



County Jails and the Affordable Care Act:

Enrolling Eligible Individuals
in Health Coverage

Community Services Division
National Association of Counties

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The Voice of America's Counties

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About the National Association of Counties

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,068 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, visit www.naco.org.

Introduction

In 2014 the Patient Protection and Affordable Care Act (ACA) will provide new health insurance coverage options for millions of individuals through an expansion of Medicaid eligibility and the establishment of state-based health insurance exchanges. This brief will examine ways that counties may be involved in eligibility determination and enrollment processes for these newly eligible individuals, focusing particularly on issues related to enrolling qualified individuals held in county jails as pre-adjudicated detainees and inmates preparing to reenter the community.

Specifically the brief will assess some of the potential issues and challenges county jail and human services staff may face in terms of enrollment procedures. The brief will also highlight examples of existing county-based enrollment strategies that may be able to serve as models for developing processes to enroll individuals in county jails who become newly eligible for health insurance coverage in 2014.

ACA Coverage Expansion and Potential Effects on County Jails

The ACA's significant expansion of health insurance coverage has many important implications for counties, as county governments provide the local health care safety net infrastructure, public health functions and other health care services, as well as often govern, finance and operate local coverage and enrollment programs. Counties also run and finance local jails, which are responsible for providing health care coverage for the approximately 13 million individuals who are booked into these facilities each year.¹

By 2014 the ACA requires that health insurance exchanges be established in each state, and states can either opt to create and run their own exchange or allow the federal government to develop and operate the exchange in the state. Exchanges are intended to be regulated insurance marketplaces where individuals without employer-sponsored health insurance will be able to obtain coverage or small businesses can obtain coverage for their employees.² Premium credits will be available for individuals and families with incomes between 133-400% FPL based on a sliding income scale to help them purchase coverage through the exchanges.

There is a specific ACA provision related to the exchanges that could significantly impact county jails, which states that "...an individual shall not be treated as a qualified individual, if at the time of enrollment; the individual is incarcerated, other than incarceration pending disposition of charges."³ This provision will likely allow eligible individuals in custody pending disposition of charges to enroll in a health insurance plan offered through an exchange prior to conviction, or maintain coverage if they are already enrolled. A substantial number of individuals that enter into county jail custody have serious medical and behavioral health needs⁴ and would benefit greatly from treatment to address these conditions. Additionally, as counties are responsible for providing health care services for county jail inmates and the overwhelming majority of individuals in jails lack any type of health insurance coverage,⁵ this provision could potentially reduce county jail health costs.

In 2014 the ACA also expands Medicaid eligibility to include all individuals under age 65—including adults without children—who have incomes up to 133% of the federal poverty level (FPL).⁶ Many individuals involved in the criminal justice system will fall into this category of adults who will be newly eligible for Medicaid, because a large majority of jail inmates are young, low-income males⁷ who did not previously qualify for the program. However, unless future administrative actions change existing federal rules, while these individuals will be eligible to enroll in the program they will not be able to receive Medicaid benefits in 2014.

Presently some county jail inmates meet Medicaid's eligibility requirements and are eligible to enroll in the program, but they are not covered by Medicaid. This is because federal law does not allow for federal Medicaid funding—Federal Financial Participation (FFP)—to pay for medical care provided to individuals who are "inmates of a public institution," which is commonly referred to as the "inmate exception." This results in counties covering the full cost of jail inmates' health care services rather than eligible detainees receiving coverage through Medicaid.

1 Bureau of Justice Statistics, *Prison and Jail Inmates at Midyear Series: Jail Inmates at Midyear 2009—Statistical Tables*, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2195>.

2 Initially the exchanges will primarily serve individuals purchasing coverage on their own and small employers; in 2017 states will have the option to allow businesses with more than 100 employees to purchase insurance from an exchange.

3 PPACA §1312(f)(1)(B).

4 National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Inmates: A Report to Congress, Volume 2 (2004)*.

5 McDonnell, Maureen, Laura Brookes, Arthur Lurigio and Daphne Bailie. "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations." *Community Oriented Correctional Health Services Issue Paper*. January 2011.

