



Pennsylvania

Ensuring Timely Access to Medicaid and SSI/SSDI for People with Mental Illness Released from Prison:

I. BACKGROUND INFORMATION

Pennsylvania has a statewide Forensic Interagency Task Force composed of key forensic stakeholders in the state who are interested in continuity of care for inmates requiring mental health and/or mental retardation services. Members include representatives from the National Alliance for the Mentally Ill (NAMI), PA Department of Corrections (DOC), PA Office of Mental Health and Substance Abuse Service (OMHSAS), Office of Drug and Alcohol Programs (ODAP), PA Board of Probation and Parole (PBPP), PA Protection and Advocacy (PP&A), Philadelphia and Allegheny County Mental Health and Mental Retardation Services (MH/MR), PA MH/MR Administrators Association, Montgomery County Emergency Services, Franklin County Jail, PA Mental Health Consumers Association and the PA Office of Mental Retardation, among others. Participation on this task force is voluntary; the participants are not necessarily the decision makers for their respective agencies. This task force, which is coordinated by the Pennsylvania director of NAMI and meets monthly, has been in existence since 1996. The task force recently named access to benefits on re-entry as one of its priority issues.

Pennsylvania's major initiative regarding pre-release planning is to encourage use of their web-based application for benefits. This web-based application is sent to the county where the person will reside. While previously the state Department of Public Welfare (DPW) required post-release confirmation of residency for final authorization of benefits, it has recently changed its rules to allow final authorization based on the web-based application. The web-based application, called Commonwealth of Pennsylvania Access to Social Services (COMPASS), is a streamlined procedure that allows a person to apply for medical,

cash, and other benefits. The application can be found at: <https://www.compass.state.pa.us>

In Pennsylvania there are three programs that pay for health services for the uninsured. One is federal Medicaid (sometimes called Medical Assistance in Pennsylvania), another is General-Assistance-related Medical Assistance (GA/MA), which is state-run and state-funded, and the third is the county-based mental health allocation for services. A person who applies for "Medical Assistance" in Pennsylvania is in fact applying for both Medicaid and GA/MA. Although the application is the same, the internal procedures and eligibility requirements are different for each one. The third funding program covers services for those individuals who are either not eligible through Medicaid or GA/MA or refuse to sign the applications of the other programs and meet a set of criteria such as adults who are 21 to 64 and have no children. In the experience of DOC officials, the population that they work with is generally eligible for either Medicaid or GA/MA, and therefore their staff is not trained on the county allocation eligibility rules.

The mental health system in Pennsylvania is county-based and there are some re-entry pilot programs (at least nine of them) at the county level to coordinate services. The DPW makes all determinations for eligibility through county assistance offices (CAOs). The CAO makes a "liability assessment" on each person to determine whether the person is eligible for Medicaid or GA/MA. When a person has a "treatment need," and does not meet Medicaid or GA/MA eligibility requirements, services are paid for with the county's mental health allocation for services. In this way, Pennsylvania's payment scheme is a "payer of last resort" system. Counties that participate in "Health Choices," which is an HMO, spend their Medical Assistance money differently from counties that do not.

II. STRATEGIES TO ENSURE PROMPT REINSTATEMENT OF BENEFITS

A. Policies

Each state correctional institution sends a list of all incoming inmates to the Social Security Administration upon their entry to prison. The officials we spoke to are not aware of any differences between suspension and termination of benefits and therefore assume those inmates from the prison list whose names match the SSA rolls have their benefits terminated during imprisonment.

According to DOC internal procedures, the Psychology Department at the prison has maintained an automated MH/MR roster since 1994, which includes information regarding psychiatric diagnosis, Global Assessment of Functioning (GAF) score, inpatient placements, and various demographic data. The Bureau of Health Care Services (BHCS) staff monitors the MH/MR roster to identify all inmates who are within 12 months of release. Previously, BHCS proposed to send letters to the Directors of the County MH/MR Administrations identifying those inmates that would be maxing out in the next 12 months; however, this action was not implemented due to concerns over the confidentiality of the Social Security Numbers.

