

Memorandum



Date: August 22, 2012

To: Honorable Joe A. Martinez, Chairman
and Members, Board of County Commissioners

From: Carlos A. Gimenez
County Mayor 

Subject: Inmate Intake Workflow Process and Verification of Healthcare Coverage

Pursuant to Commissioner Rebeca Sosa's directive at the March 6, 2012 Board of County Commissioners meeting, the Miami-Dade Corrections and Rehabilitation Department and the Jackson Health System, Corrections Health Services, have collaborated to provide the following information regarding the inmate intake workflow process and verification of healthcare coverage of inmates.

Current avenues to obtain reimbursement for healthcare services provided to inmates remain extremely limited. Both public (Medicare and Medicaid) and private insurance providers have extensive regulations that restrict payments rendered for healthcare provided to inmates. In fact, contracts between Jackson Health System and private insurance providers strictly prohibit the reimbursement of healthcare for patients who are incarcerated. Pursuant to 42 CFR 435.1009 inmates are not eligible for Medicaid reimbursement, with the exception of "inpatient hospital stays outside of the premises of the inmate's facility", as stipulated by Florida Statute 409.9025. Although Jackson Health System may seek healthcare costs directly from inmates, the vast majority of inmates are indigent and cost recovery opportunities are considered negligible.

The Corrections Health Services has made several important modifications to its medical screening and intake workflow processes in an effort to capture insurance coverage information to seek healthcare reimbursements, whenever possible, and in anticipation of upcoming healthcare changes. On May 7, 2012, the Corrections Health Services implemented their improved screening process which now includes a comprehensive Health Insurance Questionnaire to identify potential reimbursement opportunities should an inmate be transported to an off-site location. The form includes spouse's insurance information, veteran status, Social Security Disability Insurance, and Medicare/Medicaid membership, and is completed during the medical screening process by Corrections Health Services personnel (attached).

As healthcare provided during an inpatient hospital care event is reimbursable, arrested persons are hospitalized prior to the booking process in order to seek any appropriate third party insurance payments, when medically required. Corrections Health Services has also implemented a policy to assist the medical staff when an inmate should be directed to an emergency room rather than receive treatment after the booking process. This is an effort to maximize cost recovery efforts while providing appropriate medical attention to arrested persons. Inpatient healthcare provided to Medicaid-eligible inmates in a hospital setting would also be reimbursable; however, the State of Florida lacks funding to pay for such claims.

Directing County lobbying efforts for the State of Florida to fund Medicaid reimbursement for eligible inmate inpatient hospital services may assist in cost recovery of inmate healthcare. Additionally, the federal Patient Protection and Affordable Care Act has the potential to extend Medicaid eligibility to some pre-sentenced, incarcerated persons receiving healthcare, both while in and out of a jail facility, beginning in 2014. However, it is important to note that there is a great deal

of uncertainty regarding if and how the Medicaid expansion will be implemented in Florida. Moreover, undocumented immigrants would not be covered under the Act, leaving a substantial portion of the South Florida population without any new coverage.

If the Act is implemented to expand Medicaid in Florida, the information now being captured by the improved medical screening and intake workflow processes would facilitate the ability to obtain Medicaid reimbursement from the newly eligible pre-sentenced inmates in 2014.

Additionally, the Miami-Dade Corrections and Rehabilitation Department has worked together with the Corrections Health Services to evaluate and implement operational changes to minimize healthcare costs while improving medical services rendered. The Miami-Dade Corrections and Rehabilitation Department facilitated, at the request of Corrections Health Services, a pilot project with the Dade County Association of Chiefs of Police, to discontinue intake medical services of arrestees at Jackson Memorial Hospital, Ward D, in an effort to improve clinical services for all arrestees coming to the jail and reduce Ward D costs. The implementation of an infirmary at the Turner Guilford Knight Correctional Center is also a joint project to facilitate the eventual closure of Ward D which will be utilized for other revenue generating services for the Jackson Health System. Medical services for arrestees and inmates requiring acute care will continue to be provided throughout Jackson Health System.