6 In 2014 states will be allowed the option to create a Basic Health Plan for uninsured individuals who have incomes between 133-200% FPL, who would otherwise be eligible for premium tax credits on the exchange. The Basic Health Plan will offer individuals Standard Health Plans and benefits for these plans must be at least equivalent to the essential health benefits package determined by the Secretary of the U.S. Department of Health and Human Services and that premiums do not exceed those in the exchanges.

7 "The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." *Community Oriented Correctional Health Services*. May 2011.

When an individual enrolled in Medicaid is detained, the majority of states terminate Medicaid benefits, despite federal guidance that allows for the suspension of Medicaid for individuals involved in the criminal justice system whose eligibility for the program is not linked to Supplemental Security Income (SSI).⁸ This benefit termination occurs primarily because of the inmate exception, as well as because some states' information management systems may not be designed to accommodate benefit suspension.

Of particular issue for counties are pre-adjudicated individuals, because benefit termination often occurs prior to official conviction and even though many individuals are in jail for very short periods of time. Upon their release from jail, individuals whose benefits are terminated must reapply for Medicaid, and the process of regaining benefits may take many months. Particularly for individuals with chronic medical or behavioral health issues, this unnecessary disruption of benefits can cause serious delays in their ability to access needed care and treatment. Additionally, lack of access to medical and behavioral health care services can also potentially increase recidivism rates for these individuals.

However unlike the provision allowing eligible pre-adjudicated inmates to obtain health insurance coverage through plans on the exchanges, the ACA does not provide further clarity regarding Medicaid and the pre-adjudicated population.⁹ This means that while many individuals in jail pending disposition of charges will meet the new Medicaid income requirements in 2014 and will be able to enroll in Medicaid, any medical services they receive will not be covered through the program while they are incarcerated (barring an existing exception mentioned in Box 1).

⁸ States such as NY, OR, MN and FL have adopted policies to suspend rather than terminate federal benefits; additionally, in OH a memorandum of understanding allows for the suspension of benefits..

⁹ NACo submitted comments in response to the proposed regulations related to Medicaid eligibility changes and eligibility determination for the exchanges advocating that the Centers for Medicare and Medicaid Services (CMS) should explicitly prohibit states from terminating Medicaid eligibility solely due to incarceration, that individuals pending disposition of charges should not be considered as inmates of a public institution and that incarcerated individuals should have the opportunity to apply for coverage either through plans on the exchanges or Medicaid. NACo's comments can be found at www.naco.org/healthreformimplement. However in response to these comments published with the new federal rules related to Medicaid eligibility changes on 3/16/12 CMS stated that issues related to FFP not being available to incarcerated individuals were beyond the scope of their rulemaking, and asserted that: "An individual is considered an inmate when serving time for a criminal offense or confined involuntarily in State or Federal prisons, jails, detention facilities, or other penal facilities, regardless of adjudication status." Similarly, in response to NACo's comments published with the new federal rules related to the exchanges on 3/12/12 CMS stated that the term "incarcerated, pending disposition of charges" will be clarified in future guidance. At the time of publication of this brief, no other administrative actions related to this topic had been issued.

Box 1: Medicaid Inpatient Billing for Incarcerated Individuals

While federal law does not allow for the reimbursement of inmate medical care under Medicaid, there is an important exception to this rule. Specifically, the exception states that federal financial participation (FFP) is permitted "during that part of the month in which the individual is not an inmate of a public institution."¹ The Centers for Medicare and Medicaid Services has verified through guidance letters issued in 1997 and 1998 that this exception applies to incarcerated individuals once they are admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility or intermediate care facility that is not part of the state or local correctional system. Therefore, if an inmate is eligible for Medicaid and is transported out of a correctional facility to receive inpatient hospital services, Medicaid can be billed to cover the cost of these services.

1 42 CFR 435.1009

Enrollment Processes and Procedures for Newly Eligible Individuals

Through the ACA's expansion of health coverage, many individuals incarcerated in county jails will become eligible to enroll in either Medicaid or plans available through the exchanges. This expansion poses both opportunities and challenges in terms of eligibility determination and enrollment of individuals who newly qualify for coverage.

