Release Options under the Extraordinary Medical Placement Program

2012 Annual Report to the Legislature

As required by Third Engrossed Substitute House Bill 2127

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Acknowledgements

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Executive Summary

The Extraordinary Medical Placement (EMP) program has been allowed by Washington State law for many years. The program allows for release of offenders in prison if they meet certain qualifications, including "physical incapacitation". Public safety must be ensured with any release and the offender must have an appropriate placement in the community. This report identifies the number of offenders that are eligible for release through EMP under current law and the potential number of eligible offenders if the criteria in the current law were changed. Possible releases are low in either case, however, due to the mandate to ensure public safety in any release through EMP. Improvements in the process for review of EMP cases are identified. Considerations for placement of EMP offenders in the community are identified.

Legislative Mandate

In the 2012 Legislative session the Biennial Budget (3ESHB 2127) mandated that the Department of Corrections (DOC) work with other state agencies to explore release options for elderly and infirm offenders. The budget bill identified requirements for the study in section 220(2)(j):

> The department of corrections, with participation of the health care authority and the department of social and health services, aging and adult services administration, shall establish a work group to analyze and review release options for elderly and infirm offenders and submit recommendations to the appropriate policy and fiscal committees of the legislature with release options for these populations no later than December 1, 2012. In making its recommendations, the work group shall identify:
>
> (i) The most expensive medical conditions for which the department has had to treat its offenders and the offenders receiving the most costly ongoing medical treatments;
>
> (ii) For identified populations, the age, level of disability, cost of care while incarcerated, safety issues related to release, ease of placement, and time served in relation to the offender's sentence;
>
> (iii) Potential cost savings to the state that may be generated by the early release of elderly and infirm offenders;
>
> (iv) Housing options to expedite the release of aging and infirm offenders while maintaining the safety of housing providers, other housing residents, and the general public; and
>
> (v) Optimal procedures for reviewing offenders on a case-by-case basis to ensure that the interests of justice and public safety are considered in any early release decision.

DOC has partnered with the Aging and Adult Services Division (ADSA) of the Department of Social and Health Services (DSHS) to complete the study. Discussions with the Health Care Authority (HCA) have occurred as needed on the study; the information HCA provides is specific to Medicaid laws, cost of care and implementation of changes in federal and state laws.

DOC has identified offenders with medical and demographic characteristics that may qualify for release under the EMP program. Information about these offenders has been collected and analyzed; the results are discussed in detail in the data review section below. Housing options have been explored in the community options section of this report. A review of the procedures used to identify EMP candidates has been performed; documentation of the review and recommended improvements are listed in the EMP process section.

Data Limitations

DOC medical data collection systems prevent the identification of some items mandated in the legislative study. Collection of offender specific medical data is not complete at DOC today, although improvements to data collection have been made over the past few years. Medical information systems have recently been implemented including a medical encounter system and electronic adjudication and payment of claims for offsite medical care. DOC does not have Electronic Medical Records (EMR) or pharmaceutical technology to allow identification of medical costs by offender.

Due to these limitations, DOC cannot identify the cost of health care incurred by an individual offender. Offenders receiving high levels of care or who have several significant issues can be identified but the actual cost of care cannot be determined. Similarly, DOC cannot definitively say which medical conditions are the most expensive to treat. High cost conditions can be anecdotally identified and significant cost drivers discussed but the actual cost of each condition is not identifiable with current data sets.

With no ability to identify the specific costs for each offender, there is insufficient data to identify savings if a specific offender is released on EMP. DOC is now able to identify offsite medical costs for each offender (at hospitals or community providers) due to the passage in 2012 of House Bill 2803 (HB 2803). This legislation mandated that DOC use the Medicaid payment system (Provider One) to adjudicate offsite medical claims for offenders. Costs for care provided by staff at the prison facilities is not identified on an offender basis, however, meaning that the total cost of care for an offender is not available. The limitations on cost of care for each offender require that DOC identify savings from offender releases in the EMP program on an average cost basis. This may over- or under-state savings from additional releases of offenders but with current data systems it is the only way to estimate savings.

