

Frequently Asked Questions: Virginia Medicaid and the Legal-Carceral System

SUD Treatment Questions:

- Do non-users also have these opioid receptors in their brains, or does the opioid use create these receptors? Are the receptors "made" over time or through dosage of opioids?

Everyone has opioid receptors in the brain. There are three major receptors, called Mu, Kappa and Delta. But the Mu receptor is the one that really sets everything in motion. The Mu-opiate receptor is responsible for the major effects of all opiates, whether it is heroin, prescription pills like oxycodone or synthetic opioids like fentanyl. Opioid replacement therapy outcompetes heroin (and other opiates!) when they reach the opioid receptors, but do not activate the receptors to the same degree. By doing so, they reduce a person's chances for overdosing. Medication for opioid use disorder such as Suboxone "stick" to the receptors for a longer period of time, which curtails withdrawal symptoms. Buprenorphine, for instance, binds to a receptor for 80 minutes while morphine only hangs on for a few milliseconds.

Medicaid Role in Treatment Questions:

- **Can we assume that if they have DOC Medicaid they will qualify for regular/straight Medicaid when released?**

No, it is not 100% guaranteed that an individual will be eligible for full benefit Medicaid upon release as they still have to meet Medicaid eligibility requirements such as income. Carceral institutions can help with the community-based Medicaid eligibility evaluation process by sending Cover Virginia Incarcerated Unit (CVIU) a completed pre-release application, within 45 days before the individual's release date. CVIU workers review the individual's eligibility to determine ongoing Medicaid coverage once released from the carceral institution. This eligibility review is processed based on the living arrangement and information as reported or known at the time of release. If a pre-release review occurs, and if the member is approved and remains eligible for ongoing Medicaid coverage, their limited incarcerated Medicaid benefit will be converted to the full benefit as of the date of release. The majority of the pre-release reviews are approved by the CVIU.

- **What ARTS benefits are available for incarcerated individuals with DOC Coverage?**

Individuals with the limited Medicaid benefit during incarceration are eligible for inpatient hospitalization coverage only. This includes stays on inpatient psychiatric units too.

- **Is Magellan still involved in managing Medicaid services or is it now under management by Molina? I credentialed with Magellan then had to do exactly the same thing to continue to provide services to Medicaid patients previously managed under Magellan MCO.**

Magellan of Virginia, Medicaid's Behavioral Health Services Administrator is separate from Molina Complete Care. Molina Complete Care acquired Magellan Complete Care which is the managed care benefit.

- **Are individuals authorized to receive different services with different providers simultaneously?**

Medicaid does not reimburse different providers for providing the same service as this is seen as duplication. However different providers may provide different services for the same member on the same day, just not at the exact same time. Providers may email SUD@dmass.virginia.gov with questions about specific services.

- **Has Virginia started working on allowing Therapist to bill for mental health services?**

DMAS recognizes the following provider types for mental health services such as psychotherapy: "Licensed mental health professional" or "LMHP" means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner; "LMHP-resident" or "LMHP-R" means the same as "resident" as defined in (i) 18VAC115-20-10 for licensed professional counselors; (ii) 18VAC115-50-10 for licensed marriage and family therapists; or (iii) 18VAC115-60-10 for licensed substance abuse treatment practitioners; "LMHP-resident in psychology" or "LMHP-RP" means the same as an individual in a residency, as that term is defined in 18VAC125-20-10, program for clinical psychologists; and "LMHP-supervisee in social work," "LMHP-supervisee," or "LMHP-S" means the same as "supervisee" as defined in 18VAC140-20-10 for licensed clinical social workers.

Enrollment in Medicaid While in Jail Coverage Questions:

- **Do benefits continue through incarceration? Are services provided during incarceration reimbursable?**

When someone with active Medicaid coverage in the community enters a correctional facility, their coverage is modified from community coverage, which was most often the full Medicaid benefit (e.g., primary, acute care, behavioral health, long-term services and supports, dental), to Incarcerated Medicaid coverage, which provides a limited Medicaid benefit.

Incarcerated Medicaid, the limited coverage provided to Medicaid-enrolled individuals who are incarcerated, only provides coverage of **Medicaid-covered services that are provided during an inpatient hospital admission.**

Federal Medicaid funding is only available for inpatient services furnished to patients in a medical institution (including services furnished by such providers during the inpatient stay). A stay in a medical institution is defined in federal regulations at 42 C.F.R. 435.1010 as "a stay of 24 hours or more in which there is an admission of the individual to the facility as an inpatient on the orders of the practitioner responsible for the care of the patient."

Once the individual goes back to their carceral setting, they stay enrolled in Incarcerated Medicaid coverage. Medicaid, however, will only cover services if they are admitted to the hospital again and services occur during that hospitalization. Even if services are in follow up to a Medicaid-covered hospitalization, provided in the hospital where their hospital admission was, or another service that Medicaid typically covers, they will not be covered by Incarcerated Medicaid. In addition, Incarcerated Medicaid does not cover any outpatient care, mental health services, or substance use disorder treatment unless it was provided during a hospital admission.