The ACA requires a coordinated eligibility determination and enrollment process for both Medicaid and plans offered on the exchanges. This means that determining individuals' eligibility for either Medicaid or a product on the exchange is intended to be a one-time streamlined screening conducted through a single application that is consumer-friendly and that minimizes administrative burdens. To facilitate the eligibility determination process, the U.S. Department of Health and Human Services (HHS) will operate a data services hub to provide functions for the exchanges such as verifying citizenship and tax information.¹⁰

¹⁰ Also, in September 2011 the U.S. Department of Health and Human Services proposed a partnership model for the health insurance exchanges called for in the ACA. The partnership model is intended to provide states with additional exchange design options and will allow for states to perform some of the exchange functions and have the federal government operate other functions. For more information, see www.healthcare.gov/news/factsheets/2011/09/exchanges09192011a.html

Particularly in states where county human services agencies currently determine whether families are eligible for Medicaid, counties will likely continue to help certain individuals with enrollment in some way because of the ACA's requirement of a "no wrong door" approach for individuals applying for coverage. However, how county jails may be involved in the enrollment process remains a question, and their role has likely not yet been considered much in state-level exchange planning efforts.

Issues Related to Enrolling County Jail Inmates Eligible for Health Coverage

Conducting eligibility determination and enrollment is outside of the traditional scope of the core function of jails. While some jails already help enroll eligible individuals into public assistance programs such as Medicaid as part of their pre-release planning services, it is important to recognize that jails must focus on their primary purpose and direct the majority of their resources on inmate population management and public safety concerns.

However, many county jails experience a substantial number of individuals that cycle in and out of detention due to untreated mental health and substance abuse problems. Although health coverage does not guarantee access to services, enrolling these individuals into appropriate health plans may increase the likelihood that they will be able to obtain more consistent physical and behavioral health care. Increased access to appropriate treatment also has the potential to reduce the re-arrest rates of these individuals and consequently lessen the overall burden on county jails.

Considering these factors, counties may want to take the initiative in beginning to plan for the development of processes to enroll individuals in jail pending disposition of charges who fall into the eligibility category for exchange plan coverage. Additionally, regarding Medicaid, even though recently issued federal regulations state that current rules regarding FFP and inmates are not changed through the ACA, county jails can continue to enroll those who are Medicaid-eligible into the program to help expedite access to treatment and maintain continuity of care upon their release from incarceration.

The following paragraphs outline some of the potential key issues related to enrolling eligible individuals involved in the criminal justice system into the new health coverage options that will become available beginning in 2014. There are a number of other challenges not addressed here related to ensuring that the ACA's expansion of health coverage translates into meaningful access to medical and behavioral care for the unique needs of this population, such as having an adequate and qualified health provider workforce as well as potential complications associated with handling medical records and billing.

• Ensuring county jails are considered as a point of contact with newly eligible individuals

The ACA specifically requires states to provide targeted outreach to facilitate the enrollment of underserved and vulnerable populations in Medicaid or the Children's Health Insurance Program.¹¹ To fulfill the intention of this provision, exchange planning by state administrators should include consultation with a wide range of local level stakeholders, such as county officials, community providers, as well as criminal justice authorities.¹²

For example in Massachusetts, which established a state-based health insurance exchange in 2006, evaluations of enrollment data show that a substantial portion of low-income young adults with behavioral health issues were not receiving substance abuse treatment and were much less likely to be enrolled in health programs than the general population.¹³ Since a large portion of jail detainees have many of these same population characteristics, evidence from Massachusetts' experience appears to demonstrate the importance of including the criminal justice system in enrollment efforts.

Also some of the individuals who will be newly eligible in 2014 may not be aware that they qualify for health coverage. A number of these individuals will have interactions with the criminal justice system, and their time in custody could be an important opportunity to provide them with information about health coverage options. As states develop their overarching enrollment outreach strategies, they should recognize that it will be important to connect with staff at local jails and the wider justice system, such as public defenders, probation officers and others.

• Lack of staff capacity at jails to assist with/conduct screening and enrollment

A number of jail inmates will require assistance in applying for health coverage, as they may have limited literacy skills and/or lack experience using computers,¹⁴ or correctional authorities may determine that all enrollment activities should be conducted specifically by jail staff. However many jails have staffing constraints and may have limited personnel available to engage in the additional work associated with conducting the enrollment of eligible inmates.

11 PPACA §2201(b)(1)(F)

12 McDonnell, Maureen, Laura Brookes, Arthur Lurigio and Daphne Bailie. "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations." *Community Oriented Correctional Health Services Issue Paper*. January 2011.

