceeded the overall DOC average for eligibility determinations in FY22 and increased eligibility by 4.2 percentage points since FY21. Green Bay Correctional Institution (GBCI) also exceeded the overall DOC average for eligibility determinations in FY22 and increased eligibility by 7.1 percentage points since FY21.

Graph 1: Maximum Security Medicaid Eligibility Determination Totals and Rates by Fiscal Year



Graph 2: FY22 Maximum Security Medicaid Eligibility Determination Totals and Rates by Institution



FACILITY OUTCOMES

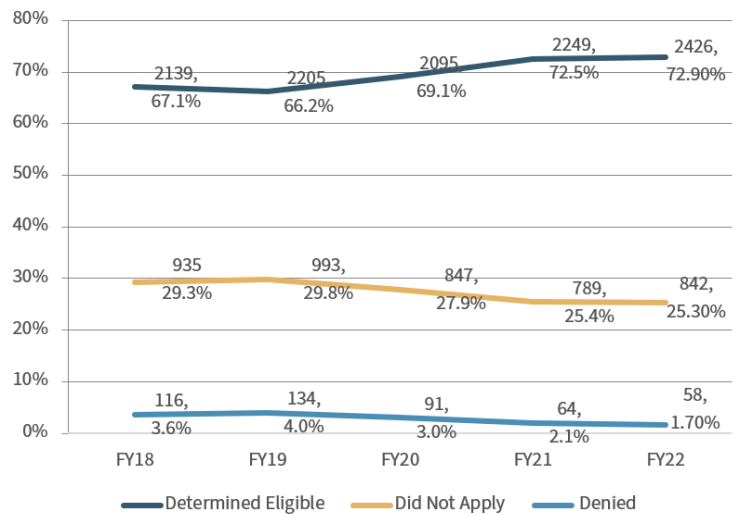


MEN'S MEDIUM

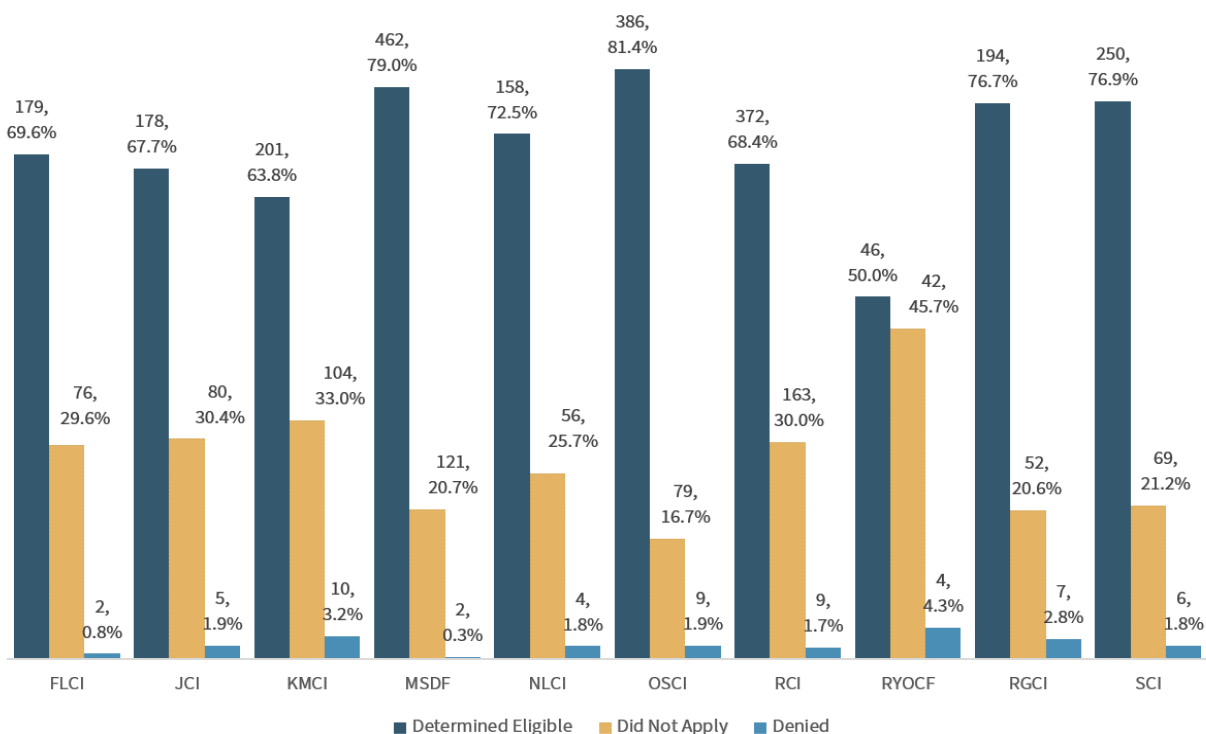
Over the last four years, the men's medium security classification has trended positively with increased eligibility determination and decreased rates of individuals not applying or being denied Medicaid, as seen in Graph 1. These trends may indicate a growing familiarity with the Medicaid system among persons in our care and increased advocacy by institution staff. This is a significant trend because the men's medium security classification represents the largest security classification of individuals releasing from prison each year. FY22 brought a 7 percentage point increase in releases from medium security sites, a raw number increase of 224 individuals.