DOC systems are not able to directly identify an offender's specific medical conditions. This means that data on the incidence of a given medical condition can only be anecdotally discussed rather than identified specifically. DOC recently implemented an electronic medical

encounter system which provides some data about the diagnoses and treatments that offenders receive but complete data will only be available with implementation of an Electronic Medical Records system. With an EMR data would be available electronically on medical conditions, diagnoses, historical treatment and demographics (primarily age).

Data Review Process

The Department of Corrections has limited medical data on offenders. With the absence of automated medical records or an automated payment system, calculations of offender health care are virtually manual. The passage of HB 2803 in 2012 required providers to submit billing for all inpatient and outpatient events for offenders through the Provider One Medicaid Payment system operated by the Health Care Authority. DOC in conjunction with HCA was able to adapt the system to accept offender data submitted by the providers. The DOC's inclusion into the payment system began September 1, 2012. This is the Department's first experience with electronic medical payments and the ability to receive electronic data specific to costs, procedures, and duration of stay in local hospitals. The Department will, in the future, have the capability to report on the most expensive off-site treatments and conditions. Table 2 in the appendix outlines data that is available by age, prescription usage and medical encounters.

Potential Candidate Preliminary Screening

The Department has conducted a preliminary review of elderly and infirm offenders. The list identifying all elderly offenders was sent to each facility for manual review and analysis. The facility staff added infirm but younger offenders to the list and provided information related to the following criteria for inclusion in the "elderly and infirm" list:

- Offenders that are housed in an in-patient or long-term care unit, or
- Offenders that have two or more of the following criteria:
    - requires assistance with Activities of Daily Living (ADLs such as dressing, grooming, bathing, eating and hygiene),
    - has a cognitive impairment and/or impaired mobility or
    - Offenders are diagnosed with a progressive, debilitating condition or a terminal illness

Categorization of the offenders identified as elderly or infirm shows the changes necessary to expand releases under EMP or in a similar program. The diagram below provides a decision tree that estimates the number of offenders that may qualify for release with changes noted.

ALL Elderly and Infirm offenders in the DOC prisons system = 808

The law must be amended to eliminate the requirement of "physical incapacitation" for all of these offenders to be considered for release

Take offenders at a high risk to reoffend out of the group

Elderly and infirm offenders at a low risk to reoffend = 646

Public safety considerations may limit releases to only offenders at low risk to reoffend

Take offenders convicted of sex or violent crimes out of the group

Elderly and infirm offenders at a low risk to reoffend and convicted of a crime other than in the sex or violent category = 44 est

Many offenders are incarcerated for sex crimes; public safety considerations may prevent release of these offenders

Find placement for offenders in the community

Elderly and infirm offenders with low public safety risk AND who have a community placement = unknown

Placement identified by DSHS/ADSA with friends/family, assisted living or nursing home

Table 1 in the appendix contains additional data on the characteristics of the offenders identified as elderly or infirm.

Savings Dependent on the Ability to Close Prison Units

Prison costs are comprised of two types of costs, known as fixed and variable. Variable costs change as the number of offenders in prison change and even one offender creates a cost. Fixed costs do not vary with each offender but only increase or decrease as a large number of offenders enter or leave the system. The average cost per offender at Washington prisons is $33,000; this is a combination of fixed and variable costs.

If these offenders can be placed in community settings without compromising public health the prison system avoids overcrowding and avoids the high cost of care.

At DOC, fixed costs at the prison level are driven by the unit concept. Offenders are housed in units that range from less than 100 offenders to more than 260 offenders. Staffing is largely dependent on how many units are open, with staffing models for each unit determined by size and layout of the unit, custody level of offenders in the unit and services on the unit versus provided centrally at the facility. Variable costs are the utilities, supplies, pharmaceuticals, offsite medical services and food consumed by each offender in an institution.

The fixed and variable cost structure in institutions means that lower savings will occur if a smaller number of offenders are released than if a larger number are released. If less than about 200 offenders are released it is likely that only variable costs will be saved. Fixed costs are saved when more than about 200 offenders are released, allowing closure of a prison unit.

Release of elderly and infirm offenders provides benefits to the prison system beyond immediate savings. The elderly and infirm are often offenders with significant acute or chronic conditions. These offenders drive the cost of health care up either through offsite care (provided in hospitals or by community providers) or through continuing procedures such as dialysis or medications that may be provided onsite but are costly over time. The offender can spend the remaining years of life in a home or community setting, cared for through existing health care programs.