Presently, BHCS is sending master lists of inmates on the MH/MR roster to the Office of Mental Health and Substance Abuse Services (OMHSAS) that show the inmates in each county that will be maxing out in the next 12 months. In addition, this information is also provided to the MH/MR administrators from Philadelphia and Allegheny counties, which receive 40 percent and 10 percent of DOC discharges respectively.

The chief psychologist conducts a “Psychiatric Review Team” meeting for every inmate on the MH/MR roster within 12 months of release to commence development of a re-entry treatment plan. Immediately after this meeting, and sometimes as part of it, the team will meet with the inmate to discuss possible eligibility for various financial entitlement programs and the procedure for applying for those programs. Although applications for Medicaid and Social Security are not filed for all eligible inmates due to staffing constraints, the internal procedures state that applications for Medical Assistance must be completed within 30 days of release for all eligible inmates.

B. Implementation

DOC hired three full time release planners who worked for the agency to implement the internal procedures but these positions had to be eliminated due to budget cuts.

DOC has tried to keep the process alive through existing staff but the process has not become ingrained as part of their duties. In the state’s 26 prison facilities there are psychiatric departments and within each department there is a chief psychologist who supervises the mental health coordinator. Together the chief psychologist and the mental health coordinator monitor the inmates receiving mental health services. This chief psychologist is in charge of supervising the other psychologists who establish aftercare arrangements for the inmates.

For people who are maxing out (that is, serving out their maximum sentence and being released without supervision) the release process begins 12 months before their release date. A multidisciplinary, pre-release team (PRT) is chaired by the chief psychologist and composed of the psychiatrist, correctional health care administrator, counselor, Drug and Alcohol Treatment Specialist (DATS), unit management and custody staff members. The PRT designs a plan for services, and then adjusts the plan six months before each individual’s release, taking into account any new information available. This plan would include an assessment of income and medical insurance needs, including assistance in filing the COMPASS application. The use of the COMPASS application is being piloted in the women’s prison at Muncy and a men’s facility at Graterford. Also, the correctional health care administrators throughout the facilities have been trained to complete the online COMPASS application.

The difficulty of implementing COMPASS is related to the firewall that prevents computers inside the facilities from accessing the internet. Prison staff require access to a computer outside the walls. A second difficulty is allocating adequate time to complete the application with existing resources; because DOC staff cannot complete applications for all eligible inmates at current staffing levels, priority is given to inmates with the greatest need as determined by the chief psychologist and his or her team. Most county assistance offices (CAOs) will not assist in the discharge process until the inmate is six months from the discharge date. Each CAO has a single point of contact to address the needs of former offenders. The expertise of these points of contact is not specific to people with mental illnesses, but they are developing expertise within the system to deal with issues pertaining to former offenders such as termination of benefits. When an application is filed from within a correctional institution and there are problems with that application, the person who is the single point of contact is charged with contacting DOC to attempt to resolve those problems. The timing of these applications is crucial: by regulation GA/MA applications

need to be decided within 30 days. This means that if the application is filed too early and the inmate has not been released within that 30-day period, the application by law should be denied.

Inmates on parole pose a particular challenge for handling the 30-day decision requirement. According to DOC officials, the prison receives a form called a “green sheet” whenever an inmate has been approved for parole. The date of release, however, is dependent on the availability of a bed at a halfway house. The parole board completes this form by determining the earliest date an inmate can be paroled, but does not supply a certain release date; in other words, the form will say “to be released on or after X date.” Given that DOC cannot determine what will be 30 days from a potential, uncertain date, applications may be denied due to non-release, or an eligibility decision may not be made by the time the inmate is released.

The COMPASS application—completed by the chief psychologist’s team—works as an application for GA/MA and Medicaid as well as food stamps, cash assistance and other benefits. It does not, however, serve as an application for Supplemental Security Income or Social Security Disability Insurance (SSI/SSDI). Instead, the DPW caseworker processing the application would make a referral to a disability specialist within DPW, who may assist that person with an SSI/SSDI application for benefits.