Graph 2 indicates Medium Security Medicaid Eligibility Determination Totals and Rates by Institution. Oshkosh Correctional Institution exceeded the overall DOC average for facility eligibility determinations for FY22 by 8 percentage points. OSCI increased eligibility by 2.3 percent since FY21. Redgranite Correctional Institution (RGCI) exceeded the overall DOC average for eligibility determination and increased facility eligibility by 3.5 percent since FY21. Fox Lake Correctional Institution (FLCI) saw the greatest increase in facility eligibility in FY22 with an increase of 6.1 percent.

Graph 1: Medium Security Medicaid Eligibility Determination Totals and Rates by Fiscal Year



Graph 2: FY22 Medium Security Medicaid Eligibility Determination Totals and Rates by Institution



FACILITY OUTCOMES



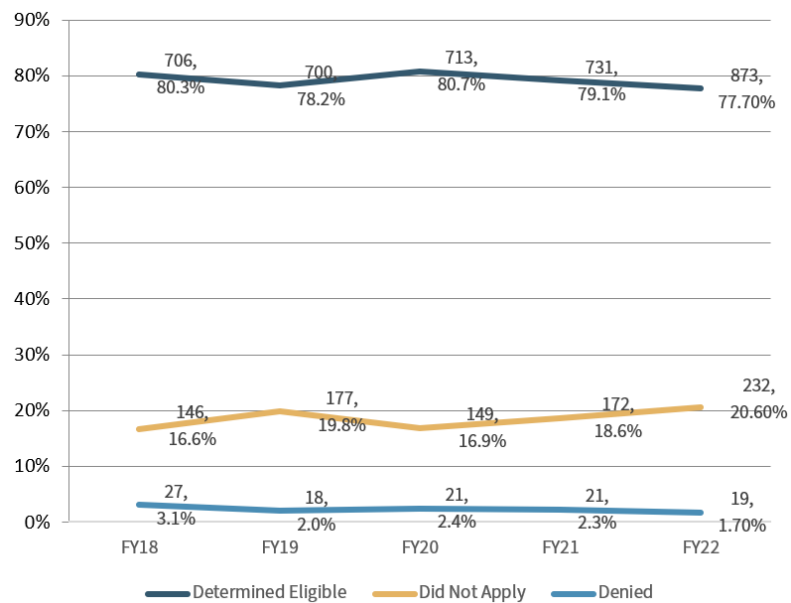
MEN'S MINIMUM

The FY22 data indicates a 21.6 percent increase in releases from men's minimum security facilities compared to releases in FY21. The most recent men's minimum facility data includes Prairie du Chien Correctional Facility (PDCI) with consideration to the completed transition from medium to minimum security on May 5, 2021. PDCI's transition to minimum custody was representative of the growing need for minimum security beds and an increased need for program opportunities. Graph 1 indicates the men's minimum security facilities increased eligibility by 142 individuals in FY22.

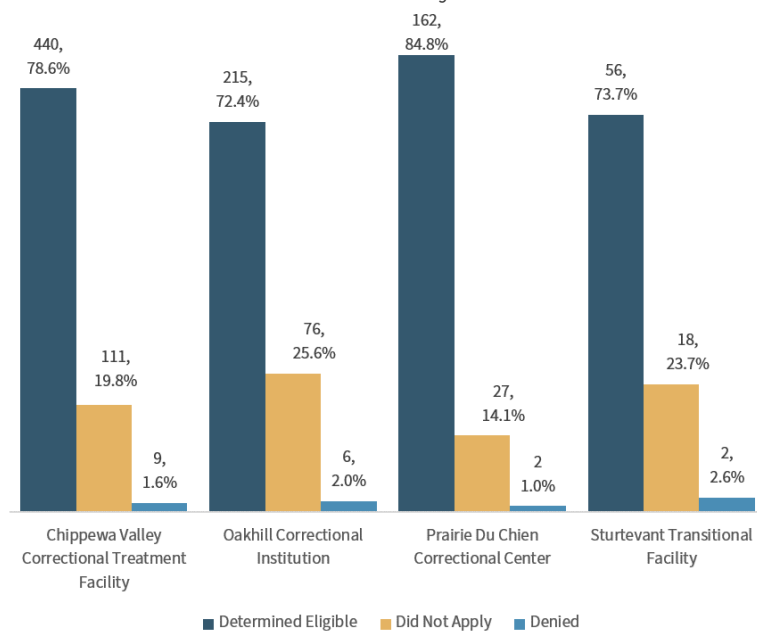
Over the last five years, the men's minimum security facilities have consistently demonstrated overall eligibility rates higher than the DOC eligibility average. This proves a commitment by facility staff to the Medicaid application assistance process. The average denial rate at minimum security facilities of 1.7 percentage points is lower than the DOC average of 2 percentage points. This indicates staff are providing persons in our care with information about eligibility requirements prior to the telephonic application.

Graph 2 indicates Minimum Security Medicaid Eligibility Determination Totals and Rates by Institution. PDCI exceeded the overall DOC average for facility eligibility determinations in FY22 by 11 percentage points. PDCI increased eligibility by 5.7 percentage points since FY21. Chippewa Valley Correctional Treatment Facility (CVCTF) exceeded the overall DOC average for facility eligibility determination by 5.2 percentage points.