The EMP Process: Identification, Screening and Placement

Current Process

The current process for identification, screening and placement of an EMP candidate is outlined in DOC Policy 350.270 (attached). A flowchart which documents the current process is included in Chart 1 in the appendix.

Candidates for EMP are identified through a referral process which can come from community or internal sources to include self-referral by the offender. The only automatic exclusions for consideration for EMP are offenders serving a sentence of life without parole or those who have been sentenced to death.

Once a referral is received, an initial medical screening is performed by the DOC headquarters Health Services (HS) EMP coordinator to assess if the offender meets the medical criteria of physical incapacitation, mandated by RCW 9.94A.728. If the candidate does not meet the medical criteria, the EMP is denied.

If the candidate meets the medical criteria, the referral is forwarded to the Classification EMP coordinator for processing. At this stage of the process, a Community Corrections Officer (CCO) is assigned, a mental health evaluation of the offender is obtained if necessary, and a completed Custody Facility Plan, which details community custody and placement, is created by facility staff with the offender and approved by an interdisciplinary team called the Facility Risk Management Team (FRMT). The assigned CCO is charged with the development of an Offender Release Plan (ORP) in cooperation with the headquarters HS EMP Coordinator which identifies and details financial resources, community sponsors and housing arrangements. If the offender does not meet the placement criteria in the documents above (i.e., there is inadequate housing for the offender), the EMP is denied.

Once the Classification EMP Coordinator compiles the information outlined above, the referral and all of the documentation compiled through the initial screenings are forwarded in a packet to the Headquarters Community Screening Committee (HCSC) for consideration. Topics which are reviewed by this committee include: the offender's conviction information, estimated release date and level of custody, Indeterminate Sentence Review Board issues, infraction history, assessment of the offender needs, proposed recommendations, offender programming record, medical, mental health and chemical dependency status, sex offender treatment status if applicable, and victim and community concerns. If HCSC does not feel the offender is appropriate to be placed into the community based on review of the areas noted above, the EMP is denied.

If HCSC feels the offender is appropriate for placement, the approved packet is forwarded to the Assistant Secretary of Prisons for review. The Assistant Secretary of Prisons has the authority to approve or deny the EMP.

If the Assistant Secretary of Prisons feels the offender is appropriate for placement, the approved packet is forwarded to the Secretary of DOC for a final determination.

If the packet is approved by the Secretary of DOC, the placement is completed per the ORP and the offender is tracked in the community by their assigned CCO and by the headquarters HS EMP coordinator for the duration of the offender's time in the community on EMP. An EMP may be terminated by the Department (as may happen, for example, if a condition of physical incapacitation improves substantially), may end due to the death of the offender or may end once the offender has reached their release date and has completed their sentence.

Proposals for Improvement

The Department is implementing improvements to the current process. A flowchart which documents the new process is included in Chart 2 in the appendix. The Department will streamline the policy process to include addition of an internal system for identifying potential EMP candidates, more involvement from the staff of the prison facilities and a reduction of the workload of the Classification EMP Coordinator via the following workflow. In addition, DOC proposes changes to the community supervision requirements for EMP cases.

DOC will adjust the approval process for EMP cases so that the agency executives see all potential cases for approval.

The Department will establish an internal process to proactively identify all offenders potentially eligible for EMP placement. The Department has begun an internal screening process with the assistance of the Department of Social and Health Services (DSHS), discussed further below, to identify offenders who may meet the eligibility criteria but may not be coming to the attention of the DOC through the referral process. DOC will adjust the approval process for EMP cases so that the agency executives see all potential cases for approval. The Department has begun to develop a methodology which will be used on a regular basis to pre-screen potential candidates who may meet the medical EMP criteria based on various demographic and medical parameters.

Process improvements may increase the number of candidates screened for potential placement but it will likely not result in a large increase in the number of offenders placed in the community on EMP. The law requires that the offender be physically incapacitated before placement in EMP. Many offenders that are placed in this program require housing in the community in an assisted living, adult family home or skilled nursing setting as they require a

higher level of care than many families or friends may be able or willing to provide. This placement in community facilities is difficult as many facilities do not wish to take convicted felons into their care. DOC works closely with DSHS to find appropriate placement for eligible offenders but this process takes time and does not always result in a guaranteed placement.