13 Executive Report of the Working Group on Health Reform and Criminal Justice: Implications for the Delivery of Behavioral Health Services to the Criminal Justice Population Cycling through Jails. *Community Oriented Correctional Health Services*. September 2011.

14 Ibid. and "The Implications of Health Reform for the 9 Million People Who Cycle Through U.S. Jails Each Year: Frequently Asked Questions." *Community Oriented Correctional Health Services*. May 2011.

The ACA does establish a Navigator program to provide funding to entities that have the capacity to provide outreach and application assistance. Entities with experience enrolling individuals into federal programs—such as county human services agency staff—may opt to participate in the program and could potentially assist with enrolling eligible individuals in jails. Yet it will be important to remember that some county human service agencies, nonprofit organizations and other entities serving as Navigators may lack experience working with jail populations and there may be challenges associated with establishing better connections between these agencies and correctional authorities.

• Barriers related to jail environment and jail population characteristics

While jails may serve as an important place of interaction with a substantial portion of the newly eligible individuals, there will be enrollment challenges due to the nature and constraints of the jail setting. First, high turnover rates are common in jail populations—a substantial portion of jail detainees are released within 48 hours, although the average length of detention varies from two weeks to two months.¹⁵ Since a significant number of individuals are released in a matter of days, for a large portion of the justice-involved population there may not be sufficient time during their stay in custody to conduct eligibility determination and enrollment in Medicaid or an appropriate health plan on the exchange. Also, some county jails that currently conduct Medicaid enrollment just prior to an inmate's release have encountered complications associated with inmates' scheduled release dates frequently changing, making it difficult to track individuals and connect them to coverage in a timely way.

Another challenge is that some inmates will not have the appropriate documentation needed for enrollment, as they may lack or not have on hand at the time of their arrest any form of government-issued identification.¹⁶ Furthermore, for a variety of reasons some justice-involved individuals might be reluctant to enroll in health coverage.¹⁷

15 "The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." *Community Oriented Correctional Health Services*. May 2011.

16 "The Implications of Expanded Medicaid Eligibility for the Criminal Justice Population: Frequently Asked Questions." *Community Oriented Correctional Health Services*. May 2011.

17 Some incarcerated individuals may be unwilling to enroll in federal assistance programs due to issues such as delinquent child-support payments or their involvement with gangs. (Executive Report of the Working Group on Health Reform and Criminal Justice: Implications for the Delivery of Behavioral Health Services to the Criminal Justice Population Cycling through Jails. *Community Oriented Correctional Health Services*. September 2011.). Also, some jails that have tried to enroll incarcerated individuals at the time of their release from jail found that after their release individuals were reluctant to stay and complete any necessary enrollment paperwork.

• Information technology challenges

Assuming that jail staff do become involved in enrolling eligible individuals into new health coverage options, one of the issues that will need to be considered is the information technology capacity of jails. For some jails there may need to be new hardware installed to connect with the state exchange.

There also may be some complications associated with county information technology staff permitting electronic linkages to the exchanges and issues related to establishing appropriate protections to ensure private health data are not compromised. Counties that opt to enroll eligible incarcerated individuals will need to work with state exchange planning commissions and state Medicaid agencies to develop streamlined electronic enrollment processes and procedures.

• Challenges associated with eligibility changes

Individuals in jail pending disposition of charges who are in the exchange eligibility category should be able to enroll in an exchange plan or if already enrolled in one be able to maintain this coverage, although how exactly plan benefits and billing would operate for this population is unclear. However if an individual is adjudicated guilty the ACA requires that the enrollee must report this to the state exchange as s/he would no longer be eligible for coverage. In practice this would most likely require correctional facility staff or other eligibility determination workers associated with the jail to report this eligibility change to the exchange. Yet federal rules also allow a member of the enrollee's household to report the eligibility change and the state exchange itself is permitted to verify incarceration status via certain data sources.

Regardless, questions remain about how exactly this reporting process and coverage termination would occur within the jail setting. The rules further state that inmates are permitted to apply for exchange coverage to help coordinate potential coverage upon release from incarceration and that newly released qualified individuals are eligible for a special enrollment period.