Graph 1: Minimum Security Medicaid Eligibility Determination Totals and Rates by Fiscal Year



Graph 2: FY22 Minimum Security Medicaid Eligibility Determination Totals and Rates by Institution



FACILITY OUTCOMES

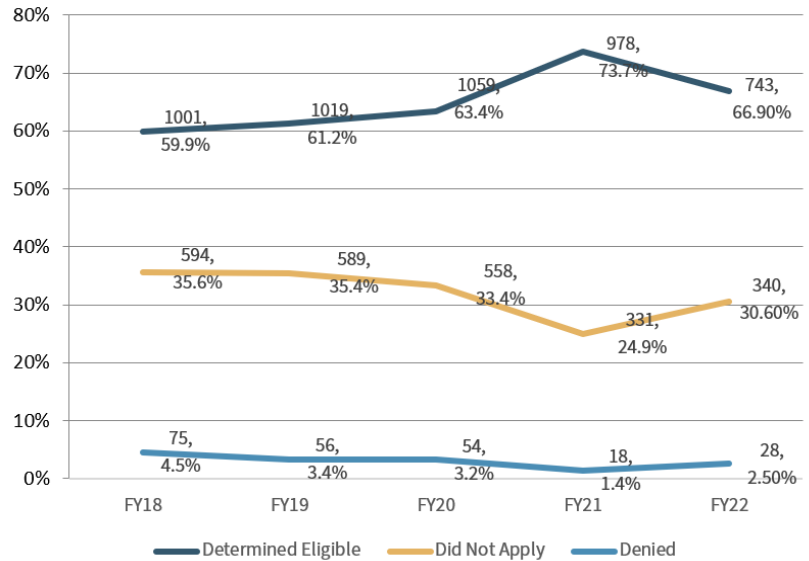


MEN'S CORRECTIONAL CENTER SYSTEM

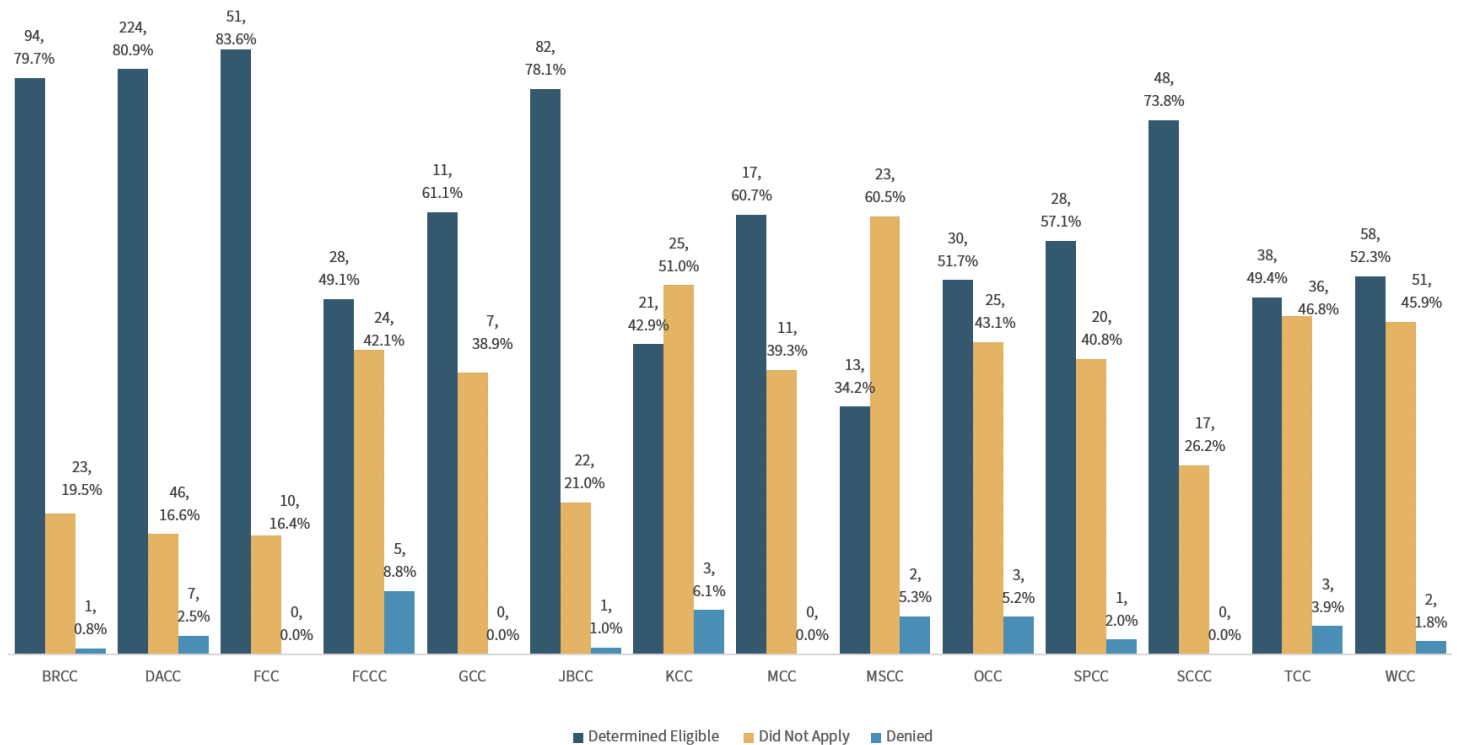
The FY22 data documents a 16.2 percentage point decrease in the number of releases from men's minimum community security facilities compared to releases in FY21. As indicated in Graph 1, there was a dramatic increase in eligibility in FY21, this was likely caused by pandemic operations whereas there was limited work release opportunity. As work release centers transition away from pandemic operations and increase work release opportunities, wages are likely to increase and a number of individuals will no longer meet eligibility requirements.