A change in the law that eliminates the physical incapacity requirement would allow more offenders to be released, as shown in Table 1, but with public safety considerations the total released would likely be less than 45.

A change in the law that eliminates the physical incapacity requirement would allow more offenders to be released

Once an offender is identified either through the internal process or via receipt of a referral, the headquarters HS EMP Coordinator will log the offender into a tracking system and screen for initial automatic disqualification based on the offender's sentence. If there is no automatic disqualification, the referral will be forwarded to the dedicated HS EMP coordinator at the facility in which the offender is incarcerated for a review of the offender's medical and mental health status. This is suggested as the prison staff will be more intimately aware of the offender's conditions than headquarters staff may be. Prison staff would also have more ready access to the offender's medical records, onsite care providers and other relevant staff for purposes of collecting information on the offender's condition and ease of compiling documentation. Once the review is complete, the review and any supporting medical and/or mental health documentation will be returned to the headquarters HS EMP Coordinator for subsequent review with the HQ Medical Director.

If the headquarters HS EMP Coordinator and Medical Director determine the offender meets the medical criteria, the packet will be forwarded to HCSC for an initial review. This initial review is suggested to determine first if the offender would realistically be considered for release by HCSC. Should the offender be determined to be too high risk to be placed in the community, this initial review would avoid the unnecessary allocation of staff for the time consuming process of release planning, identifying financial means and researching and approving community placement and housing arrangements, as discussed in the policy process above, for someone that would not be considered for the program. If the case is denied by HCSC at this point the case will be forwarded to the Assistant Secretary for Prisons and to the Assistant Secretary for Community Corrections for concurrence. If the Assistant Secretaries do not concur the HCSC must continue to work the case for EMP release.

Once the initial HCSC review is complete and it is determined that the offender appears to meet the criteria for community placement, the packet will be forwarded to the Classification EMP Coordinator for initiation of the release planning and community review by the assigned CCO and the headquarters HS EMP Coordinator as stated previously. Once this process is complete

and all involved approve the plan, the packet will be forwarded to the HCSC again for a final review. A plan for release for the offender will include required community supervision and the need for security measures such as electronic home monitoring. DOC can identify the best security measures for an offender; if state law was adjusted to provide flexibility on these measures DOC would be able to ensure safety while meeting the offender's needs.

HCSC will determine if the plan is acceptable and whether the offender meets the criteria for placement. The Committee will forward its recommendation to the Assistant Secretary of Prisons, the Assistant Secretary for Community Corrections and the Assistant Secretary for Health Services. These executive managers will determine if the case should be approved or denied. The final recommendation will be sent to the Secretary of DOC for concurrence.

Community Placement Options

The following sections of this report detailing available services and barriers to placement were contributed by staff at ADSA for inclusion:

The Aging and Disability Services Administration (ADSA), Home and Community Services Division within the Department of Social and Health Services provides oversight to programs and supports for individuals who qualify for Medicaid long-term care. ADSA works with the Department of Corrections to support low-income offenders who need long-term care and supports when they are released from custody. The two agencies have a working agreement regarding individuals who are on the Extraordinary Placement Program (EMP) and other offenders who have barriers to community placement. In response to Engrossed Substitute Senate Bill 6444, ADSA has tracked placements into the EMP program since 2009.

This overview of the capacity for serving older or vulnerable offenders in community settings is informed by recent experiences with the EMP program and limited to the services available through Medicaid funded long-term care.

Current Environment

To date ADSA and DOC have been successful in finding appropriate settings for indivduals coming out of the DOC system on the EMP program due to the low volume of particpants and the collaboration of the two agencies. Service options for clients in the EMP program include Adult Family Homes, Assisted Living Facilities, Skilled Nursing Facilities, or care provided in an individual's own apartment or home. ADSA licenses more than 2,800 adult family homes and more than 536 assisted living facilities and 240 skilled nursing facilities across the state, with the number of beds in each ranging from two to a few hundred. However, the capacity at any

point in time fluctuates due to bed availability and the provider's ability to meet the needs of the individuals who would like to reside in a particular service setting. ADSA believes an EMP expansion is possible if we are able to remove some of the existing constraints in the system.