The Miami-Dade Corrections and Rehabilitation Department and the Corrections Health Services are committed to collaborating to improve the inmate intake process, and effectuate cost containment initiatives while ensuring appropriate inmate healthcare is provided.

Attachments

c:

Carlos A. Migoya, President and CEO, Jackson Health System
Genaro "Chip" Iglesias, Deputy Mayor
Timothy P. Ryan, Director, Miami-Dade Corrections and Rehabilitation Department



Carlos A. Migoya
President & Chief Executive Officer

TO: Honorable Jose "Pepe" Diaz, Chairman
and Members, Public Safety & Healthcare Administration Committee

FROM: Carlos A. Migoya
President & Chief Executive Officer

DATE: August 2, 2012

RE: Corrections Health Services Intake Workflow

One of the most complex service lines provided by Jackson Health System is the provision of medical care to inmates of the Department of Corrections and Rehabilitation (MDCR). This lineup of services, provided through our Corrections Health Services (CHS) department, is designed to comply with all state and federal standards.

Following Board of County Commissioners

Resolution R-234-12 on March 6, 2012, CHS implemented an improved system for screening inmates as they are booked into MDCR facilities. The new process, which was launched on May 7th, exceeds federal recommendation for medical and mental health needs, and meets all compliance indicators from the National Commission on Correctional Health Care.

Enhanced in-jail medical facilities – staffed and operated by Jackson – are now permitting us to provide more extensive and cost-effective care at the Pre-Trial Detention Center and Turner Gilford Knight. This reduces transportation of inmates and also allows the medical personnel who had previously treated minor inmate injuries at Jackson to supplement the staff in the jail and therefore reduce backlogs and wait times. This is producing enhanced service and reducing costs. Despite a fresh review of applicable regulations, however, it is clear that we cannot receive reimbursement for the care provided inside the jail, including sick call, dental care and medication.

There are, however, exceptions and opportunities. The new intake workflow (Attachment D) includes a simple but comprehensive health insurance questionnaire (Attachment D) that determines the inmate's insurance coverage – including a spouse or household member – as well as other information that could help qualify the inmate for payment of medical services, such as military veteran status, workers compensation history, Social Security Disability Insurance and membership in Medicare and Medicaid. This form is readily available to CHS staff when inmates are sent for inpatient hospital care.

Unfortunately, most inmates do not have insurance coverage and cannot qualify for other forms of third-party reimbursement. One critical issue surrounds the state's ability to pay Medicaid claims. The new director

of CHS has been aggressively pursuing innovative solutions that work around the conventional wisdom that federal Medicaid guidelines automatically disqualify inmates.

One significant opportunity is for inmates who require inpatient care at Jackson for more than 24 hours, because regulations specifically allow reimbursement in a licensed hospital outside of the jail facility. This would only apply to inmates who meet other Medicaid qualifications

Another opportunity exists for inmates who are treated at Jackson's emergency room or trauma center after being arrested but before being booked into a jail. The new CHS director implemented a policy of filing reimbursement claims for these patients when possible, eliminating the prior practice of automatically recording them as unfunded. This new policy applies whether the arrestee is brought directly to Jackson following arrest or is initially seen at the jail and then redirected to Jackson prior to booking.

We have also updated our policies regarding the latter scenario, known as booking refusal. Earlier versions of this policy have been in use in Miami-Dade County for many years and are almost universally adopted, in various forms, across the country. Our updated version (Attachment I) provides additional clarity regarding when an arrestee should be directed to an emergency room. This ensures that every inmate booked into the jail is medically stable enough to be cared for at our enhanced in-jail facilities and, conversely, that the small percentage of inmates who require more extensive care are properly treated at Jackson before being transferred to the jail's custody. The updated policy clearly meets state and national accreditation standards. It applies most commonly to people who are unconscious, semi-conscious, bleeding, mentally unstable or otherwise in need of urgent medical attention. In practice, it is rare for in-jail medical personnel to require police to transport an arrestee to Jackson for care. Because these patients are treated before they are booked into the jail, those with insurance or who qualify for Medicaid could be eligible for reimbursement. Historically, Jackson has not even attempted to seek reimbursement for these patients. Since this spring, however, Jackson has begun using the same insurance questionnaire described above. We believe there should be opportunity to seek reimbursement for this care.