Graph 2 indicates Minimum Community Security Medicaid Eligibility Determination Totals and Rates by Institution. Drug Abuse Correctional Center (DACC) exceeded the overall DOC average for facility eligibility determinations in FY22 by 7.5 percentage points. DACC is one of many Wisconsin Correctional Center System (WCCS) facilities offering substance use treatment programs. Medicaid eligibility provides necessary benefits for individuals in need of further treatment, aftercare, or Medication-Assisted Treatment (MAT) in the community.

Graph 1: Minimum Community Security Medicaid Eligibility Determination Totals and Rates by Fiscal Year



Graph 2: FY22 Minimum Community Security Medicaid Eligibility Determination Totals and Rates by Institution



FACILITY OUTCOMES



WISCONSIN WOMEN'S CORRECTIONAL SYSTEM (WWCS)

The Wisconsin Women's Correction System (WWCS) showed the highest eligibility determination rate of DOC facilities in FY22. The Department recognizes Milwaukee Secure Detention Facility (MSDF) maintains a male and female population. Therefore, the MSDF eligibility rates are separated by male and female populations and reported in the respective areas of this report.

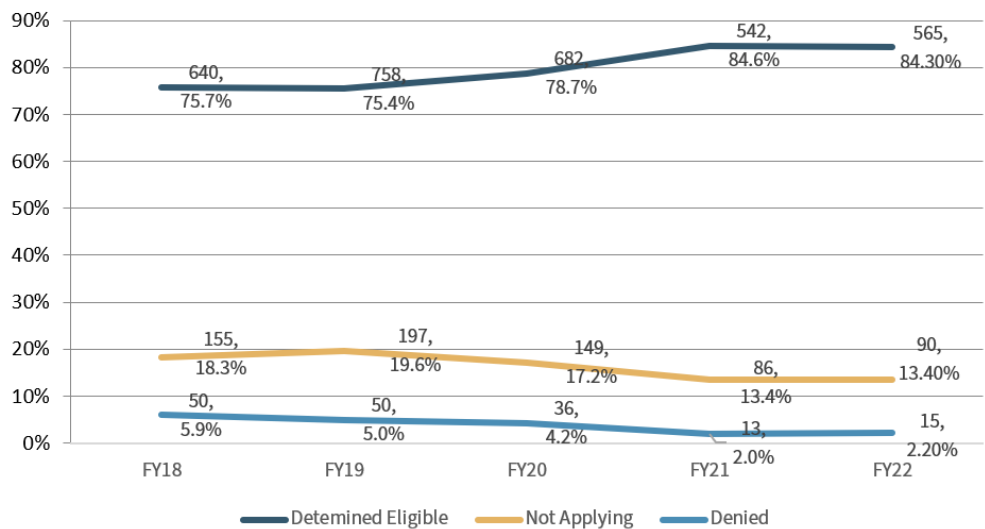
Graph 1 indicates continued high eligibility determination with WWCS's overall eligibility determination about 11 percent higher than the overall DOC eligibility rate.

Robert E. Ellsworth Correctional Facility (REECC) exceeded the overall DOC average for eligibility determinations in FY22 by 11.2 percentage points, as seen in Graph 2.

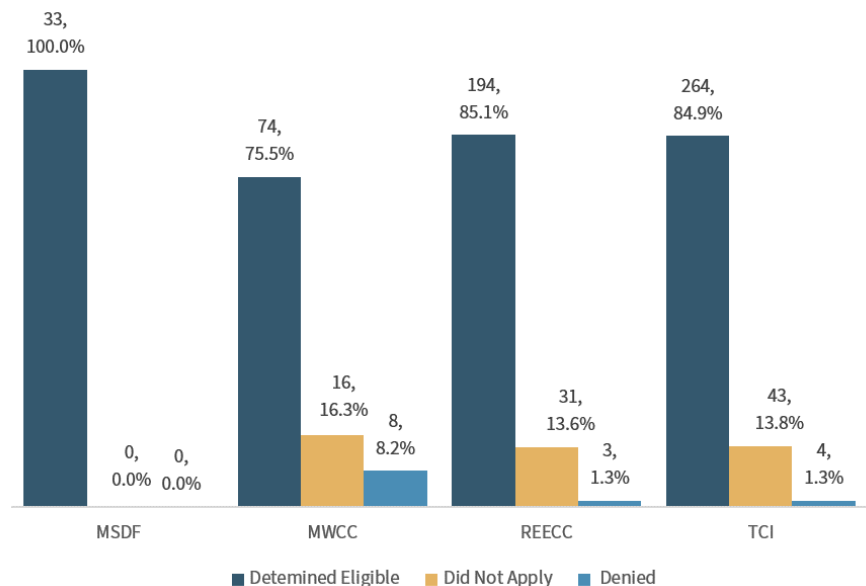
Taycheedah Correctional Institution (TCI) exceeded the overall DOC average for eligibility and determinations in FY22 by 11.5 percentage points and increased facility eligibility by 2.3 percentage points in FY22.