The ACA also requires that individuals self report when their income changes to account for potential changes in the amount of premium subsidy support available to help them purchase exchange plan coverage. This reporting is necessary because they may experience an income increase or drop that affects whether they are eligible for either Medicaid or exchange plan coverage. For individuals in jails, similar to reporting changes in eligibility status, it is unclear how this income change reporting might occur. Additionally with income shifts there are other complications associated with maintaining coverage of health services for incarcerated individuals.

For example, if an individual is held in custody pre-adjudicated for a substantial period of time and enrolled in an exchange plan, without any income this person would likely eventually fall into

Medicaid's eligibility category while they are in jail.¹⁸ Yet because of existing Medicaid coverage limitations for all incarcerated individuals, any health services they might receive would be unable to be reimbursed by Medicaid.

Final rules related to the exchanges attempt to minimize coverage gaps for individuals that move from exchange plan coverage to Medicaid by allowing for the last day of exchange plan coverage to be the day prior to the start of Medicaid coverage, if the individual is eligible for the program. States could also potentially help reduce the administrative burden associated with eligibility shifts by ensuring that there are some plans offered that participate in both Medicaid and the exchange market. Both of these options could potentially help individuals held pre-adjudicated for long periods of time in that they would at least be able to remain enrolled in coverage.

Potential Model Eligibility and Enrollment Systems and Processes

While there may be commonalities across jurisdictions, there can be no standard set of specific enrollment procedures and protocols, and planning initiatives will be distinctive to each county. In addition to having different considerations based on jail size, every county has different types of relationships established within their criminal justice and health care systems and operates under unique state constraints.

The following is a sampling of local and state practices that may be able to serve as models for counties and states as they plan for ensuring that vulnerable and underserved populations eligible for health coverage in 2014, such as incarcerated individuals, are enrolled as efficiently as possible.

Interagency Partnerships and Medicaid in the New York City Jail System

In most jails, the department of corrections or the sheriff's office is responsible for the provision of health care services to all inmates. In New York City (NYC) however, the Department of Health and Mental Hygiene (DOHMH) is responsible for medical, mental health, substance abuse, dental, discharge planning, and transitional health care services for all inmates in the city's jails. This helps facilitate a comprehensive public health approach to health services for the incarcerated population. Along those lines, the DOHMH with assistance from the local department of social

¹⁸ In final federal regulations pertaining to the exchanges issued 3/12/12, the U.S. Department of Health and Human Services indicated that it would consider comments regarding maintaining coverage for incarcerated individuals leaving custody in future guidance.

Box 2: Key Local Criminal Justice Stakeholders to Involve in Planning for 2014 Health System Changes

For counties that choose to do so, developing plans to enroll eligible individuals in county jails in the appropriate health plan option in 2014 will involve a number of different stakeholders within the local criminal justice system, listed below:

County Officials: As elected officials, county officials can lead and coordinate efforts among county jails, other county agencies and community partners to plan for enrolling eligible individuals

County Sheriff: As a county official, the county sheriff can serve an important leadership role in supporting enrollment efforts and can promote public awareness about how providing justice-involved individuals with appropriate physical and behavioral health services can lead to greater public safety

Jail Warden: Responsible for the secure confinement of individuals in jail who are being held prior to their trials or are serving short sentences after being convicted; could help facilitate initial enrollment processes at booking and/or as part of pre-release planning services

Pretrial Services Officer: Responsible for assessing individuals immediately after booking; although there could be some time and resource constraints with attempting to conduct enrollment at this stage, they could help facilitate the initial stages of enrollment processes at booking and/or provide information about health resources

Social Worker and/or Pre-Release Planning/Reentry Jail Staff: Would likely serve a key role in enrolling eligible individuals in jails into appropriate health coverage options and/or provide information about health resources

Other key individuals within the local criminal justice system: Other individuals serving important roles in the local criminal justice system, such as the district attorney's office, public defenders, judges and others should be aware of the ACA's health coverage opportunities for certain incarcerated individuals; some, such as probation officers, may also be directly involved with providing information to recently released inmates about health coverage options (see Alameda County example)