After extensive discussions with leaders at Florida's Agency for Health Care Administration (AHCA), we have concluded that the state budget does not include any appropriations to fund these Medicaid claims, either for the inpatient hospitalizations or the emergency care prior to booking. In other words, even if all parties agree the claims for these patients are proper within the law, there is no funding source to honor the claims. This is an issue that would likely need to be resolved during the legislative session and budget-development process, and could be considered for inclusion in the legislative priorities for both the County and Jackson.

The Resolution also called for additional information about the revised intake process, which was implemented on May 7th. The new process is fully compliant with standards set by the National Commission on Correctional Health Care (NCCHC), which is considered the gold standard for medical accreditation in correctional settings. The process centers on the use of four forms, which are attached:

Pre-Screening Assessment (Attachment C)

The pre-screening assessment is conducted by the Registered Nurse who initially assesses the inmate upon arrival at the jail in order to determine their medically fitness for booking. This assessment is conducted outside the jail building and consists of five questions and two observations. The nurse has the authority to ask any other pertinent questions based upon the responses and observations. Earlier iterations of this assessment included unnecessary additional questions and taking of vital signs, which is more appropriately done later in the process. As a result, the new process is dramatically faster, virtually eliminating the two- to three-hour backlogs that would keep police officers from returning to patrol. Police chiefs from numerous jurisdictions have praised the change, which has no negative consequences for inmates.

Medical Intake Screening (Attachment B)

The medical intake screening is a more comprehensive tool designed to identify the medical profile, health history and serious needs of all newly admitted inmates. The form meets or exceeds all NCCHC requirements. We have added an additional nurse and medical assistant to this stage of the workflow in order to expedite screenings.

Mental Health Screening and Evaluation (Attachment A)

The new mental health screening is far more comprehensive than its predecessor, which had only three mental-health questions and was a focus of DOJ review. The new form includes 37 questions and observations, half of which address current suicidal thoughts and intent and previous history. The balance of the form identifies other mental health concerns that would indicate a need for emergency, urgent or routine care by a psychiatrist or placement in mental-health housing. The form, which also meets or exceeds all NCCHC standards, is designed to capture serious mental health disorders that could not be readily identified with the old tool.

Health Insurance Questionnaire (Attachment D)

As discussed above, this new form was developed to identify potential sources of reimbursement for care should an inmate be treated in a location or manner consistent with eligibility by Medicaid or other funders. Because inmates are not always forthright in their responses, CHS personnel have been trained to ask follow-up questions based upon the inmates' verbal and non-verbal cues. For example, if an inmate claims to lack coverage of any kind but the other screening forms indicate prior hospitalization or physician care, staff would ask how that care was paid for.

Thanks to the ongoing collaborative partnership among CHS, MDCR and the leadership at Jackson and Miami-Dade County, we are confident these reforms will produce better outcomes for inmates and a better revenue stream for this important service.