The trend analysis further demonstrates the WWCS commitment to release planning and access to healthcare. WWCS has established a very successful application assistance process, exceeding the DOC average eligibility determination rate each year. This is critical for the continuity of care for the female population, who release with higher rates of serious mental illness.

Graph 1: WWCS Medicaid Eligibility Determination Totals and Rates by Fiscal Year



Graph 2: FY22 WWCS Medicaid Eligibility Determination Totals and Rates by Institution



FACILITY OUTCOMES



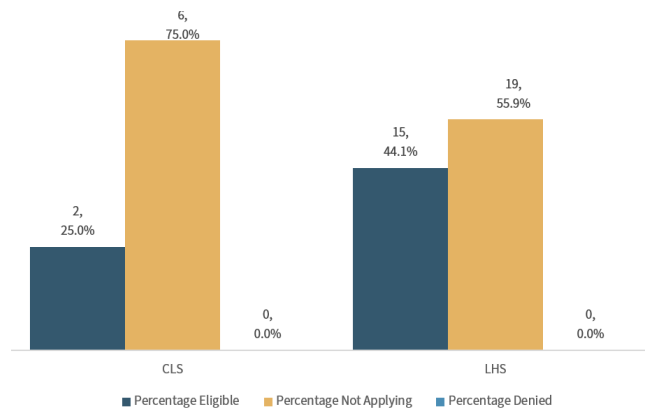
OTHER FACILITIES

The Division of Juvenile Corrections (DJC) houses a small population at two facilities. As indicated in Graph 1, 8 youth from Copper Lake School (CLS) and 34 youth from Lincoln Hills School (LHS) released in FY22. DJC staff work closely with aftercare agencies and guardians to recommend healthcare options. Furthermore, decision-making is complex as youth returning to in-home setting may have access to employer sponsored healthcare plans, reducing the need for Medicaid coverage, and out-of-home placements may prevent enrollment. In addition, youth may remain on parent or guardian health insurance until the age of 26.

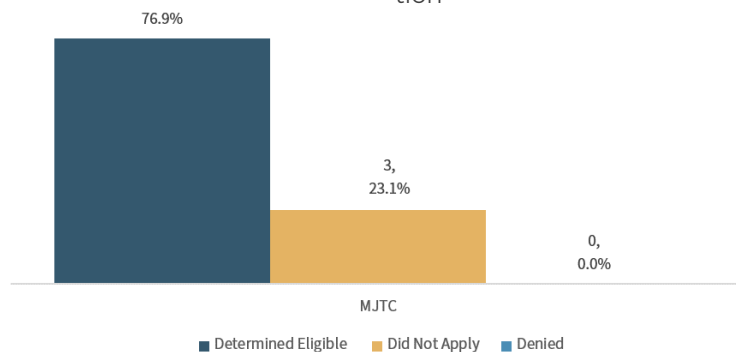
Mendota Juvenile Treatment Center (MJTC) and DJC facilities share similar small populations and considerations when educating guardians and youth regarding healthcare options. Graph 2 indicates MJTC released 13 individuals, of which 10 were determined eligible, 3 did not apply, and there were no application denials.

The Wisconsin Resource Center (WRC) provides mental health treatment and programming to individuals with serious mental illness in DOC custody. WRC release planners facilitate applications for individuals releasing. Attaining Medicaid prior to release helps release planners make referrals to Long-Term Care programs at local Aging and Disability Resource Centers. The eligibility determination rate trend for WRC has been consistently high over the five-year period, with only FY20 lapsing the DOC average slightly. Graph 3 demonstrates WRC exceeded the overall DOC average for eligibility determinations in FY22 by 4.2 percentage points.

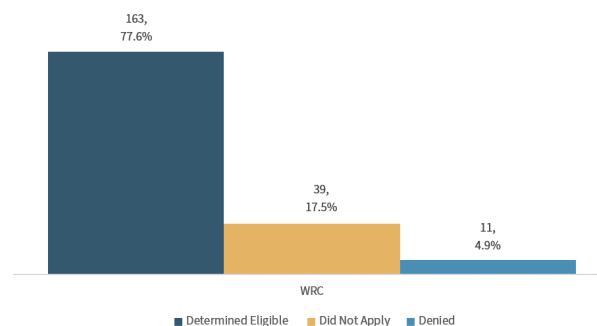
Graph 1: FY22 Division of Juvenile Corrections (DJC) Medicaid Eligibility Determination Totals and Rates by Institution



Graph 2: FY22 Mendota Juvenile Treatment Facility (MJTC) Medicaid Eligibility Determination Totals and Rates by Institution



Graph 3: FY22 Wisconsin Resource Center (WRC) Medicaid Eligibility Determination Totals and Rates by Institution



DEMOGRAPHICS



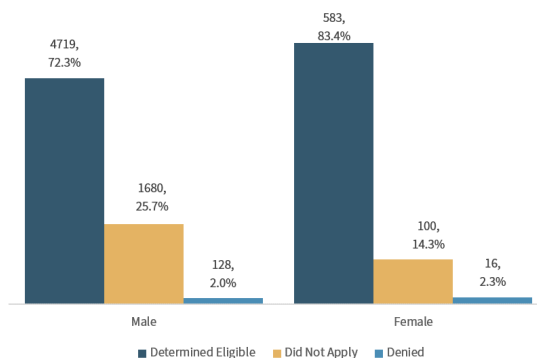
GENDER, RACE, AND ETHNICITY

This section of the report compares rates of eligibility determination by demographic category, as well as certain classifications used by the Department. Graph 1 considers gender. There were 4,719 males and 583 females released in FY22. As indicated previously in this report, WWCS has the highest eligibility determination rate within the DOC as illustrated in this graph.

