



# Medicaid Enrollment Programs in Jails

August 2018



# Baptist Community Ministries

Dear Community Partner,

In 2016, Baptist Community Ministries' Board of Trustees began to examine the region's healthcare challenges while building on the foundation's investments in primary care. This examination led the Board of Trustees to fund investments across the behavioral health spectrum. These investments also sought properly to integrate behavioral health service delivery to achieve the best health outcomes possible.

Healthcare consumers are not simply those receiving treatment in a hospital setting. Baptist Community Ministries' investments in Health also extend to investing in better outcomes for people involved in the criminal justice system, as we work to increase safety in this region. As a faith-based Christian healthcare legacy foundation, Baptist Community Ministries has a specific call to support prevention, wellness, access, and quality no matter where a person encounters services. Therefore, in 2017, Baptist Community Ministries' Board of Trustees approved a partnership between the Health and Public Safety zones to explore access to reimbursable funding streams.

Our organization commissioned this report to outline the unique opportunities created by Louisiana's charity hospital system and the legislative mandate to provide care for those currently under court ordered confinement. We hope that this piece will provide policymakers, system leaders, and community members with a comprehensive view of Medicaid funding in jails and a deeper understanding of the opportunities to provide quality care while responsibly utilizing our community's assets. Baptist Community Ministries believes it is critical that philanthropy highlight solutions to our most pressing problems. We invite you to become a partner as the foundation works to support the development of a healthy community, offering a wholesome quality of life to its residents and to improving the physical, mental, and spiritual health of the individuals we serve.

Sincerely,

A handwritten signature in black ink that reads 'Christy Ross'.

**Christy Ross, MHA**  
Vice President, Health Grants

A handwritten signature in blue ink that reads 'Charmel Gauden'.

**Charmel Gauden, JD**  
Vice President, Public Safety Grants

## Introduction & Background

This white paper details the provision of medical and mental health care in Cook County Jail in Chicago, IL, focusing on the Medicaid enrollment program. Cook County was one of the first in the country to implement a jail-based Medicaid enrollment program following the Medicaid expansion provisions of the Affordable Care Act (ACA). Each expanding state must meet certain federal provision requirements to qualify, most notably expanding eligibility for Medicaid to low income individuals at or below 138% of the federal poverty guidelines.<sup>1</sup>

Nationally, studies have affirmed that people with criminal justice involvement experience higher mortality rates and are significantly more likely to suffer from medical and mental health conditions.

- » Mortality rates among former prisoners are 13 times higher than the general public in the immediate two weeks post release.<sup>2</sup>
- » Inmates also have higher infection rates of HIV, hepatitis, and tuberculosis.<sup>3</sup>
- » 44% of jail inmates have been diagnosed with a mental health disorder.<sup>4</sup>
- » 26% of jail inmates experienced serious psychological distress in custody, which is five times the rate for non-incarcerated populations.<sup>5</sup>
- » More than 67% of jail detainees suffer from a substance abuse problem.<sup>6</sup>

If an inmate cannot afford treatment immediately upon release, their untreated condition may lead them back to jail. For example, Kara Salim suffers from alcoholism and bipolar disorder.<sup>7</sup> She was released from an Illinois jail and could not afford the court-ordered fees for therapy, which prevented her from getting prescriptions to treat her bipolar condition. She ultimately returned to jail with a more serious charge, battery of a public safety officer, after she threatened suicide in court and resisted attempts to transport her to a psychiatric hospital. To address cases like Kara and others, jails in Medicaid expansion states are beginning to screen and enroll their inmates in Medicaid to facilitate immediate access to healthcare upon an inmate's release.