Increasing capacity

If the Legislature chooses to broaden offender eligibility for the EMP program and significantly expand the number of offenders who would need community placements, the following system constraints must be considered.

- Licensing regulations require that providers obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting to the home/facility and only accept and keep those residents for whom they can meet the needs. Therefore, providers cannot be obligated to accept any individual..

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- The level of care indicated for this population of Medicaid clients has been lower than anticipated in initial cost projections for EMP. Add-ons to the rate have been included to offset costs to the providers for the additional coordination with DOC and local law enforcement; these rates are not covered by Medicaid and are therefore state only funds.

- There is a stigma related to placing offenders in facilities with other vulnerable populations, which includes the perceived threat to the health and safety of the existing residents in the facility.

- The types of protections that may need to be in place to protect vulnerable residents from other challenging DOC residents may vary. Providers who serve EMP clients should have specific traning related to serving individuals moving to community settings from long-term incarceration.

- Very few providers across the state have been willing to accept individuals with the profiles of the group identified by DOC. ADSA has recently lost two of those, one due to a potential loss of license for not adequately meeting the needs of the residents in his care and the other due to the death of the provider. Other providers, while potentially willing to accept individuals, may not have the skill level necessary to develop a safe plan of care for serving this group of offenders.

In order to implement a substantial expansion of the EMP program , ADSA will need to develop a provider base that specializes in serving individuals that are released from the corrections system . The following are the activities that ADSA/Home and Community Services will need to undertake in order to develop adequate capacity to serve this population:

- Develop Specialty Contracts for providers working with this population
- Develop a rate structure that considers the additional costs related to specialized training, any increased liability insurance expense and increased staffing expense (when appropriate). In addition, the rate will need to take into account that most of these facilities will be specialized, so occupancy rate is a factor. We may need to consider a payment mechanism that pays providers by bed/room, even if a particular bed/room may not be occupied for a period of time. The rate structure must ensure provider interest in developing this type of resource in partnership with ADSA/DOC.
- Develop specialized residential programs that serve clients with challenging criminal profiles.
- Develop trainings and provider support services specific to serving individuals with offender status.
- Revise caseload forecasts to reflect increases in EMP placements if the law is changed to allow more releases.
- Collaborate with the DOC on community outreach to mitigate negative community reaction

The activities above will take at least one year of preparation before ADSA would have the capacity to move more than one or two individuals at a time.

Options for Expansion of Health Related Placements

The information presented in this report identifies ways that DOC can improve processes and policies for the EMP program. Issues, risks and barriers to placement are identified by ADSA as well, indicating that a large expansion of medical releases from prison is a large undertaking. Increasing the number of releases is possible, however, with changes to DOC policy, amendments to state law and increases in support for offenders moving out of prison. Specific options available to policymakers are listed below.

1. RCW 9.94A.728 can be amended to eliminate the requirement for "physical incapacity" before an offender is released on EMP. The law can delegate authority to DOC to approve releases that ensure public safety and that support the offender's health care needs.

2. Alternatively, a new release option can be created that allows elderly and infirm offenders to be released based on age and chronic conditions that impact a person's ability to perform the activities of daily living. The same requirement of ensuring public safety and supporting the offender's health care needs would apply.
3. The existing law should be amended (or if a new program is created) to change the requirements for offender supervision and electronic home monitoring. The structure of supervision and monitoring should be the responsibility of DOC. Community corrections staff are in the best position to determine what requirements are necessary for given offenders, especially since elderly and infirm cases considered for release are unique.

4. To support offenders moving to placements with friends and family the housing vouchers program can be expanded. This population may be able to reside at home with some assistance; housing vouchers should be available for longer than the current program (three months currently) and should be allowed for in-home health supports in addition to housing costs.

5. DOC will make improvements to the process for identifying and reviewing EMP cases, including:

    a. A regular review of offenders in prison who may qualify for the program with prescreening.

    b. Involvement of prison staff familiar with the offender's case to gather more complete data before moving forward with the case.

    c. Review of each case for eligibility before complete medical and release plan work is done.

    d. Review and approval for all cases – those approved and those denied – by DOC executive management to ensure appropriate application of the law.