Criminal Justice Coordinating Council (CJCC): Some counties have formed CJCCs, which are comprehensive committees made up of a wide range of individuals and entities connected to the criminal justice system, including local elected officials; CJCCs could help bring together a diverse group of key stakeholders to discuss potential enrollment processes for incarcerated individuals

services invests substantial resources into Medicaid eligibility screening and pre-enrollment services for mentally ill inmates who account for about one-third of the NYC jail population, totaling approximately 30,000 admissions per year. The DOHMH has state-funded discharge planning staff who facilitate the screening and pre-enrollment of eligible incarcerated individuals into various public entitlement programs including Medicaid. Discharge planning services, including benefits screening, generally begin after the inmate has been in custody more than a week, and negotiated arrangements with the state help address initial enrollment barriers related to lack of identification. Upon release, many pre-screened inmates receive temporary pharmacy cards to help them obtain needed psychotropic drugs prior to their Medicaid determination and the city's Service Planning and Assistance Network can assist mentally ill inmates with discharge planning services that they were unable to get while in jail, including the

completion of Medicaid applications. Additionally, as New York is one of the few states that suspend rather than terminate Medicaid benefits upon incarceration, Medicaid beneficiaries incarcerated less than 30 days are able to retain their status. Individuals who are in custody more than 30 days can have their benefits suspended, enabling them to generally reinstate coverage and gain access to care more quickly upon release from jail.

• Comprehensive Reentry Services: Allegheny County, PA

Well-designed county jail reentry programs may be able to serve as models for enrolling eligible inmates in 2014. For example, Allegheny County, PA established the Allegheny County Jail Collaborative (ACJC) in 2000 to better coordinate reentry services for county jail inmates. The Collaborative is comprised of representatives from

Box 3: Steps Your County Can Pursue to Prepare for Enrolling Justice-Involved Individuals

The following are some steps that county officials, jail staff and other county agencies working with incarcerated individuals may want to consider as they begin to plan for health system changes in 2014:

Improve data gathering and sharing: Gain a more comprehensive understanding of your county jail's population characteristics by collecting and analyzing relevant data; also determine how data sharing and communication among stakeholders within your county's criminal justice system can be improved.

Consider current inmate screening and transition planning processes: Evaluate current jail intake and discharge planning services to determine if there may be a relatively straightforward way to incorporate eligibility determination and enrollment procedures or ways to modify existing enrollment practices to accommodate the expected increase in newly eligible individuals. For example, counties with existing enrollment processes as part of their reentry services could focus on adapting these efforts to address anticipated needs in 2014.

Also, jurisdictions that conduct pretrial screenings often include health-related questions which potentially could be refined to also identify possible eligibility for health coverage. Additionally, some jails that utilize existing transitional planning models such as the APIC model (assess, plan, identify, coordinate) for individuals with mental illness and co-occurring substance abuse disorders might consider embedding eligibility screening and enrollment at some point within this established process.¹

Consider current roles of county staff interacting with justice-involved individuals: Assess whether it would be feasible for

current staff responsibilities within the jail to be modified to assist with eligibility determination and enrollment processes for eligible inmates, or if state eligibility determination workers could be utilized (see Salt Lake County, UT example). Alternatively there may be other county staff, such as human services staff, who could work more closely with county jails to facilitate enrollment of eligible individuals.

Create or strengthen partnerships: Develop or enhance existing partnerships among local health care and community social service providers serving justice-involved individuals to facilitate better coordination and connection of justice-involved individuals to appropriate physical and behavioral health services.

Connect with state-level officials: Communicate with state-level policymakers, in particular state Medicaid directors, state corrections officials and state exchange governing boards to highlight the issue of how many newly eligible individuals for both Medicaid and plans on the exchanges will come into contact with the criminal justice system. State officials may be able to inform local planning efforts by providing estimates of the number of newly eligible individuals in the state and potentially by county.

Also, engage with state insurance regulators and health plan providers about the needs of the justice-involved population and how developing health plans that participate in both Medicaid and the exchange market could help address challenges associated with eligibility changes.

Develop or improve jail diversion programs: Create or strengthen county jail diversion programs to reduce inappropriate incarcerations of individuals with mental health and/or substance use disorders and instead connect them with community-based support services.