Though Medicaid will not cover health care expenses while a person is "in custody," jail-based enrollment in Medicaid may nevertheless save money for local authorities. The federal government defines "in custody" to apply to those individuals who involuntarily reside in a public facility by operation of law enforcement authorities.<sup>8</sup> However, "[i]ncarceration does not preclude an inmate from being determined Medicaid-eligible."<sup>9</sup> Thus, a jail may enroll individuals in Medicaid while in custody, suspend their coverage during their incarceration, and re-activate their coverage upon release. The financial benefits of increased Medicaid enrollment for the jail may be direct and indirect. Direct financial benefits for the jail include the ability to release a person from custody for a medical furlough or in-patient hospital treatment for more than 24 hours, which would allow those medical expenses to be paid by Medicaid instead of the local jail.<sup>10</sup> Indirect financial benefits to the jail may also accrue by facilitating treatment of inmates post release such that their likelihood of recidivism is reduced.

Louisiana became a participating "Medicaid expansion" state under the ACA of 2012 in July 2016.<sup>11</sup> In its first year of implementation, "Healthy Louisiana" has enrolled over 433,000 newly eligible individuals, lowering the state's overall uninsured rate to 11% statewide. As a recent "Medicaid expansion" state, there may be opportunities for Louisiana to build on these successes through expanding enrollment opportunities in local jails.

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*Mortality rates among former prisoners are **13 times higher** than the general public in the immediate two weeks post release.*

# The Cook County Jail Medicaid Enrollment Program<sup>12</sup>

## Background

The Cook County Sheriff's Department operates one of the larger jails in the nation. Over the past five years, the jail has aggressively reduced its population from a 2009 population of approximately 10,000 people to a current population of 7,700. The Sheriff's Office is currently implementing programs, with the support of the MacArthur Safety and Justice Challenge grant, to reduce its population to 6,000. The jail population is 90% pre-trial and stays range from a week or less to eight to nine years. In June 2017, Cook County jail was found to be compliant with a 2010 consent decree requiring extensive changes in the structural and operational aspects of the jail, after maintaining "substantial compliance" with the decree over 18 months.<sup>13</sup>

Cook County Jail in Chicago, Illinois, was one of the first jails in the nation to incorporate Medicaid enrollment following the expansion of Medicaid under the ACA. Medical and mental health care are provided to detainees in the facility by a partnership between the Sheriff's office and Cook County Health and Human Services (CCHHS), pursuant to a memorandum of understanding concluded in the 1980s. The Sheriff's office is responsible for costs associated with housing, food, and security and the public health agencies are responsible for costs of medical/mental health provided to incarcerated persons. Cermac Pharmacy, a division of CCHHS, provides dispensary services in the jail. Medicaid does not pay for medical/mental health while the detainee is actually incarcerated, except when the detainee is admitted to the hospital for 24 hours or more. The Medicaid enrollment program is one of several initiatives to address the needs of mentally ill inmates. The jail recently created a new Mental Health Transition Center, where housing is combined with education and job programming. The Center currently holds high-functioning detainees and provides cognitive-behavioral therapy and the "Thinking for Change" curriculum. Central housing and programming for the mentally ill has reduced the number of incidents in the jail and the Sheriff hopes to expand the center to 400 beds.

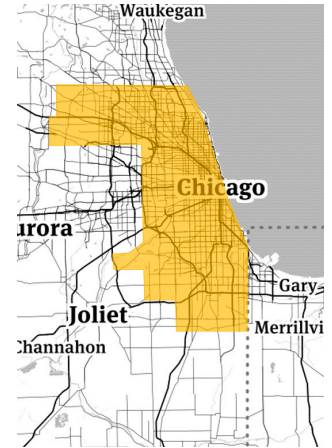
## Program Operation

Medicaid enrollment is conducted by a nonprofit organization, Treatment Alternatives for Safe Communities (TASC), located in the jail pursuant to a contract with the county government. The enrollment process begins at intake (compared to other programs that conduct enrollment at discharge). Jail intake is approximately 200-300 per day. The TASC program employs certified application assisters, who have received federal training, and submit an online application, which takes approximately seven minutes. The nonprofit has read-only access to the jail database, eliminating the issue of proving a person's identity for enrollment purposes. Each intake station has its own scanner and applications are submitted online via hardwired internet connections. Each certified intake/discharge position costs approximately \$40-50K annually and the Sheriff's contribution is in-kind through providing staff positions for oversight and liaison services. If an application is approved, the detainee receives the insurance card and acceptance letter at their home address.