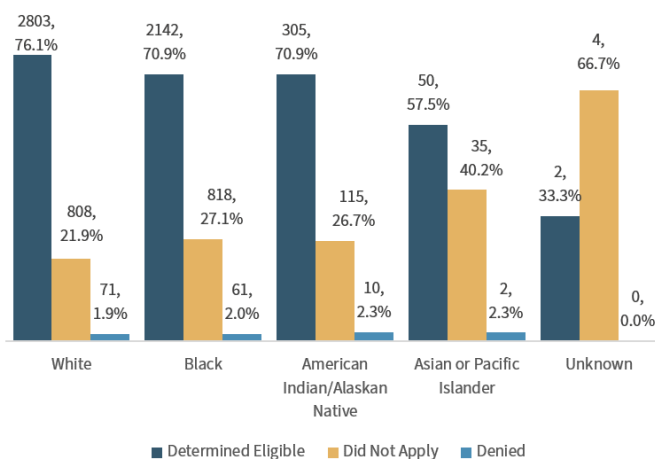
Race is reported by persons in the care of the Department at intake. Graph 2 indicates persons that identify white exceeded the overall DOC average for eligibility determinations in FY22 by 2.7 percentage points. The data indicates the eligibility rate for individuals that identify black dropped 1.1 percentage points in FY22. American Indians and Alaskan Natives are the most improved group since FY21 with an eligibility determination rate increase of 5.6 percentage points. Native Americans can apply for healthcare coverage through tribal agencies. The Indian Health Service (IHS) may be the preferred healthcare for Native Americans releasing from prison, though Medicaid programs can provide coverage to individuals even where IHS may not be available.

Ethnicity is reported by persons in the care of the Department at intake much like race. Graph 3 indicates individuals that identify as Non-Hispanic or Latino exceeded the overall DOC average for eligibility determinations by 2.7 percentage points, a 2.72 percentage point increase in eligibility for individuals that identify as Non-Hispanic or Latino since FY21. There was a notable increase of 4.5 percentage points eligibility for individuals that identify as Hispanic or Latino in FY22 compared to FY21.

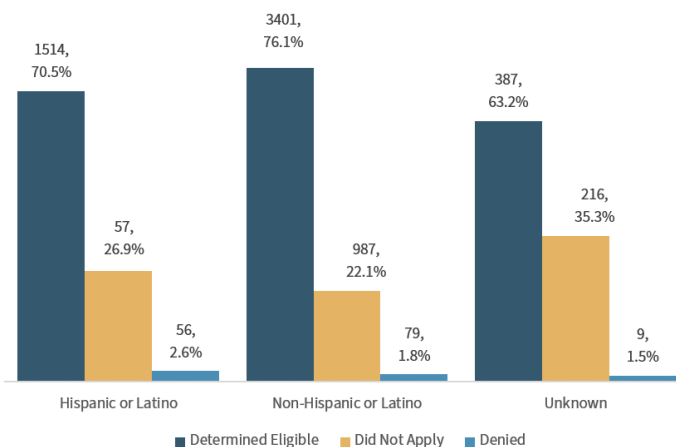
Graph 1: FY22 Eligibility Determination Totals and Rates by Gender



Graph 2: FY22 Eligibility Determination Totals and Rates by Race



Graph 3: FY22 Eligibility Determination Totals and Rates by Ethnicity



DEMOGRAPHICS



MEDICAL ACTIVITY AND MENTAL HEALTH

The Medical Activity Classification comparison in Graph 1 serves as a depiction of the various levels of ability within the DOC, and represents persons in our care with different levels of limitation. Individuals classified with the ability to do more activities, primarily work, apply for Medicaid less often. Eligibility rates generally increase for individuals with more limited activity level classifications.

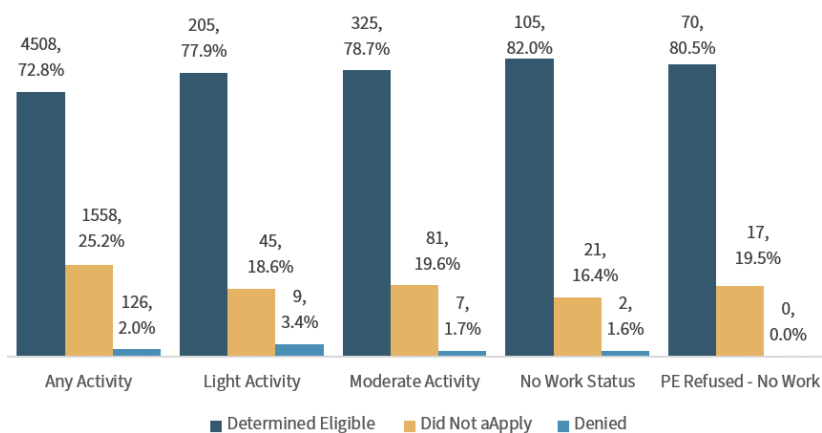
Light Activity Classification exceeded the overall DOC average for eligibility determinations in FY22 by 4.5 percentage points. Moderate Activity Classification exceeded the overall DOC average for eligibility determinations in FY22 by 5.3 percentage points. No Work Classification exceeded the overall DOC average for eligibility determinations in FY22 by 8.6 percentage points.