- **Can Community Based Reentry Organizations in Virginia help individuals process their applications?**

Yes! Community based organizations can assist individuals with Medicaid applications. A great resource to help community based organization staff become knowledgeable about completing Medicaid applications is SignUpNow. [SignUpNow](#) is offered by the Virginia Health Care Foundation and provides technical assistance, publications, materials, and training workshops on how to help people enroll in state-sponsored health insurance programs like Medicaid.

- **How can an individual sign up for Medicaid if they are homeless or does not know where they will be living upon release? Would it be acceptable to use a "care of" address?**

Yes. If you do not know where someone will live upon release, list the individual's pre-incarceration local department of social services, if known. If unknown, list the local department of social services nearest your

correctional facility or in the area where the applicant hopes to reside upon release. Applicants can also list the address of a family member or friend.

Find your local Department of Social Services by visiting: <http://www.dss.virginia.gov/localagency/index.cgi>

- **We've been told that individuals who are experiencing incarceration can only apply for Medicaid with Cover Virginia Incarcerated Unit (CVIU) 45 days or less from their release date. Has that changed?**

An incarcerated individual may apply for Medicaid anytime during their incarceration.

- **Do individuals have to have a scheduled release date to apply for regular Medicaid?**

Individuals who are incarcerated can apply for Medicaid at any time. If they apply for Medicaid when their expected release date exceeds 45 days, they will be evaluated for Incarcerated Coverage (limited benefit hospitalization coverage).

If they want to apply for coverage to take effect when they are released, they can apply up to 45 days before their expected release date. The Cover Virginia Incarcerated Unit (CVIU) calls this a "Reentry Application."

- **How to jails contact the Cover Virginia Incarcerated Unit (CVIU) to establish assistance/relationship in order to efficiently process applications?**

The best place to start is with Raynette Adams. She is the DMAS Medicaid Corrections Liaison.

Raynette Adams

Medicaid Corrections Liaison

Eligibility and Enrollment Services Division-DMAS

Raynette.Adams@dmass.virginia.gov

Remote Availability: Mon - Fri 8:00 am - 4:30 pm

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- **Is it a myth that Medicaid is "turned off" after a month of incarceration? Have had people not fill out applications because they worry their coverage will be turned off - same with from their release date?**

Medicaid is not "turned off" when someone becomes incarcerated, but the type of Medicaid coverage changes. During incarceration, coverage shifts from community coverage, which is typically full-benefit coverage, to Incarcerated Coverage, which is limited-benefit coverage and covers only Medicaid-covered services that are provided during an inpatient hospital admission of 24-hours or more.

A data match was implemented during 2021 that enables Medicaid and the Department of Corrections to share data. Reports are now provided to the Cover Virginia Incarcerated Unit (CVIU) on a regular basis that show intakes and releases. The intake data is received weekly and release data is received daily (except on weekends). The CVIU now updates Medicaid coverage for individuals who are incarcerated; changing their coverage from community coverage to limited-benefit Incarcerated Coverage after they enter a correctional facility and back to full benefit community coverage when they return to the community.

If you are arranging community-based services that need to be available for an individual on the day of their release, please contact the CVIU at 1-833-818-8752 and explain the time sensitivity of the situation. This is considered an expedited request. CVIU staff can help ensure that full benefit community coverage is available

that day. At this time, the data match process will not update coverage in a timely enough manner to facilitate this type of discharge.

- **What is the best way for our community service board to forge relationships with local jails to make sure that we get those folks who need medication for opioid use disorder (MOUD) services as soon as they are released?**

For regional jails, reaching out to the jail's [superintendent](#) (administrator) is a good first step. They can put you in touch with the appropriate medical team or reentry staff members. The regional jails typically either have "regional jail" or "adult detention center" in their name.

For local jails, reaching out to the [Sheriff](#) is a good start. They can put you in touch with the appropriate staff who support individuals upon release.

- **At what point in incarceration does the member lose initial Medicaid benefits?**

When an individual who has Medicaid coverage in the community becomes incarcerated, they do not lose Medicaid coverage. Instead, their coverage is changed from providing full-benefit community Medicaid coverage to Medicaid coverage that only covers a limited hospitalization benefit. This is often referred to as Incarcerated Coverage. This change is made by the Cover Virginia Incarcerated Unit (CVIU) based on intake data provided through a data matching process between the Department of Medical Assistance Services and the Department of Corrections. The intake data is received weekly and release data is received daily (except on weekends).

Federal Medicaid statutes, however, generally prohibit the use of federal Medicaid funds to pay for the health care of an "inmate of a public institution" (which includes jails and Department of Corrections facilities) except when the individual is a "patient in a medical institution" that is organized for the primary purpose of providing medical care. Therefore, even if an individual is recently incarcerated and their coverage has not yet changed to incarcerated coverage, Medicaid cannot pay for services other than those provided during a hospitalization. The coverage update will be retroactive.

- **There is a nuance for jails, if there is a short stay, and were Medicaid MCO enrolled before stay, they may keep coverage (such as a weekend stay).**

In this situation, it is likely that the individual's full-benefit community coverage would remain active during the short period of incarceration. However, if the individual needs to access medical care while incarcerated, the only situation for which Medicaid is allowed to cover the cost of care is if the individual has an inpatient hospital admission for more than 24 hours. If Medicaid or a Medicaid contracted managed care organization pays for services while the individual is incarcerated other than those incurred during a hospitalization, those payments should be retracted pursuant to federal law.