## Outcomes

To date, the program has enrolled 18,000 individuals and screened over 130,000 people. Since initiating the program in April 2013, the jail has seen a significant drop in Medicaid applications, with 60% of intake already enrolled in an insurance plan. Increasingly, staff are seeing incoming detainees who have fallen off coverage and utilize the Medicaid process to re-enroll. Re-determination of Medicaid eligibility, however, occurs off site and is handled by state agencies and not TASC staff.

The Medicaid enrollment program aimed to decrease repeat entries by addressing the needs of the mentally ill detainees. The hope was that enrollment could facilitate wrap-around care, such that detainees would – once enrolled – continue to access mental health treatment by state clinics once released from the jail, disrupting the cycle of in-jail treatment and out-of-jail mental health-triggered criminal behavior. To date, the jail has not seen a significant decline in repeat entries, which jail officials attribute to a lack of available services provided by state clinics external to the jail and to a lack of significant progress in broader criminal justice reform efforts in the state and city. According to interviewees, the lack of state agencies providing services may be due to difficulties in getting Medicaid reimbursement.

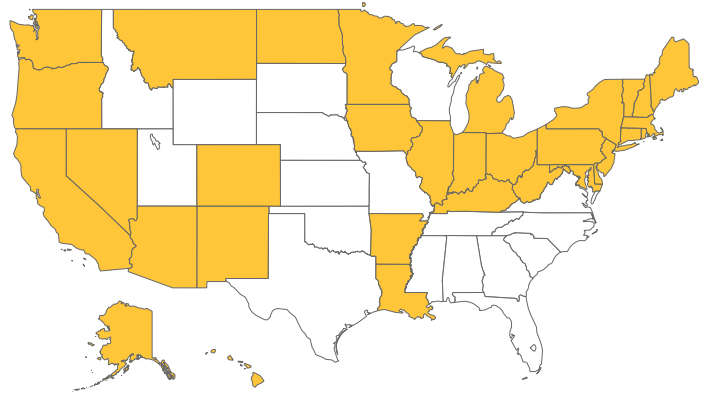


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## National Landscape

As of January 16, 2018, 32 states and the District of Columbia currently participate in the “Medicaid expansion” program.<sup>14</sup> Within these states, at least 64 jurisdictions have specifically developed programs to enroll eligible “criminal justice-involved” individuals as of January 2015.<sup>15</sup> Forty-two of these programs maintained data on their programs and approximately 112,000 people were enrolled as a result.<sup>16</sup> A few of those programs are described below:

### National Adoption



Source: [Henry J. Kaiser Family Foundation](#)

### Louisville, KY<sup>17</sup>

- » Hired full-time Medicaid enrollment staffer.
- » Later expanded to include release with backpack of meds, clothes, and transportation to local shelter or clinic.
- » Staffer is part of the booking process, but also visits secure parts of facility to help folks fill out applications.
- » Signed up 2,000 of the 30,000 admitted to jail from May 2015-May 2016.
- » Relies on state health exchange (Kynect).



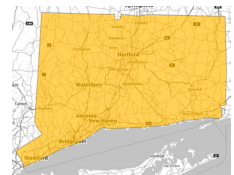
### Boston, MA<sup>18</sup>

- » Boston Public Health Commission engaged in strategic partnerships to expand enrollment in several targeted demographics.
- » South Bay House of Corrections, a county facility that houses people serving sentences of 2.5 years or less, was one of those partnerships. Medicaid enrollment was integrated into discharge planning.



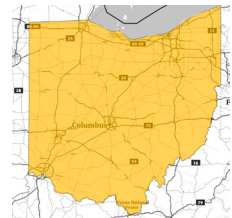
### Connecticut<sup>19</sup>

- » Program explicitly directed at pre-trial detainees in jail.
- » Developed by partnership between Urban Institute, DOC, and DCFS, as part of a US DOJ and DHHS study.
- » Tracked enrollment, coverage, and utilization for 12 months post-release.
- » Learned that the state needed a process to both suspend and re-activate benefits.