Mental Health screening and classification are used in the Department to provide clinically appropriate mental health treatment to persons in our care. Eligibility rates generally increase for individuals assessed with greater mental health concerns.

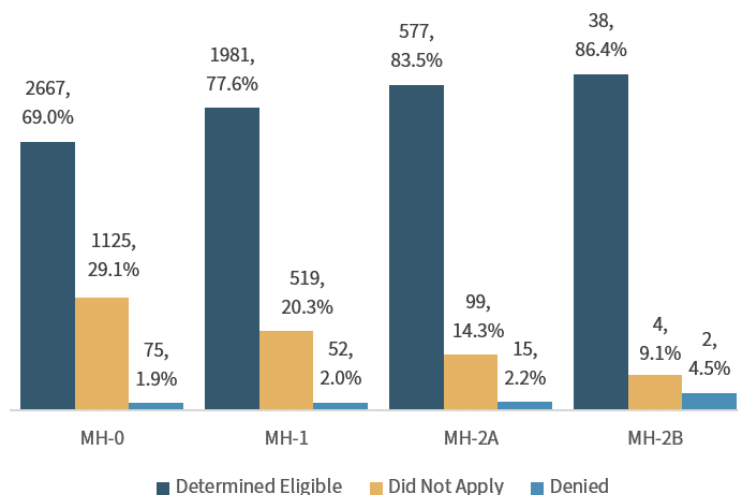
MH-1 Classification exceeded the overall DOC average for eligibility determinations in FY22 by 4.2 percentage points. MH-2A Classification exceeded the overall DOC average for eligibility determinations in FY22 by 10.1 percentage points. MH-2B Classification exceeded the overall DOC average for eligibility determinations in FY22 by 13 percentage points.

The Reentry Legal Services (RLS) program provides Medicaid application assistance. Legal Action of Wisconsin provides three Paralegals who facilitate applications at Oshkosh Correctional Institution (OSCI), Taycheedah Correctional Institution (TCI), Milwaukee Secure Detention Facility (MSDF), Robert E. Ellsworth Correctional Center (REECC), and Racine Correctional (RCI)/Sturtevant Transitional Facility (STF). RLS submitted 839 successful applications, representing 16 percent of the total in FY22.

Graph 1: FY22 Eligibility Determination Totals and Rates by Medical Activity Classification



Graph 2: FY22 Eligibility Determination Totals and Rates by Mental Health Classification



APPENDIX A



DEFINITIONS

Any Activity - The individual is physically fit to perform any type of work/activity.

Did Not Apply: This category includes two populations. The first group contains individuals who do not appear in the DHS data, meaning they have never received benefits. The second group contains individuals who have had previous periods of eligibility, but with no application activity during the time frames studied in this report.

Eligibility Determination: A technical term used by the Department of Health Services (DHS) describing the decision to enroll the applicant in Medicaid programs after processing the application and collecting the electronic signature of the applicant. In most cases involving telephone applications, this determination is made during the call. Eligibility determination is similar to program enrollment, but eligibility determination is the term used in the report to retain continuity with DHS descriptions.

Ethnicity: Persons in our care report ethnicity during the assessment and evaluation process conducted at Dodge Correctional Institution (DCI) for males and at Taycheedah Correctional Institution (TCI) for females. Categories in this report include: Hispanic or Latino, Non-Hispanic or Latino, and Unknown.

Facility Releases: Includes all youth and adult releases incarcerated longer than 30 days in DOC custody and released from DOC facilities, certain county jails, the Wisconsin Resource Center, and Mendota Juvenile Treatment Center. If an individual had more than one qualifying release during the time frame, only the first qualifying release was included in this evaluation.

Income Maintenance (IM) Agency: This is a broad term that includes the IM Consortia, Milwaukee Enrollment Services, and the tribal agencies designated by the elected tribal governing body of a federally recognized Wisconsin Indian tribe or band and contracted by DHS to administer an income maintenance program.

Income Maintenance (IM) Consortium: A group of counties that is approved by the Department of Health Services to administer income maintenance programs. These counties staff and maintain a call center, conduct application processing and eligibility determinations, and conduct case management.

Light Activity - The individual is restricted from work assignments requiring steady paced activity. Individuals should be allowed to work at own pace.

Medicaid: Wisconsin Medicaid is a joint federal and state program that provides high-quality health care coverage, long-term care, and other services to over one million Wisconsin residents. There are many types of Medicaid programs. Each program has different rules, such as age and income limits, that one must meet to be eligible for the program. (<https://www.dhs.wisconsin.gov/medicaid/index.htm>)

Medical Activity Classification Description: After completion of a physical exam, persons in our care are classified into the levels of activity that their health will tolerate. The descriptions are used in this report to approximate individuals that may have various levels of limiting health conditions.

Mental Health (MH) Code 0: There is no current mental health need. The person in our care does not need a follow-up visit with the Psychological Services Unit and is not seeing a psychiatrist for any reason.

Mental Health (MH) Code 1: The person in our care is receiving mental health services but does not have a serious mental illness. This code is not appropriate for individuals who only receive program services, such as substance abuse or sex offender treatment, and have no other mental health needs.

