



Providing Health Care Coverage for Former Inmates

By Laura Tobler

Did You Know?

- Prisoners have a higher prevalence of behavioral health disorders and chronic and infectious diseases than the general population.
- Suspending, rather than terminating, an inmate's Medicaid eligibility during incarceration helps facilitate coverage upon parole.
- Policymakers are working to connect former inmates to coverage as a way to increase access to needed health services, decrease admissions to hospitals and emergency rooms, and reduce recidivism.

Among the challenges people being released from correctional facilities face is not having the resources to obtain the health care services they need to be successful in their communities. Inmates have a [higher prevalence](#) of behavioral health disorders and chronic and infectious diseases than the general population. These include issues such as mental illness, substance abuse, AIDS and hepatitis C. Most former inmates lack health insurance or the financial means to purchase services such as behavioral health counseling, medication or visits with a health care provider. They also may not have the knowledge or navigational skills needed to access services through the state's publicly funded behavioral health programs, which are often over-crowded.

According to a recent report from the Pew Charitable Trusts, *Managing Prison Health Care Spending*, "effective health care, particularly treatment for substance abuse and certain mental health conditions, can ... reduce the likelihood that offenders will return to prison for new crimes or parole violations." Research from states supports this finding. A study in Monterey County, Calif., found that inmates who received treatment for behavioral health disorders after being released spent an average of 51.74 fewer days in jail for the year compared to those receiving no treatment. A transition program for inmates in Macomb County, Mich., reduced the annual number of days in jail for participants and increased the average time between incarcerations from 128 days to 309 days.

Provisions in the Affordable Care Act allow many released prisoners to be eligible for free or subsidized health coverage. At least 26 states and the District of Columbia implemented the optional Medicaid expansion, which covers people with incomes effectively up to 138 percent of the federal poverty level. This means people recently released from correctional facilities will be "newly eligible" in many states, with those states receiving the Medicaid enhanced federal financial participation for their medical services—100 percent from 2014 to 2016, gradually decreasing to 90 percent in 2020 and beyond. People with incomes between 100 percent and 400 percent of poverty are eligible for subsidized coverage through the health insurance exchanges or marketplaces in every state. Policymakers and others are working to [connect former inmates to coverage](#) as a way to increase access to needed health services, decrease admissions to hospitals and emergency rooms, and reduce recidivism.

Federal Action

Federal law does not require states to terminate Medicaid eligibility status for inmates, but it does [prohibit](#) states from obtaining federal matching funds for services provided to people

while in jail or prison. However, states may use federal matching funds for services rendered by an inpatient facility to incarcerated persons who have Medicaid coverage and who have been at the facility for more than 24 hours. The Center for Medicare and Medicaid Services (CMS) sent letters to members of Congress and Medicaid directors urging states to return inmates to the Medicaid eligibility rolls immediately upon release from a correctional facility. CMS also provided resources to [corrections systems](#), [probation and parole officers](#) to help link former inmates to new health insurance opportunities.

State Action

States, cities and counties have been exploring ways to get parolees covered by Medicaid and the health insurance exchanges before they leave prison to ensure that medical therapies continue without interruption when they return to their communities. Research shows that successful programs have at least three things in common—collaboration between Medicaid, corrections and other agencies; staff dedicated to connecting parolees with health care services; and timely initiation and approval of the application for coverage. Examples of state strategies include the following.

Sharing Information. Strong collaboration and data sharing between corrections and the health and human services departments are necessary to coordinate timely coverage. For example, Texas permits the exchange of medical information among the departments.

Screening Incoming Inmates. In several states—including Illinois, Minnesota, Oklahoma and Oregon—planning for health care coverage upon release begins when a person enters the correctional system. Minnesota, for example, screens new inmates for mental health disorders and flags inmates who are eligible for Medicaid.

Suspending Medicaid Benefits. Suspending, rather than terminating, an inmate’s Medicaid eligibility (for those who are already enrolled in Medicaid) during their incarceration helps facilitate coverage upon parole. At least 12 states take this approach—California, [Colorado](#), Florida, Iowa, Maryland, Minnesota, New York, [North Carolina](#), Ohio, Oregon, Texas and Washington. Some counties also suspend benefits. An agreement between Arizona’s Maricopa County and the state’s Medicaid agency allows an inmate’s Medicaid eligibility to be suspended upon incarceration in the county’s correctional facilities.

Assisting with Applications and Ensuring Coverage Is in Place Before Release. Inmates may not be aware of their coverage options post-release and may need assistance in completing Medicaid and disability benefit applications. In Connecticut and Massachusetts, Medicaid and the department of corrections operate statewide programs to enroll all eligible parolees in public health insurance. In Connecticut, “discharge planners” based in correctional facilities complete Medicaid applications that are processed and “held” by the state Medicaid agency until the inmate is paroled. Both states have dedicated employees who process applications on site. Massachusetts enrolls about 90 percent of parolees in coverage upon re-entry to the community.

Focusing on Inmates with Behavioral Health Needs. Other states—such as Maryland (Baltimore), Minnesota, New York, Pennsylvania and Texas—assist inmates with behavioral health disorders in securing coverage or health care services upon their release. Rhode Island is developing a program to enroll parolees in coverage with a goal of ending the cycle of incarceration for inmates with unmet behavioral health needs.

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Additional Resource

Justice Center, The Council of State Governments. *Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System*. New York, N.Y.: CSG, December 2013.