Obtaining Federal Benefits for Disabled Offenders:

Part 2 — Medicaid Benefits

By Marilyn Moses and R. Hugh Potter

Authors' note: *Findings and conclusions reported in this article are those of the authors and do not necessarily represent the official position or policies of the U.S. departments of Justice and Health and Human Services.*

This month's column is the second of three articles about findings from research funded by the National Institute of Justice (NIJ), the Centers for Disease Control and Prevention (CDC), the National Institute of Mental Health, and the John D. and Catherine T. MacArthur Foundation's Mental Health Policy Research Network. Part 1 described research about obtaining social security benefits. Part 2 describes research about the likelihood of losing Medicaid benefits as a result of being jailed and the value of having Medicaid benefits upon release.

NIJ and CDC have co-funded research on how various correctional systems help offenders obtain federal disability benefits before they are released. Sites involved in this study assert that helping offenders obtain disability benefits prior to release from jail or prison not only can increase their access to community-based care, it can also: 1) reduce the financial burden on state and local governments that fund indigent health care systems, and 2) increase the number of disabled offenders who receive treatment. A follow-up study conducted in two jails, funded by NIJ, the John D. and Catherine T. MacArthur Foundation's Mental Health Policy Research Network, and the National Institute of Mental Health, supports these beliefs.

But the challenges are significant: The process takes a long time; it can be confusing; and there is no guarantee an offender will qualify for benefits. Researchers point out that obtaining federal disability benefits should be viewed as only one facet of a much broader discharge plan. Even releasees who ultimately qualify for and receive benefits are likely to find it challenging to avoid relapse or recidivism unless other supports, such as case management services and housing, are made available.

Overview of Medicaid

Medicaid is a means-tested entitlement program that provides medical insurance to low-income people. It is jointly funded by federal and state governments based on a formula that results in considerable variation in Medicaid coverage across states. Although there are a number of ways to qualify for Medicaid, most people do so by qualifying for Supplemental Security Income (SSI) from the Social Security Administration (SSA).[1]

Disabled people who receive Medicaid have a wide range of physical and mental conditions, but Medicaid coverage does not extend to drug and alcohol addiction. Most states terminate Medicaid eligibility for people who are incarcerated. A few states have found ways to ensure that Medicaid benefits begin again as soon as possible after the inmate is released.

Experiences in Two Jails

Concern has been expressed by advocacy groups that access to treatment and continuity of care is seriously compromised by the current Medicaid disenrollment policy for jail detainees with serious mental illness. The concern stems from the SSA's enforcement of its inmate exclusion rule — if an individual is incarcerated for one full calendar month, benefits will be suspended. In most states, Medicaid enrollment is tied to SSA disability benefits. Hence, if a detainee is cut off from SSA benefits, he or she, in turn, also loses Medicaid benefits. Once released, the individual can apply for benefit reinstatement, but the process to reinstate benefits is a lengthy one and can take as long as three months. Despite the concerns of advocates, research findings suggest that benefits often are reinstated upon release.

In King County, Wash., and Pinellas County, Fla., researchers found that jailed disability benefits recipients were not incarcerated long enough to lose their SSA or Medicaid disability benefits. Detainees in the King County and Pinellas County study spent an average of 16 to 30 days in jail, so virtually all of those with severe mental illness who had Medicaid at jail entry (about 65 to 78 percent in the two counties) also had it upon release. In both counties only 3 percent of detainees were incarcerated long enough for their benefits to be suspended. Stated another away, 97 percent of the detainees who were receiving Medicaid benefits when jailed retained their disability benefits upon release.[2]

Researchers also found that having Medicaid benefits at the time of release from jail appeared to help detainees with severe mental illness from returning to jail in the year following their release. In both counties, detainees with severe mental illness who had Medicaid when they were released, had about 16 percent fewer detentions than similar detainees with no Medicaid benefits. Releasees with Medicaid benefits had an average of 1.9 detentions. Releasees with no Medicaid benefits had an average of 2.3 detentions. Detainees with severe mental illness and who had Medicaid upon release from jail were also more likely to access community treatment services, receive services more quickly and receive more services than matched detainees without Medicaid in a 90-day post-release study period.

Detainees in Pinellas County released with Medicaid were 1.6 times

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more likely than non-Medicaid releasees to access community treatment services within 90 days post-release. Releasees in King County who had Medicaid when released were 1.25 times as likely to access services. Releasees with Medicaid in both counties also received services more quickly than those without this disability benefit. In Pinellas County, the first treatment service contact took place in about three weeks (21.7 days) as compared to four weeks (28.5 days) for non-Medicaid releasees. The results were similar for King County — about two weeks (13.5 days) to first service contact for Medicaid recipients and almost 19 days for those without Medicaid benefits. In both counties, releasees with Medicaid also received more services than those without this benefit. Releasees with Medicaid in Pinellas County received 7.5 days of service compared to 4.5 days for those without Medicaid. In King County, Medicaid releasees received 11 days vs. seven days for non-Medicaid releasees.