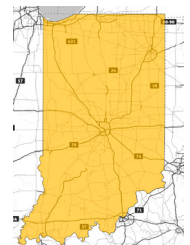
### Ohio<sup>20</sup>

- » New Medicaid registration at all state prisons.<sup>21</sup>
- » Provides managed care insurance card at release.



### Indiana<sup>22</sup>

- » Officials applied for Medicaid, 7,000 from March to September 2015, 90% of those released.
- » Law initially required inmates to activate their coverage when they returned home and fewer than half followed through (obtaining phone minutes or navigating bus lines to go in person can be difficult for newly released).
- » Enrollment program is not at intake, but at some point during their incarceration.
- » Enrollment process is lacking. It requires hand-writing a three-page application, which is then entered by administrators.



## Lessons Learned (Cook County and National)

Based on the review above, several lessons emerge for future jail enrollment programs:

### *Challenge of coordination between local jail authorities and state Medicaid agencies, particularly data systems.*

Any local jail program must be able to access and enter specific information maintained in state health agency databases. In addition, state health agencies must be able to access local jail release records to determine when Medicaid coverage resumes.

### *Lack of funding to hire enrollment staff.*

Jail budgets are already tight and financially unable to support new positions that are not custody related. In some cases, custody staff was trained to provide enrollment but results from those attempts have indicated that custody staff often did not have sufficient time or expertise. Programs that have partnered with outside nonprofits, who apply for grants jointly with the facility, have been able to create new positions with staff expertise. These solutions, however, require the jail to allow access to their databases and facilities to non-custodial staff.

### *Need strong partnership with receiving health centers outside of the jail.*

To realize the full benefits of reduced recidivism, community health centers must have the capacity to accommodate new patients relatively quickly. In addition, with appropriate protections in place, best practices suggest that the jail must be able to share inmate medical records with treating physicians/community centers to facilitate treatment and prescription access.

### *Enrollment at intake and beyond.*

Programs that perform eligibility determinations only at discharge may not best realize potential savings because of delayed processing times and where an inmate is hospitalized for over 24 hours. For these reasons, programs that enroll at intake are preferred, but they raise additional concerns for inmates who may be admitted in psychiatric distress or intoxicated. Thus, any enrollment program must also incorporate follow-up enrollment, perhaps at the three day mark, to ensure full enrollment.

### *Enrollment programs must be responsive to the characteristics of the jail population.*

For example, if the state requires a home address to apply for eligibility or to receive their registration materials, the homeless population will not be enrolled. Similarly, if inmates lack identification at the time of arrest, jail records may be critical for establishing identification for enrollment purposes.

### *Inmate education and outreach is critical.*

Some programs have found that inmates, without proper outreach and education, initially may be resistant to providing additional information to the jail to enroll them in Medicaid. Jails should publicize the new enrollment program both inside and outside of the facility.

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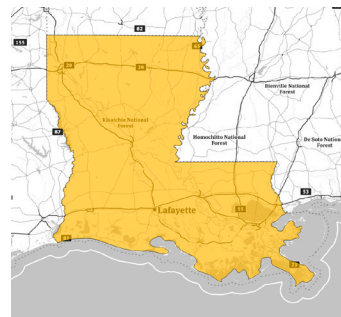


## Louisiana Opportunities

Louisiana has already developed creative enrollment programs outside of jails and prisons. The state was the first to receive permission to fast-track Medicaid enrollment for individuals receiving SNAP (Supplemental Nutrition Assistance Program).<sup>23</sup> Louisiana has also stationed Medicaid enrollment personnel in hospitals, clinics, and evacuation shelters and auto-enrolled individuals receiving limited services through the Greater New Orleans Community Health Connection and Take Charge+ programs.<sup>24</sup> Moreover, the need in Louisiana is particularly pressing, as it ranks second highest in the nation for HIV infection rates.<sup>25</sup> Though the state is currently reforming its criminal justice system, Louisiana still has one of the highest jail admission rates per capita in the country.<sup>26</sup>

Specific opportunities:

- » Centers for Medicare and Medicaid Services offers funding for:
  - › upgrading data systems to facilitate data exchanges between correctional and human services programs and to streamline eligibility;
  - › institutional costs to transfer medical records to new community based care;
  - › application assistance and eligibility determinations (matching); and
  - › refining data systems to allow for suspension and re-activation of coverage.
- » State can use a Medicaid 1115 waiver to limit the number of times a person's eligibility is reviewed in a given year.
- » State can suspend, rather than terminate, a person's coverage during incarceration, making reinstatement easier.