Attachments

**CORRECTIONS HEALTH SERVICES
MENTAL HEALTH SCREENING AND EVALUATION**

SUICIDE POTENTIAL SCREENING	A	B
1. Arresting Officer believes the arrestee is at risk for suicide.	YES	NO
PERSONAL DATA		
2. Do you live alone and without close support group of family and friends in the community?	YES	NO
3. Have you recently experienced bad news or loss in the last six months (e.g. divorce, breakup, death of loved one, loss of job or financial loss)?	YES	NO
4. Do you have other major problems in your life (e.g. serious medical condition, sick or dying loved one, fear of losing job, serious financial or family problems)?	YES	NO
5. Has anyone close to you (spouse, partner, parent, friend, child) attempted or committed suicide before?	YES	NO
6. Do you abuse or overuse drugs or alcohol? [Document last usage and quantity in comments]	YES	NO
7. Were you ever hospitalized for mental health/psychiatric reasons?	YES	NO
8. Do you now or did you ever receive outpatient mental health treatment?	YES	NO
9. Do you now take mental health or psychotropic drugs? [If yes, state drugs in comment box]	YES	NO
10. Are you embarrassed, ashamed, or humiliated over your arrest?	YES	NO
11. Do you hold a position of status in the community?	YES	NO
12. Do you feel like hurting or killing yourself?	YES	NO
13. If yes, do you have a plan to carry out your suicide?	YES	NO
14. Have you ever attempted suicide before? If yes, how did you attempt it? [Check detainee for scars]	YES	NO
15. Did you attempt within the last 3 months?	YES	NO
16. Do you feel hopeless, worthless, or like there is no way out?	YES	NO
17. Have you been locked up before?	YES	NO
BEHAVIOR AND APPEARANCE		
18. Detainee appears distraught, despondent, or depressed.	YES	NO
19. Detainee appears overly anxious, panicked, afraid, angry, aggressive or excessive crying.	YES	NO
20. Detainee is acting strange – appears to be hearing voices, seeing things, and/or talking to others.	YES	NO
21. Appears to be under the influence of and/or withdrawing from drugs or alcohol.	YES	NO
22. Is detainee incoherent or unable to communicate?	YES	NO
TOTAL COLUMN A		
If column A has more than eight (8) checks, or if any shaded box is checked, inmate is placed on suicide watch until cleared by Mental Health.		

23. Are you violent or do people consider you a violent person?	YES	NO
24. Do you have a history of victimization?	YES	NO
25. What is the highest grade you completed in school? [Please fill in answer]		
26. Were you in special education programs in school?	YES	NO
27. Did you have trouble learning in school?	YES	NO
28. Do you have a history of cerebral (head) injury or seizures?	YES	NO
29. Do you have a history of sex offenses or predatory sexual behavior?	YES	NO
30. Do you have a history of alcohol or substance abuse?	YES	NO
31. Are you homeless?	YES	NO
32. Is the inmate alert to person, place, and time?	YES	NO
33. Is affect/emotional response to incarceration appropriate? [If No, please circle] FLAT; INAPPROPRIATE; GUARDED; LABILE; OTHER _____	YES	NO
34. Is inmate able to read?	YES	NO
35. Is mood appropriate? [If No, please circle] DEPRESSED; OVERLY ANXIOUS; AFRAID; CRYING; ANGRY/AGGRESSIVE; UNCOOPERATIVE; OTHER _____	YES	NO
36. Is appearance clean and orderly? [If No, please circle] UNCLEAN/DIRTY; UNKEPT; DISHEVELED; OTHER _____	YES	NO
37. Has focus and concentration been appropriate during this interview? [If No, please circle] INABILITY TO FOCUS; HYPERACTIVE; POOR EYE CONTACT; UNCOOPERATIVE; OTHER _____	YES	NO

Screened by: _____

Date: ____/____/____ Time: ____:____:____

COMMENTS TO ALL 'YES' QUESTIONS:

SUMMARY/DISPOSITION:

- ___ No mental health problems, approved for general population.
- ___ Routine referral to mental health, approved for general population.
- ___ Urgent referral to mental health.
- ___ Place on suicide watch.
- ___ Potential withdrawal from substance abuse. (Refer to Detox Unit)

Screened by: _____

Date: ____/____/____ Time: ____:____:____

Reviewed by: _____

Date: ____/____/____ Time: ____:____:____

**CORRECTIONS HEALTH SERVICES
MEDICAL INTAKE SCREENING**

INMATE NAME: _____

DOB: ____/____/____ **CIN #** _____

JAIL # _____

INMATE QUESTIONNAIRE:

1. Have you been previously incarcerated at this facility? YES NO
2. Do you have any medical, mental health, or dental problems we need to know about? YES NO
3. Have you been hospitalized in the past 7 year? YES NO
4. Have you seen a doctor in the past 6 months? YES NO
5. Are you on any prescribed medications? YES NO
6. Have you had a head injury or lost consciousness in the past 6 months? YES NO
7. Do you drink alcohol? YES NO
If yes please circle: Liquor /Beer/Wine Amount: _____ Freq: _____
8. Have you had shaking, seizure, blackouts, or other problems when you stopped drinking? YES NO
9. Do you use illegal drugs or take drugs not prescribed for you? YES NO
List: _____
10. Have you had withdrawal problems when you stopped taking drugs? YES NO
Describe: _____