Appendix

Tables, Charts and Attachments

Table 1:

Aged and Infirmed Review Report (Age 60 and Over)

			Possible Releases if law was expanded to allow "elderly and chronic condition" offenders to be released				*Possible Releases under current law that requires "physical incapacitation"*			
			All Offenders Age 60 and Over				*All Offenders Age 60 and Over with Chronic/Incapacitated*			
Category	**ADP (FY2013)**		**Offender Counts**	**Past ERD/ LWOP Life/ Death**	**Average Months to ERD**	**Medical Cost $6,182 (FY12) *Offender Count**	**Offender Counts**	**Past ERD/ LWOP Life/ Death**	**Average Months to ERD**	**Medical Cost $6,182 (FY12) *Offender Count**
All Offenders Age 60 and Over	**797**	**Total**	**757**	**111**	**82**	**$ 4,679,774**	**94**	**15**	**72**	**$581,108**
		Less High Risk to Reoffend	623	87		$ 3,851,386	79	13		$488,378
		Less Violent and Sex Crimes	42	3		$ 259,644	6	0		$37,092

			All Aged (60 and over) and Infirmed				*All Age Offenders with Chronic/Incapacitated*			
Category	**ADP - Age 60 and Over (FY2013)**		**Offender Counts**	**Past ERD/ LWOP/ Life/ Death**	**Average Months to ERD**	**Medical Cost $6,182 (FY12) *Offender Count**	**Offender Counts**	**Past ERD/ LWOP/ Life/ Death**	**Average Months to ERD**	**Medical Cost $6,182 (FY12) *Offender Count**
All Age 60 and over and Infirm Offenders	**797**	**Total**	**808**	**117**	**83**	**$ 4,995,056**	**120**	**18**	**70**	**$741,840**
		Less High Risk to Reoffend	646	90		$ 3,993,572	89	14		$550,198
		Less Violent and Sex Crimes	44	3		$ 272,008	7	0		$43,274

Table 2:

Aim of Care Indicator

		FY 2010		FY 2011		FY 2012	
Efficient	**HS Cost per Offender (CPO)**	**CPO**	**Ratio**	**CPO**	**Ratio**	**CPO**	**Ratio**
	Agency Total (CD not included)	**$ 6,411**	**100.0%**	**$ 5,933**	**100.0%**	**$ 6,182**	**100.0%**
	Medical Total	$ 2,994	46.7%	$ 2,582	43.5%	$ 2,651	42.9%
	Mental Health Total	$ 1,039	16.2%	$ 1,019	17.2%	$ 1,041	16.8%
	Dental Total	$ 361	5.6%	$ 337	5.7%	$ 354	5.7%
	Pharmacy (staff only) Total	$ 232	3.6%	$ 212	3.6%	$ 245	4.0%
	Nursing Total	$ 1,787	27.9%	$ 1,783	30.1%	$ 1,891	30.6%

***Mental Health includes M/H medications; Medical includes all other medications**

		FY 2010		FY 2011		FY 2012	
Accessible	**HS Encounters per Offender (EPO)**	**EPO**	**Ratio**	**EPO**	**Ratio**	**EPO**	**Ratio**
	Medical Encounters per Offender						
	Total Face to Face	7.12	100.0%	7.09	100.0%	6.76	100.0%
	Scheduled	5.87	82.5%	5.79	81.7%	5.48	81.0%
	Sick Call	1.20	16.8%	1.27	17.9%	1.25	18.5%
	Unscheduled	0.05	0.7%	0.03	0.4%	0.03	0.4%
	Mental Health Encounters						
	Total Face to Face	7.92	100.0%	9.88	100.0%	9.70	100.0%
	Scheduled	7.84	98.9%	9.79	99.1%	9.61	99.0%
	Unscheduled	0.09	1.1%	0.09	0.9%	0.09	1.0%
	Dental Encounters						
	Total Face to Face	2.46	100.0%	2.62	100.0%	2.59	100.0%
	Scheduled	2.21	89.5%	2.42	92.6%	2.38	91.9%
	Unscheduled	0.26	10.5%	0.19	7.4%	0.21	8.1%

