

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 460.00

EFFECTIVE DATE: 17 September 2025

**SUBJECT: MEDICAID ENROLLMENT
PROCESS FOR
INMATES/RESIDENTS**

POLICY DIRECTIVE

PURPOSE:

To ensure that eligible adult inmates and juvenile residents are given the opportunity to enroll in the West Virginia Medicaid Program prior to release.

REFERENCE:

Patient Protection and Affordable Care Act – Public Law 111-148

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including, DCR Policy Directive 460.00, dated 26 July 2021.

APPLICABILITY:

All facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Medicaid: A government-run health insurance program that provides health insurance to lower-income Americans. If a household's income is too high to receive Medicaid, CHIP (the Children's Health Insurance Program) also offers health insurance option.

POLICY:

- I. The Division of Corrections and Rehabilitation (DCR) will assist offenders in applying for Medicaid via a portal provided by the WV Department of Human Services (DoHS) in accordance with the following.
 - A. Superintendents of adult facilities will designate appropriate staff (e.g. Case Managers, Counselors, Reentry Coordinators, etc.) in each facility to be responsible for assisting inmates being released under the following conditions with the Medicaid application process prior to release.
 1. Discharge/Expiration of a Felony Sentence.
 2. Misdemeanor Sentence Expiration.
 3. Supervision by Parole Services (including Mandatory Supervision, Conditional Release, and Nonviolent Offense Parole).
 4. Applications should not be completed for inmates that have detainers, will be leaving the state or who have an active Medicaid card.
 5. If an adult inmate who does not have active Medicaid refuses to have the application completed, he or she must sign a refusal form (**Attachment #1**) that will be uploaded to Offender Information System (OIS) Document Management.
 - B. Community Resource Coordinators (CRCs) in the Bureau of Juvenile Services (BJS) are responsible for assisting commitment youth with the Medicaid application process forty-five (45) days prior to their scheduled release.
 - C. Staff assisting inmates or residents with the Medicaid application process shall obtain information from the inmate/resident. Misinformation may hinder the application process.
 - D. Prior to starting all applications, the designated staff member shall verify whether the inmate or resident already has active Medicaid by providing the inmate's or resident's name, OID#, date of birth and social security number to the Director of Correctional Healthcare/designee who will confirm the inmate's or resident's Medicaid status by populating the left column.

ACTIVE MEDICAID	NAME	OID#	DOB	SSN#

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- E. Superintendents will designate a staff person at each facility to provide information on all inmates and residents that have completed Medicaid applications each month. The information will be provided on the log provided by the Director of Correctional

Healthcare/designee and include the facility name, month/year, the name of the staff member completing the log, inmate's/resident's full name, OID#, date of expected release, date application completed, tracking number during application process, active Medicaid number and relevant notes.

ATTACHMENT(S):

#1 Medicaid Application Refusal Form (Adult Inmates Only)

APPROVED SIGNATURE: _____

David L. Kelly, Commissioner

Date

WV Division of Corrections & Rehabilitation

Medicaid Application Refusal

I, _____, certify that I have been
(Inmate Name, OID #)
offered assistance with the Medicaid application process prior to my institutional release. I also
acknowledge that I wish to refuse this assistance.

Inmate Signature: _____

Inmate OID # _____ Date _____

Witnessing Staff Name and Title: _____

Witnessing Staff Signature: _____