FEMALE INMATES:

11. Are you pregnant? YES NO
LMP _____
12. Have you recently had an abortion or miscarriage? YES NO
13. Do you use birth control? YES NO

OBSERVATIONS:

14. Is inmate alert and responsive to questions? ABN WNL
15. Appearance (e.g. sweating, tremors, anxious, disheveled, etc) ABN WNL
16. Behavior (e.g. disorderly, appropriate, insensible, etc) ABN WNL
17. State of Consciousness (e.g. lethargic, confused, in tax, etc) ABN WNL
18. Ease of Movement (e.g. body deformities, gait, motion, splint, cast, etc) ABN WNL
19. Breathing (e.g. persistent cough, shortness of breath, wheezing, etc) ABN WNL
20. Skin (e.g. lesion, jaundice, rashes, infestations, bruises, tattoos, signs of drug abuse, etc) ABN WNL

ALLERGIES:
Medication- Type _____ Reaction _____
Food- Type _____ Reaction _____

VITAL SIGNS:
Temp _____ P _____ Resp _____ BP _____ / _____

PAIN: _____ Ht _____ Wt _____

CIRCLE ALL CURRENT MEDICAL CONDITIONS & HISTORY THAT APPLY:

ARTHRITIS	HIV
ASTHMA	HEPATITIS
CANCER	HYPERTENSION
CHEST PAIN	IV DRUG USE
DIABETES	NERVOUS/ PSYCHIATRIC DISORDER
DIGESTIVE/HEARTBURN	SEIZURE/APILEPSY
DIZZINESS/BALANCE	SHORTNESS OF BREATH
EYE DISORDER/IMPAIRED VISION	SPINAL INJURY OR DISEASE
HEAD/BRAIN INJURIES	STI'S/STD'S
HEADCHES	THROAT/SWALLOWING PROBLEMS
HEART/CARDIOVASCULAR DISEASE	TOBACCO USE
HEART/CARDIOVASCULAR PROBLEMS	VAGINAL/PENILE DISCHARGES

PULSE O2 _____ FBS _____ PEAK FLOW _____

TB HISTORY:

Have you ever been treated with TB drugs? YES NO
Have you had previous PPD test? YES NO
Was it a positive reaction? YES NO

Have you had any of the following symptoms? (Check if Yes)

<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Coughing up blood
<input type="checkbox"/> Fever	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Weakness	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> Loss of Appetite	<input type="checkbox"/> Night Sweats
<input type="checkbox"/> N/A	

ORAL SCREENING:	YES	NO
Visual observation of teeth?	YES	NO
Visual observation of gums?	YES	NO
Absence of gross abnormalities	YES	NO
Symmetry of face and jaw	YES	NO
Absence of dental plan	YES	NO
Instructions and education provided on oral hygiene, plaque control, proper brushing and flossing	YES	NO

MEDICATIONS/COMMENTS:

DISPOSITION:

<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent
<input type="checkbox"/> General Population	<input type="checkbox"/> Refer to Dentist
<input type="checkbox"/> Suicide Watch	<input type="checkbox"/> Refer to Physician
<input type="checkbox"/> Medical Housing	<input type="checkbox"/> Refer to Mental Health
	<input type="checkbox"/> Refer to Social Worker

COMMENTS: _____

I acknowledge that I have answered all the questions truthfully and have been informed how to obtain health services. I consent to routine medical, dental and mental health care in the jail provided by Jackson Health System.

Inmate Signature: _____ Date: ____/____/____
 Screened by: _____ Date: ____/____/____
 Reviewed by: _____ Date: ____/____/____



**CORRECTIONS HEALTH SERVICES
 PRE-SCREENING ASSESSMENT**

INMATE NAME: _____

DATE OF BIRTH: ____/____/____

JAIL #: _____

	YES	NO
1. Does arresting officer believe the arrestee is at risk for suicide?		
2. Are you thinking of harming yourself?		
3. Do you have any medical conditions that require immediate medical attention or that I need to know about right now?		
4. Do you take any medications?		
5. Have you consumed any alcohol or drugs within the last 12 hours?		
6. Does the arrestee appear under the influence?		
7. Does the arrestee appear unconscious, severely bleeding, mentally unstable or otherwise urgently in need of emergency room treatment?		

