



## Texas

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

## I. BACKGROUND INFORMATION

Texas shares the cost of Medicaid with the federal government only—there is no county share of financial responsibility under the Medicaid program in Texas. Also, in Texas an approved Supplemental Security Income or Social Security Disability Insurance (SSI/SSDI) application makes the offender automatically eligible for Medicaid. Furthermore, Texas has proactive legislation enabling information-sharing between agencies providing health services. To allow this information-sharing, the state obtained a Health Insurance Portability and Accountability Act (HIPAA) waiver. As such, people who receive health-related services through the state cannot make objections based on HIPAA to information-sharing between state health service agencies.

There are approximately 150,000 inmates in the Texas prison system and the rate of offenders with mental illnesses within that population is on par with the national average of 16 percent.

## II. STRATEGIES TO ENSURE PROMPT REINSTATEMENT OF BENEFITS

### A. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) was founded in 1987. The Texas legislature authorized TCOOMMI exclusively to deal with supervision and treatment issues for special offender populations. The special needs offender population that TCOOMMI works with comprises elderly offenders and offenders with serious medical conditions, physical disabilities, and/or mental retardation. TCOOMMI's mission statement is to provide a formal structure for crim-

inal justice, health and human services, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs, and its role begins within the prison as soon as an offender is identified as having a special need. TCOOMMI staff are responsible for handling benefits and other re-entry issues for this offender population at the prison level, and the state mental health agency is not involved in the process. More information on TCOOMMI and TCOOMMI publications can be found on-line at: <http://www.tdcj.state.tx.us/tcomi/tcomi-home.htm>.

### 1. SSI/SSDI

Texas prison staff sends intake lists to the regional Social Security Administration (SSA) office. When an inmate enters the prison system receiving SSI/SSDI, these benefits are suspended after the first full month of incarceration. After twelve months of incarceration the benefits are terminated automatically through a computerized system.

Upon entry into prison each inmate is assessed to establish the presence of a mental illness and/or prior receipt of mental health services. Inmates who have a history of receiving, or a need for, mental health services, are identified with an "Alert Code" in the offender database. This code allows TCOOMMI to quickly identify offenders who may need release planning services, including applications for benefits and/or entitlements. Additionally, when an offender without a treatment history receives mental health services in prison he or she also receives an "Alert Code" thereby identifying him or her to TCOOMMI.

TCOOMMI contracts with 44 regional mental health services and benefits coordination offices to cover all 254 counties in Texas. An inmate identified through the "Alert Code" process, and who has a pending release date, is referred to the regional mental health services and

benefits coordination office that corresponds to the county of expected residence. These regional services and benefits coordination offices send workers to meet personally with the identified inmates inside the prison and develop pre-release plans.

Whether to pursue an SSI/SSDI application is up to the individual inmate. If the inmate wants SSI/SSDI the TCOOMMI worker makes a referral to a benefits eligibility specialist. According to TCOOMMI guidelines, the benefits eligibility specialist must file an SSA application within 10 days of receiving a referral. This is timed so that the paperwork is completed ahead and submitted exactly 90 days before the inmate's release date. The medical information and other necessary documentation is provided by the correctional institution or obtained through the process established by the Texas information-sharing legislation.

SSA receives and processes the applications pending release, pursuant to an interagency agreement between them and TCOOMMI. The prison sends the applications to the local social security office. The prison's local social security office, however, does not always correspond to the prisoner's address upon release. In these cases the prison's local social security office electronically transfers the application for processing by the social security office that corresponds to the address where the inmate is expected to be released. Each local social security office has a designated pre-release point person to work with the prison coordinator. For all applicants the SSA point person and the TCOOMMI prison coordinator complete the application process via telephone. In other states SSA would want to talk to the inmate directly but a Texas Department of Criminal Justice rule prohibits inmates from communicating directly with SSA.

TCOOMMI estimates that only half of the applications for SSI/SSDI based on mental illnesses are granted by the time the person is released 90 days later. Inmates whose post-release service plan includes case management services will receive assistance following up with SSA from the regional service and benefits coordinator. Other inmates without an SSA eligibility decision on release will receive assistance from the community mental health service provider. The post-release service plan for offenders with mental illnesses always includes a referral for a service provider in the county where the person will be released. Additionally, these offenders receive a ten-day supply of psychotropic medications. In those instances when the application for SSA benefits is granted before release, the contact person at the community service provider needs

only to ensure that the inmate verifies the residential address upon release, for payments to commence.

TCOOMMI pays for expedited services; therefore an inmate that qualifies for SSI/SSDI under the TCOOMMI program always has services available to him/her upon release. Inmates who do not want to apply for SSI/SSDI still get a referral for services. If, after being released to the community, the inmate decides to apply for benefits, the service provider will assist in this process.

## 2. Medicaid

Inmates qualify for Medicaid automatically upon approval of the SSI/SSDI application. If that application has not been approved the person may still be eligible for Medicaid. TCOOMMI pays for medical services until Medicaid becomes active, but a benefit specialist at the community service provider always follows up with pending Medicaid applications.

### B. Specialized Probation and Parole

In Texas 75 percent of the people released from prison are released on supervision. In 1987 a specialized parole unit was developed for offenders with mental illnesses. The caseload for the average specialized parole officer is 45 to 1, as opposed to 75 to 1 on the regular caseload. However, in some regions the specialized caseload can be as low as 35 to 1. Traditional parole officers who apply for the specialized caseload position receive 32 to 40 hours of training in mental health and disability issues. After appointment, specialized caseload officers receive training, as needed, to stay current on issues related to this offender population.

Inmates are identified for the specialized parole caseload through the "Alert Code" system. The average specialized caseload parolee has 3 to 5 contacts per month with his or her parole officer. The actual number of contacts depends on the offender's response to supervision and other individual risk factors. Contacts with offenders on the specialized caseload are focused on assessing the offender's needs, locating appropriate resources, monitoring the offender's medication, and addressing violations of conditions of parole. Assessment of the offender's needs includes addressing educational, vocational, financial, residential, psychological, medical, transportation and nutritional concerns. Specialized parole supervision has had success in reducing the rate of recidivism for this population.

Offenders who have declined to file an application for benefits with SSA before release, but who are on the

specialized caseload, can choose to begin the SSA application process in the community with the assistance of their specialized parole officer. The parole officer refers the offender to the regional service and benefit coordination office to help him or her complete the application at that time.

Issues related to applications filed with the wrong local office, or inmates referred to the wrong service center are not common in Texas because inmates can only be paroled when they have a pre-determined place of residence. The continuity of care plan provides for services that last as long as the term of parole. When inmates serve out their sentence, however, their continuity of care plan is centered on the locality where the inmate believes and claims that he or she will reside upon release.

### III. ISSUES REQUIRING FOLLOW-UP

TCOOMMI has a problem convincing some of the clients to pursue an SSI/SSDI application; about 50 percent of the inmates who may qualify decline to file. The state attempted to resolve this through legislation but federal rules preempt this action.

TCOOMMI is also concerned about offenders with mental illnesses or treatment history who may not be identified through the assessment process. To address this issue the state is planning to implement a statewide mental health services database that will serve as a fail-safe to identify offenders with treatment history.