¹ Based on comments during NACo Sponsored Working Group on Medicaid Expansion. February 23, 2012.

the Allegheny County Jail, the county Department of Human Services (DHS), the Court of Common Pleas (criminal division), and the county Health Department. The Jail Collaborative has initiated comprehensive planning that includes reentry programming which begins when individuals enter county jail. The wide range of service coordination provided to incarcerated individuals includes helping them apply for medical assistance and connecting them to substance abuse treatment and/or mental health services. Social workers at the jail assist in completing Medicaid enrollment applications and supporting documentation prior to a planned release and send the information to the local County Assistance Office.

Allegheny County DHS Justice Related Services and community-based service coordinators may then also assist or accompany individuals to the in-community office appointment with the local the County Assistance Office to complete the application process for Medicaid and to coordinate appropriate treatment and support services post-release. In addition, the Allegheny County Jail has developed a Discharge Center where staff help individuals with their release by assisting with such items such as medications, transportation, and appropriate clothing for their release. These types of practices in Allegheny County and other counties which have robust reentry support services can serve as models for how enrollment could occur in jails in 2014. Additional information regarding the Allegheny County programs is available at www.alleghenycounty.us/dhs/jail.aspx.

• Post-Release Enrollment: Alameda County, CA

California's Bridge to Reform program is a Medicaid Demonstration Waiver that is designed to help the state plan for implementation of the ACA's health care coverage expansion provisions. One of the primary initiatives of the program is the Low-Income Health Program (LIHP) coverage expansion effort that uses federal Medicaid matching funds available through the waiver to help expand health care coverage for low-income individuals in the state prior to ACA Medicaid eligibility changes in 2014. Alameda County is one of the many counties in the state that have LIHPs, and their program, HealthPAC, is an expansion of the existing County Medical Service Program and aims to cover all county residents with income under 200% FPL. The program has a component that focuses on enrolling individuals just after their release from jail during their probationary period, specifically focusing on the AB109 population.¹⁹ While the effort is a pilot program, county leaders view the initiative as a positive step toward connecting justice-involved individuals to appropriate health care services that could potentially be expanded in the future.

¹⁹ AB109 is a bill passed in 2011 by the California State Legislature to address the U.S. Supreme Court order that mandated that California reduce its prison population by May 2013 to address overcrowding issues. The law moves inmates considered to be low-risk from state prisons to county jails, and this is sometimes referred to as "prison realignment."

• Preparing for 2014: Salt Lake County, UT

In Salt Lake County, UT, the Division of Behavioral Health Services within the county's Department of Human Services has helped lead efforts to plan for how the justice-involved population within the county will be affected by the ACA's expansion of Medicaid and creation of health insurance exchanges. By actively communicating with their state Medicaid office, they were able to gather information demonstrating that most inmates in the county's jail system will fall into the new Medicaid expansion population category. To develop strategies for enrolling these newly eligible individuals, they have created a health care services integration coordinator position to help anticipate and plan for some of the issues that the jail will need to consider in 2014. Additionally, the county is currently actively enrolling eligible inmates in Medicaid so that they will be able to receive benefits upon their release. This process has been facilitated by the county directly employing state Medicaid eligibility determination workers by paying the Medicaid administrative match rate, as well as by working with other community partners.

Conclusion

There are a number of challenges to be addressed in terms of developing enrollment processes for incarcerated individuals who will become newly eligible for health coverage through the ACA and there are still unanswered questions related to the law's implementation. Consequently many counties will not be ready to enroll all eligible individuals in jails by 2014 or may choose to wait to develop enrollment strategies for this population group until after the ACA's coverage expansion provisions have taken effect.

However, there are a number of reasons that some counties may choose to consider beginning enrollment planning efforts for justice-involved individuals. The ACA's expansion of health coverage can better connect individuals involved in the criminal justice system to appropriate medical and behavioral health care services, which in turn has the potential to reduce recidivism rates as well as county jail health care costs. Considering the many possible public health and criminal justice system benefits, counties may want to begin taking incremental planning steps now and continue to move forward on developing enrollment processes and procedures for eligible individuals in county jails even after 2014.

Additional Resources

For further information on this topic and related issues, please see:

- **NACo's health reform implementation page:** www.naco.org/healthreformimplement
- **NACo's criminal justice programs:** www.naco.org/programs/csd/Pages/Justice.aspx
- **Community Oriented Correctional Health Services (COCHS):** www.cochs.org