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## Additional Resources

- Maureen McDonnell of Chicago-based nonprofit, Treatment Alternatives for Safe Communities (TASC), has advised other regions on how to start Medicaid enrollment programs.
- Colorado Department of Health Care Policy & Financing Best Practices for Counties: Medicaid and Criminal Justice Populations, <https://www.colorado.gov/pacific/sites/default/files/Best%20Practices%20for%20Counties-Medicaid%20and%20Criminal%20Justice%20Populations.pdf>
- Center for Medicaid Services, The Coverage Learning Collaborative, <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/justice-involved-populations.pdf>
- Cook County Sheriff, A Mental Health Template for Jails, <https://www.cookcountysheriff.org/mental-health-template/>
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11. Governor Edwards signed Executive Order JBE 16-01 in January 2016 and the program went into effect in July 2016. La. Dep't. of Health, Medicaid Expansion Annual Report 2016/2017 (July 2017) at [http://www.dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnRprt\\_2017\\_WEB.pdf](http://www.dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnRprt_2017_WEB.pdf)
12. The information in this section, unless otherwise noted, is based on interviews with Cook County Sheriff's Office staff in 2016 and 2017 and an on-site visit to Cook County in April 2015.
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25. Centers for Disease Control, HIV in the United States by Geographic Distribution, <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>
26. See Vera, Jail Admission Rates, Incarceration Trends: Louisiana at <http://trends.vera.org/rates/Louisiana?incarcerationData=pretrial&admissions=rate> (showing jail admission rates far surpassing the national rate)



# Baptist Community Ministries

## Origin

In 2015, Baptist Community Ministries (BCM) celebrated two decades of service to the Greater New Orleans region. But our service to the community actually began in 1926 with the opening of Southern Baptist Hospital. The hospital, a leading regional medical center, was located in the heart of Uptown New Orleans. For several generations, the hospital provided excellent healthcare to patients of all faiths.

Due to the changing healthcare landscape in New Orleans, a decision was made to sell the hospital in 1995. The proceeds from the sale were used to create BCM, a faith-based Christian organization serving Greater New Orleans. The focus changed from providing direct care to individual patients to making social investments (grants) in local nonprofits to improve the health of the community.

## Vision

Baptist Community Ministries is committed to the development of a healthy community offering a wholesome quality of life to its residents and to improving the physical, mental and spiritual health of the individuals we serve.

## Mission

In response to the love of God revealed in Jesus Christ and in keeping with our Baptist heritage, Baptist Community Ministries (BCM) invests its human capital and financial resources in the five-parish Greater New Orleans region. BCM uses the ways and means set forth below towards achieving its Vision:

**Philanthropy** - identify ideas and partner organizations that address critical community needs in the areas of Health, Education, and Public Safety; support these ideas and partner organizations with financial grants and expert consultation

**Chaplaincy Services** - identify partner organizations that will benefit by offering pastoral care services to their staff and the individuals they serve; deploy professionally trained chaplains to provide pastoral care in these organizations

**Congregational Wellness** - identify partner congregations that will benefit by offering wellness ministries to their faith communities; train volunteer registered nurses and lay health advocates to establish and maintain these wellness ministries

## Values

Baptist Community Ministries is a faith-based Christian organization that:

- » Shows unconditional acceptance and compassion to those we serve
- » Has reverence for the dignity of each person and the cultural diversity of the community
- » Demands responsible stewardship of its charitable assets
- » Commits to being accountable to the community



400 Poydras Street, Suite 2950  
New Orleans, LA 70130  
504.593.2323  
[info@bcm.org](mailto:info@bcm.org)