



MINUTES

Inmate Geriatric and Psychiatric Patients Study Committee

January 12, 2012

MEMBERS PRESENT:

Senator Tom Hancock, Co-chairperson
Senator James A. Seymour

Representative Gary Worthan, Co-chairperson
Representative Richard Anderson
Representative Chris Hagenow
Representative Todd E. Taylor

MEETING IN BRIEF

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Inmate Geriatric and Psychiatric Patients Study Committee

I. Procedural Business

Call to Order. Co-chairperson Hancock called the third and final meeting of the Inmate Geriatric and Psychiatric Patients Study Committee to order at 1:07 p.m. on January 12, 2012, in the Supreme Court Chamber (Room 103), at the State Capitol.

Procedure. The committee lacked a quorum of members, so no committee action was taken. Legislative Services Agency (LSA) staff will circulate the minutes of the November 30, 2011, meeting as well as any proposed recommendations from this meeting for committee approval.

Adjournment. The meeting adjourned at 1:40 p.m.

II. Background

The Legislative Council established the Inmate Geriatric and Psychiatric Patients Study Committee to examine treatment and placement options for inmate geriatric and psychiatric patients who are under the care, custody, and control of the state, or for patients who are otherwise housed at the Iowa Medical and Classification Center (IMCC) at Oakdale or other correctional facilities for geriatric or psychiatric treatment. The committee is comprised of five senators and five representatives. The committee is authorized to meet for two meeting days.

III. Introductory Remarks

Co-chairperson Hancock gave brief introductory remarks, noting that the issue is difficult, and it is not solved with a simple solution such as moving inmates to Clarinda. There are federal regulations to consider. He hopes to be able to continue the discussion of issues raised by the Justice System Appropriations Subcommittee process in the 2012 Legislative Session.

Co-chairperson Worthan emphasized the issue is a more complex problem than originally thought. Details need to be worked out through the Justice System Appropriations Subcommittee process. He noted that a news report from November 2011 concerning the assault of a nursing home resident by a registered sex offender living in the nursing home highlights the difficult issue of placing elderly registered sex offenders in nursing homes. The issue of where this population should be placed outside the Department of Corrections (DOC) is complex, particularly considering options for Medicaid eligibility. He noted the solution cannot be readily identified and may take several years to figure out.

IV. Medical Parole in Texas and Medicaid

Ms. Beth Lenstra and Mr. Jess Benson, fiscal analysts for the LSA, presented an overview of the use of medical parole in Texas and Medicaid eligibility. An offender considered for medical parole by the Texas State Parole Board must have long-term care needs or a terminal illness. Other factors considered include age, physical disability, mental illness, and intellectual disability. Medicaid eligibility in Texas is determined prior to the time an offender is released on medical parole. An offender released on medical parole is required to remain under a doctor's care and medical reports must be submitted to the parole board. Medically paroled offenders are placed in hospice or skilled nursing facilities or with families, and are subject to community-based supervision. Ms. Lenstra emphasized that Texas has a large prison population from which to



consider inmates for medical parole, so it is theoretically easier for Texas to achieve greater savings.

Mr. Benson provided background information about the Medicaid program and Medicaid eligibility relating to inmates in Iowa. Medicaid funding is provided through both the federal and state governments. In Iowa, the Medicaid program is funded at approximately 62 percent by the federal government and approximately 37 percent by the state. Medicaid eligibility requirements include certain low-income persons who are aged, blind, disabled, pregnant, or have dependent children. Many inmates in Iowa do not qualify for Medicaid even if not incarcerated because they do not meet the eligibility requirements. Ms. Lenstra highlighted information provided by Ms. Jennifer Harbison, legislative liaison for the Iowa Department of Human Services (DHS), relating to the impact of the federal Patient Protection and Affordable Care Act (ACA) on Medicaid eligibility for inmates. Beginning on January 1, 2014, the ACA expands Medicaid coverage for low-income persons which may include more of the prison and jail population; however, such coverage is subject to current coverage rules and restrictions against eligibility for inmates in public, nonmedical institutions.

V. Committee Discussion

Representative Hagenow commented that it would be beneficial for Iowa to obtain an advisory opinion from the federal government about Medicaid eligibility prior to designating portions of the facility in Clarinda as a facility for medical parolees or other types of patients. Mr. Benson emphasized that an inmate must be paroled prior to being eligible for Medicaid.

Co-chairperson Worthan asked Mr. John Baldwin, Director of the DOC, about the number of patients who are under the care of the DHS but housed at the forensic hospital at the IMCC. Mr. Baldwin responded that there are currently 22 DHS patients at the forensic hospital, none of whom have been convicted of a crime. He also noted that the DOC population is aging (average age is 34), which will cause the DOC to have to deal with more physical and emotional issues of an aging prison population.

Co-chairperson Hancock stated that he would like to see the Clarinda facility utilized if possible. Representatives Anderson and Taylor suggested that if a medical parole option is not pursued, they would like to see other available beds in existing DHS facilities designated as DOC beds.

VI. Tentative Committee Recommendation

The committee proposed a tentative recommendation that the Governor establish a task force to further study the issue of inmate geriatric and psychiatric patients under the care, custody, and control of the state including representatives from the Governor's Office, DOC, DHS, the Board of Parole, and the Department of Inspections and Appeals, and to make recommendations.

VII. Materials Filed With the Legislative Services Agency

The items listed below were distributed at or in connection with the meetings and are filed with the Legislative Services Agency. The materials may be accessed from the "Committee Documents" link on the committee's Internet website at:

<https://www.legis.iowa.gov/Schedules/committeeDocs.aspx?cid=542&ga=84&session=2>



Inmate Geriatric and Psychiatric Patients Study Committee

1. Charge of the Committee.
2. Department of Human Services Handouts.
3. Dr. Crossett's Handouts.
4. Dr. Deol's Presentation.
5. SAMSHA Report.
6. Department of Correction's answers to questions posed by Beth Lenstra.
7. Vera Summary.
8. Chronically Disabled Policies.
9. Medical Release Survey.
10. Meeting Memo.
11. Department of Human Services Answers About Medicaid Questions.
12. Medical Parole—Texas.
13. Medicaid—Fiscal Topic.

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