Having Medicaid also appeared to help severely mentally ill releasees in King County stay longer in the community before their next detention. Those with Medicaid stayed in the community an average of 102 days vs. 93 days for those without Medicaid. In Pinellas County, having access to Medicaid had no effect.[3] These limited research findings appear promising even though they involve only two counties and only offenders with severe mental illness in jail who are eligible for Medicaid. Results may vary for other communities if jail stays consistently exceed the 30-day Medicaid cut-off and if, as a result, Medicaid benefits are suspended at much higher rates. Results also do not apply to the many mentally ill offenders in jail who have less serious psychiatric diagnoses or people who might receive a diagnosis representing severe mental illness if seen by a psychiatrist, but who were either not enrolled in Medicaid or not known to the public mental health system at the time of the study.

Findings

What is generalizable from the data from King County and Pinellas County is that it is not likely that a seriously mentally ill jailed Medicaid recipient will have his or her benefits suspended when jailed due to the fact that individuals are not usually detained long enough for benefits to be suspended. Severely mentally ill offenders who are released with Medicaid are more likely to access community treatment services, to receive services more quickly and to receive more days of service than those without Medicaid. They are also less likely to return to jail and more likely to stay out of jail for longer periods of time than non-Medicaid releasees.

What is not generalizable to prisons is the high rate of Medicaid enrollment at release for detainees with severe mental illness. Prisons are long-stay institutions (the average length of incarceration is more than five years), so 100 percent of those who enter prison with Medicaid lose it before they are released. The same is true for SSI benefits and other entitlements. State prisoners with severe mental illness need the same access to equally intensive evidence-based treatments as jail detainees.

Whether talking about jails or prisons, however, it is the quality of treatment services that is likely to make a difference in the ability of severely mentally ill offenders to function in the community and avoid recidivism. Simply diverting people with severe mental illness to everyday or generic mental health services in the community is unlikely to have a positive impact on their ability to live in the community free of criminal justice entanglements.[4]

Generic services are not intensive enough nor are they attuned enough to the multiple comorbidities of severely mentally ill offenders. What is needed is diversion to intensive services such as assertive community treatment or dual diagnosis treatment teams, which have an evidence base and proven track record of being successful in treating persons with severe mental illness. Evidence-based treatments that promote recovery and increase opportunities for successful community living offer the best hope for people with severe mental illnesses, whether they are released from prisons or jails. However, solid research data backing up this assessment for people with severe mental illness in jails or other correctional settings are not currently available. Responding to this gap in the current knowledge base should be a high priority for both the mental health and criminal justice research communities.

REFERENCES

[1] The Kaiser Commission on Medicaid and the Uninsured. 2001. *Medicaid's role for the disabled population under age 65.* Washington, D.C.: The Henry J. Kaiser Family Foundation. (April).

[2] Morrissey, J.P., K.M. Dalton, H.J. Steadman, G.S. Cuddeback, D. Haynes and A. Cuellar. 2006. Assessing Gaps between policy and practice in Medicaid disenrollment of jail detainees with severe mental illness. *Psychiatric Services,* 57(6):803-808.

[3] Morrissey, J.P., H.J. Steadman, K.M. Dalton, A. Cuellar, P. Stiles and G.S. Cuddeback. 2006. Medicaid enrollment and mental health service use following release of jail detainees with severe mental illness. *Psychiatric Services,* 57(6):809-815.

[4] Steadman, H. J. and M. Naples. 2005. Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences and the Law*, 23(2):163-170. Delmar, NY: Policy Research Associates.

For more information about the benefits programs described in this article, see:

- Conly, Catherine H. 2005. *Helping inmates obtain federal disability benefits: Serious medical and mental illness, incarceration, and federal disability entitlement programs*, Final report for contract no. 99-C-008 2002TO097 000, NCJ 211989. (June). Available at: http://www.ncjrs.gov/pdffiles1/ nij/grants/211989.pdf.

- Morrissey, Joseph P. 2006. *Medicaid benefits and recidivism of mentally ill persons released from jail*, Final report for award no. 2004M-051, NCJ 214169. (May).

For more information about the rules and regulations for federal benefits programs, contact your state and federal benefits agencies directly.

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