***Unscheduled = Emergency, Declared Emergency, and/or Acute Event**

Chart 1:

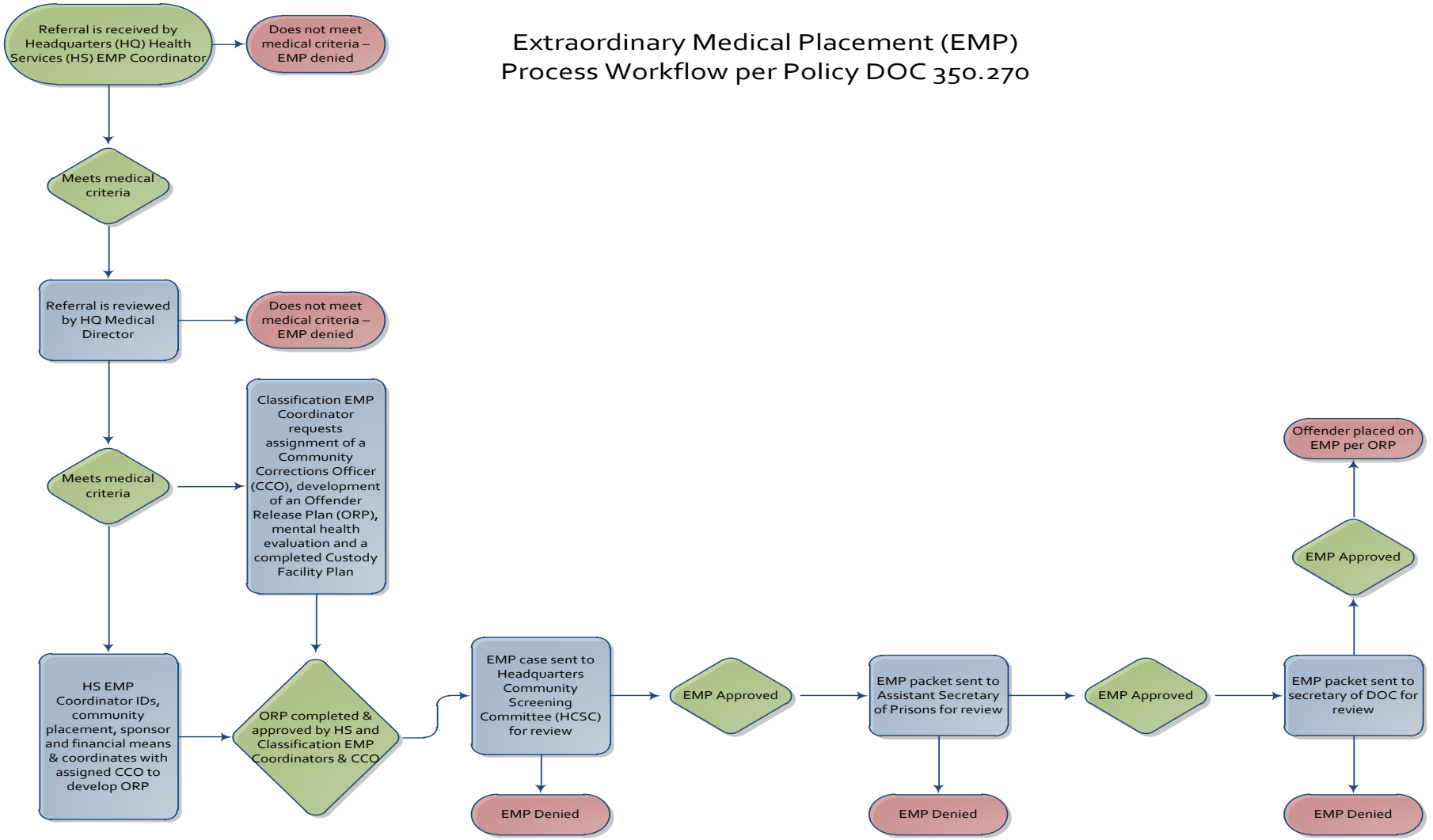

Chart 2:

Extraordinary Medical Placement Process Workflow - Proposed