The only people who complete SSI/SSDI applications from within the prison are the counselors who work with the “inmate services” section. These counselors work in a different bureau, the Bureau of Inmate Services, and do not necessarily communicate with the psychologists in the bureau of mental health unless an inmate has a co-occurring disorder.

To receive cash assistance, the inmate will need to take his or her application with him or her upon release and show up at the county assistance office to submit it because there is a face-to-face requirement for this benefit. This face-to-face requirement, however, has been eliminated for the medical part of general assistance, and the person need only call the county assistance office upon release to complete these eligibility requirements.

DPW and DOC have recently reached an agreement that DOC staff will use the COMPASS to submit applications for benefits on behalf of inmates prior to release. To address the security concerns, DPW is working to eliminate external links from a version of COMPASS for use in DOC facilities.

Certain counties have their own processes that are different than the release planning process across the state. For example, in Allegheny County the forensic

agency sends a case worker into the prison to do all the release planning and fill out applications. In Philadelphia, a case worker does release planning that doesn’t include filling out and filing applications for the inmate, but may include advising the inmate of potential eligibility, or providing information on where to get applications. Because Allegheny and Philadelphia have their own DOC psychiatric units, they hold approximately 50 percent of Pennsylvania’s population of offenders with mental illnesses prior to their release. As such, they do 50 percent of all release planning for offenders with mental illnesses in the state.

III. ISSUES REQUIRING FOLLOW-UP

Implementation efforts have been stymied by understaffing and lack of proper training. Not having specialized staff makes implementing re-entry policy difficult because the staff currently in charge are not release specialists and have busy work schedules with other responsibilities. Inmates on the MH/MR roster, diagnosed with a mental illness, maxed out their sentences 45 percent of the time. Inmates on the pre-release team roster, who are diagnosed with serious mental illnesses, maxed out their sentences 55 percent of the time. The staff in charge of implementing re-entry policy currently works only with the inmates who are maxing out. This creates a lack of follow-up given that neither the DOC nor any other agency has jurisdiction over these individuals after release, unlike those individuals who are on supervision upon re-entry. The Pennsylvania team members agree that what they need is a team of specialized caseworkers who will act as the bridge to all agencies and have the necessary expertise to work with the issues related to this offender population. Unfortunately, given the state’s budget, caseworker positions are few and poorly funded, leading to high turnover.

The Department of Corrections and the Pennsylvania Board of Probation and Parole (PBPP) are addressing the issue of paroling “hard-to-place” inmates.

- DOC policy is being modified to require DOC unit management and mental health staff and PBPP institutional staff to begin re-entry planning 12 months prior to the inmate’s earliest release date.
- PBPP is identifying Regional Referral Specialists in the Erie, Pittsburgh, Altoona, Harrisburg, Mercer, Williamsport, Scranton, Chester, Allentown, and Philadelphia District Offices. The Referral Specialists will work with institutional staff to help identify resources in the community where the inmate is proposed to be paroled.

There is currently some confusion regarding whether an individual on pre-release status may or may not qualify for Medicaid benefits. To ensure consistency among the CAOs, DPW will issue an update to all the CAOs regarding whether an individual on pre-release or on parole can qualify for Medicaid if all other Medicaid eligibility requirements are met. In addition, DOC and DPW will engage in a joint effort to provide a basic understanding that other eligibility requirements must be met for an individual to meet the qualifications for Medicaid; pre-release or parole status does not automatically qualify an individual for Medicaid benefits. These efforts may eliminate any current discrepancies among the counties.

Finally, the state team members would like to address the lack of a consistent, system-wide approach. There are

multiple initiatives and the agencies have managed to build bridges and promote these initiatives, but a state-wide/state-driven initiative is lacking. The participants would like to see a systems-wide approach to this problem that becomes institutionalized and is not driven by the efforts of individuals or particular agencies.

The team would also like to see a way of coding parole “green sheets” for offenders with mental illnesses to ensure that they receive priority for beds in halfway houses and the prison is informed of a certain release date. Once the prison has a certain date of release, they can time the application date to conform to the 30-day decision period for GA/MA and Medicaid.