Screened by: _____ Date: ____/____/____ Time: ____:____	<u>ACTION</u>
	<input type="checkbox"/> Arm Band Priority <input type="checkbox"/> Screening Priority <input type="checkbox"/> Routine
<u>Comments:</u> 	

CORRECTIONS HEALTH SERVICE

Health Insurance Questionnaire

0

Inmate Name: _____

Jail #: _____

Have you ever been treated at Jackson Memorial Hospital
or at any Jackson Hospital or Health System Clinic? ___ Yes ___ No

Do you or your Spouse have Health Insurance? ___ Yes ___ No

Does anyone in your home have Health Insurance? ___ Yes ___ No

Are you a U.S. Veteran? ___ Yes ___ No

Do you receive Social Security Disability Insurance (SSDI)? ___ Yes ___ No

Do you have Medicaid or Medicare? ___ Yes ___ No

Do you have injuries from Workers Compensation? ___ Yes ___ No

Is the copy of insurance card attached? If yes, then stop. If no, then proceed to the section below
and obtain the policy name, ID number and group number.

Plan Name: _____

ID #: _____

Group#: _____

Telephone #: _____

Obtain the name, employer, date of birth and SSN of the individual to whom the insurance is or
was issued if other than self.

Primary Insurance Holder Name: _____

Employer: _____

Address: _____

DOB ____ / ____ / ____

SSN ____ - ____ - ____

I acknowledge that I have answered all the questions truthfully and understand I am responsible
for the cost of health services while incarcerated.

Inmate Signature

____ / ____ / ____
Date

Witness

POLICY/PROCEDURE CORRECTIONS HEALTH SERVICES	Date of Origin: 5/10/12
TITLE: BOOKING REFUSAL	NUMBER: J-E-02- A
REFERENCE: NCCHC: J-E-02, ACA: 4C-22, 29	

POLICY: All inmates who present to Miami-Dade County Jail will be assessed by the pre-booking nurse for the appropriateness of acceptance.

PROCEDURE:

Prior to refusal of an inmate, inmate must be evaluate by the practitioner

The practitioner will explain to the officer the reasons why the inmate can't be accepted to the jail

The refusal must be documented in the appropriate log book in pre-booking.

The following list does not encompass all possibilities, if you have concern for an inmate's condition or potential for decomposition call the Assistant Medical Director on call for assistance if necessary.

If the detainee exhibits any of the following they should be refused at intake:

1. Unable to walk without assistance and significant impaired mental status due to potential drug or alcohol use
2. Inability to maintain airway
3. Acute chest pain
4. Respiratory Distress
5. Excessively combative behavior

6. Obvious signs of serious trauma to include head injury with LOC or head injury with unexplained confusion, uncontrolled bleeding, malformation of a long bone indicating acute fracture (Excludes minor injuries requiring little to no intervention). Consult the Assistant Medical Director on call or designee in regards to any potential dislocations.
7. Gunshot wounds, stabbing, significant police dog bites with exposed muscle tissue or bone.
8. Unexplained change in mental status
9. Admits to ingesting or packing drugs during or prior to arrest (drug mule, swallow supply)
10. Pregnant female with signs of labor or new onset vaginal bleeding, not including spotting
11. New onset acute psychosis. Obtain history and medication information and contact the on-call psychiatrist for advisement in regards to determining psychosis
12. High Impact, High Velocity injury of any source (examples: MVA, baseball bat, fall from second story or higher
13. Status Epilepticus
14. Contact the practitioner if inmate arrives with BP less than 90/60 or abnormal pulse in the presence of trauma or fever. The practitioner will make the determination of appropriateness
15. Injury to the globe of the eye or new decrease in vision resulting from trauma
16. Third degree burns or second degree burns to the face, hands or genitals, or second degree burns that are circumferential around a limb or digit or significant smoke inhalation

Only the practitioner can refuse an inmate