

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 460.00**

**DATE: 26 July 2021**

**SUBJECT: MEDICAID ENROLLMENT  
PROCESS FOR INMATES**

# **POLICY DIRECTIVE**

---

**PURPOSE:**

To ensure that eligible inmates 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 31 August 2020.

**APPLICABILITY:**

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

**DEFINITIONS:**

**Medicaid:** Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program financed by the state and federal governments and administered by the states. The West Virginia Medicaid program is administered by the Department of Health and Human Resources (DHHR).

**POLICY:**

- I. Superintendents will designate appropriate staff (e.g. Case Managers, Counselors, Reentry Coordinators, etc.) in each facility to be responsible for assisting inmates with the Medicaid application process prior to release. This will include assisting inmates in applying online via a portal provided by the WV Department of Health and Human Resources.
  - A. Staff assisting inmates with the Medicaid application process shall obtain information from the inmate including income, dependents, etc. Misinformation may hinder the application process. Assistance shall be provided to inmates being released under the following conditions:
    - 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)
  - B. Applications should not be completed for inmates that have detainers, will be leaving the state or who have an active Medicaid card.
  - C. Prior to starting all applications, the designated staff member shall verify whether the inmate has active Medicaid by providing the inmate's name, OID#, date of birth and social security number to the Director of Correctional Healthcare/designee who will confirm the inmate's Medicaid status by populating the left column.

ACTIVE MEDICAID	NAME	OID#	DOB	SSN#

- D. If an 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 placed in his or her booking/legal file.
- II. Superintendents will designate a staff person at each facility to provide a monthly list of all inmates that have completed Medicaid applications to the Director of Correctional Healthcare/designee who will provide appropriate forms for tracking. This list should include facility, inmate name and OID#, date of release to parole supervision, date of discharge/expiration, date application completed, or reason not completed.

**ATTACHMENT(S):**

#1 Medicaid Application Refusal Form

APPROVED SIGNATURE: \_\_\_\_\_

  
Betsy C. Jividen, Commissioner

7-9-21  
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: \_\_\_\_\_