Mental Health (MH) Code 2A: A current diagnosis of, or being in remission from, the following conditions: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Other Specified (and Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder, Bipolar I Disorder, and Bipolar II Disorder. MH2-A also includes persons in our care with current or recent symptoms of the following conditions: Brief Psychotic Disorder, Substance/Medication-Induced Psychotic Disorder, head injury or other neurological impairments that result in behavioral or emotional dyscontrol, chronic and persistent mood or anxiety disorders, and other conditions that lead to significant functional disability.

Mental Health (MH) Code 2B: Persons in our care with a severe primary personality disorder, accompanied by significant functional impairment, and subject to periodic decompensation; i.e., psychosis, depression, or suicidality. If an individual has stable behavior for two years, the code may be reassessed. Excluded from MH-2B classification are persons in our care who have a primary diagnosis of Antisocial Personality Disorder and whose behavior is primarily the result of targeted goals rather than impairment from diagnosed mental illness.

APPENDIX A



DEFINITIONS CONTINUED

Moderate Activity - The individual is restricted from work. Involving heavy lifting over 50 pounds; tasks which demand prolonged physical exertion such as excessive running, climbing, walking or the manual use of heavy machines.

No Work Status - The individual is unable to work.

Race: Persons in our care report race during the assessment and evaluation process conducted at Dodge Correctional Institution (DCI) for males and at Taycheedah Correctional Institution (TCI) for females. Categories include: White, Black, American Indian/Alaskan Native, Asian or Pacific Islander, and Unknown.

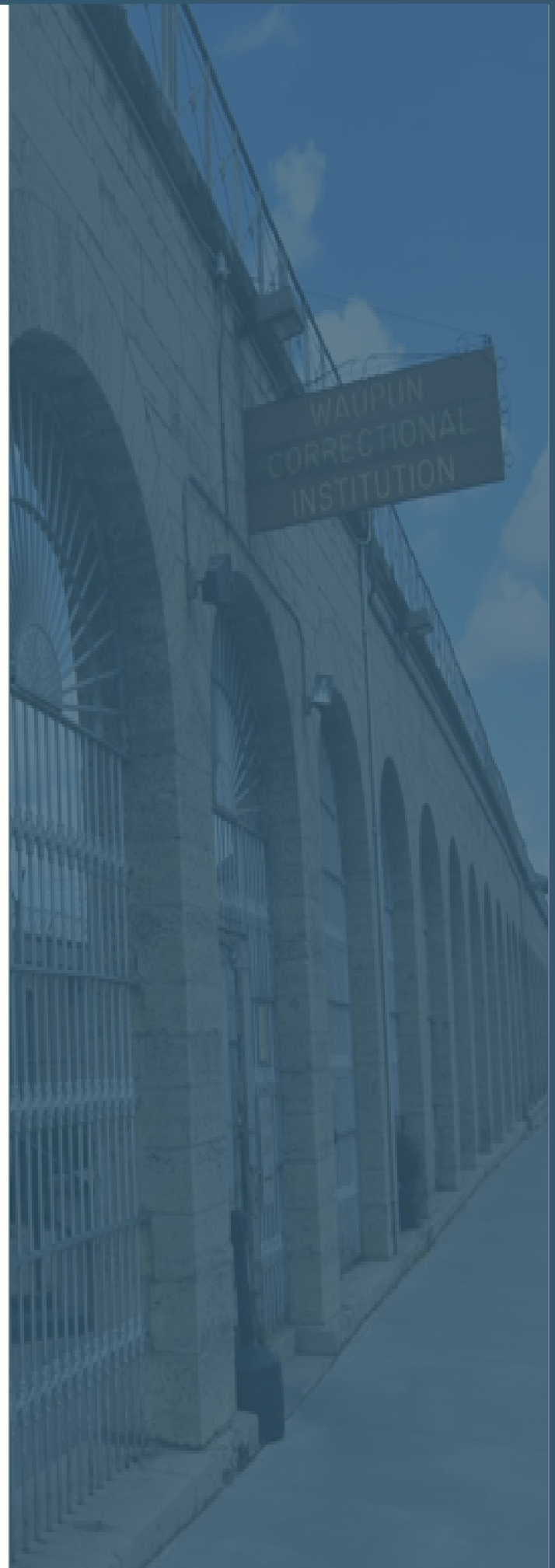
Refused PE/No Work Status - The individual refused to participate in physical exam and cannot work.

Releases Denied: Individuals who have submitted applications and do not meet the criteria for Medicaid programs. The ten most common denial reasons are listed and discussed earlier in this report. Individuals with at least one denial during the month prior to, the month of, or the month after release without at least one month with an eligibility determination are recorded in this category.

Releases Eligible: For the purposes of this report, individuals are recorded as eligible if they have at least one eligibility determination during the month prior to, the month of, or the month after release.

Suspension of Medicaid Status: Wisconsin has developed a suspension policy for inmates of all ages in various correctional facilities such as state prisons, federal prisons, and local jails. The suspension process will allow individuals incarcerated in these settings to maintain health care eligibility to support easier transition to the community and provide continuity of care so that they can immediately access Medicaid-covered services upon release from the facility. (For more information about this policy, see DHS Operations Memo 20-24 dated October 16, 2020.)

Time frame: The time frame of this report is state fiscal year 2022, and includes individuals with actual release dates on or after July 1, 2021, through June 30, 2022.



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State of Wisconsin
Department of Corrections

Medicaid Annual Report
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