Supporting America’s Aging Prisoner Population

April 19, 2017
Report: Supporting America’s Aging Prisoner Population: Opportunities and Challenges for Area Agencies on Aging

Meredith Eisenhart, National Association of Area Agencies on Aging
About the Aging Prisoner Population

- The demographic over age 65 is the fastest growing segment of America’s prison population.
- Between 2007 and 2010 the number of state and federal prisoners age 65 and older grew at a rate 94 times the overall prison population.
- **Why?**
  - General aging of the population,
  - Statistics show an increase in the number of older persons committing crimes
  - Long-term impact of mandatory minimum sentencing.
About Aging Prisoner Population, Cont’d

- 73 percent of prisoners age 50 and older have a **chronic health condition**.
- Incarcerated people age more quickly than the general population: “**accelerated aging**”
  - Factors such as lack of access to health care, history of substance abuse and mental health issues, exposure to traumatic events.
- Older prisoners may need assistance with bathing, dressing, eating and other aspects of personal care.
Disability in Prisoner Population

- Estimated 32% of prisoners have at least one disability.
- Prisoners were nearly 3 times more likely than the general population to report having a disability.
- Female inmates were more likely than male inmates to report having a disability.
- Older inmates were more likely to report a disability.
About the Survey

• Funded through the Administration for Community Living

• Purpose:
  – Determine how AAAs are responding to the aging of America’s prison population, including individuals who have been released from prison
  – Gather and disseminate information on pilot projects and other programs are available.
Survey Topics

• Services designed specifically for aging prisoner population
• Current capacity to serve the aging inmate population
• Interest in pilot programs to serve the prison population
• Technical assistance and training needed to implement such programs
Findings
Almost 10% of AAAs Reach Aging Prisoners
CDSME and Reentry Programs Are Most Common
Capacity is a Challenge but there is Interest in Learning More

Do you have the capacity through current programs to become more involved with this population?

- 23% Yes
- 27% No
- 50% Unsure
Majority of AAAs Interested in Pilot/Demo Opportunities

Would you be interested in a pilot program or demonstration to serve this population?

74% Yes
26% No
AAAs are Interested in Training

Which of the following areas of training and technical assistance would most benefit your staff to potentially serve this population?

- Knowing needs of aging inmates: 48%
- Understanding compassionate release: 38%
- Connecting to corrections system: 32%
- Awareness of opportunities and funding: 47%
- Other: 3%

National Association of Area Agencies on Aging
Lessons Learned

• Importance of building relationships with criminal justice system stakeholders
• Engage AAA staff in conversations about needs of prison population
• Capitalize on existing funding sources when possible
• Consider a pilot program
• Assess agency’s core strengths before implementing new program
Summary

• Almost 10 percent of AAAs have a program for aging prisoners or those being released
• Of AAAs engaged in this work, 40 percent of the aging prisoner programs are part of a Chronic Disease Self-Management Education (CDSME) Program and 24 percent are reentry programs
• 75 percent of AAAs are interested in a pilot program or demonstration to serve this population
• The greatest challenge AAAs face is staff time and/or budgets that are already stretched
Thank you!

For more information:

Meredith Eisenhart
Director, Community Capacity Building
National Association of Area Agencies on Aging
meisenhart@n4a.org
P 202.719.8892
Connecticut’s BEC Pilot
Hard-to-Reach Population

MEDICARE BENEFICIARIES

BEING RELEASED FROM INCARCERATION
## Who is the targeted population?

<table>
<thead>
<tr>
<th>Medicare due to Disability</th>
<th>Medicare due to Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Entered incarceration with SSD benefits</td>
<td>• 65+ years of age</td>
</tr>
<tr>
<td>• Below the age of 65</td>
<td>• U.S. Citizen or permanent legal resident X 5 years</td>
</tr>
<tr>
<td>• Most likely with Mental Health Disabilities</td>
<td></td>
</tr>
</tbody>
</table>
Challenges Inmates Face Upon Release

- SSA/SSD benefits are suspended when convicted & sentenced for more than 30 days
  - Benefits can be reinstated if they are in house arrest or when the person is officially released
- CT Medicaid benefits are suspended (MSP ends)
- Person is dis-enrolled from Medicare Part B three months after Medicare Part B benefits are not paid
  - the state is responsible for medical care while incarceration. Medicare will not cover your care until they reinstate SSA/SSD upon release.
Challenges Upon Release

- 3 months Medicare Part B premium arrearage is deducted from first SSA/SSD check
- No SEP to enroll in Medicare Part B
  - (they have a SEP of 63 days to enroll in Medicare Part D)
- Many are being enrolled in Medicaid only
  - Only CT MSP arranges for medical buy-in of Medicare Part B
- Individuals without Medicare Part B cannot enroll in any other insurance while on Medicare Part A
- Challenges obtaining prescriptions - pharmacy computers detect that Medicare Part D should be paying
## Release Challenges by Population

<table>
<thead>
<tr>
<th>Medicare due to Age</th>
<th>Medicare due to Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Still expected to enroll during IEP while incarcerated</td>
<td>- Most think they do not have Medicare, but they remain on Medicare part A</td>
</tr>
<tr>
<td>- Still subject to Medicare part B penalties</td>
<td>- They prefer to be on Medicaid only with no prescription cost sharing, which is not an option</td>
</tr>
<tr>
<td>- Once they enroll in SSA they are enrolled in Medicare Part A retroactively 6 months back up to their 65th birthday. This leaves them with insufficient coverage.</td>
<td></td>
</tr>
</tbody>
</table>
CT’s Pilot BEC

- To work within 3 prison settings to ensure benefits are in place before release
- Provide education to current reentry staff and discharge planners to spot & assist Medicare beneficiaries in the future
- CT Department of Corrections (DOC) has a MOU with our State Medicaid Unit (DSS) to streamlight Medicaid applications
- CT DOC has a MOU with SSA to streamline applying for SSA/SSD benefits while incarcerated
Lessons Learned

- Get buy in from SSA, DSS, DOC from the start – the process is not quick
- DOB, SSN and full name for a background check is required for planning meetings in the prison
- Application Form for Volunteers, Interns & Professional Partners & MOU for the application needs to be place
  - Includes the following:
    - Take nothing, including cell phones or other materials in the facility
    - Materials or supplies may be given to inmates by staff only
Be Aware of Forms/Procedures

- DOB, SSN and full name will be required for background check to have any planning meetings
- Nothing happens until MOU is signed, including a mandatory orientation
- Any internet connection the counselors will be using must be pre-approved
- You may need different DOC contacts for different tasks:
  - 1) Deputy Warden to pre-approve internet connections
  - 2) A different Deputy Warden to arrange orientations
  - 3) Communications person who arranges meetings
Address Counselor Access Issues

- Develop MOU with State Medicaid for worker portal
  - Inmates do not have email addresses to apply online
  - Eliminates concerns of bringing materials in/out prison
  - Streamlines process/avoids need of duplicating or faxing content

- Arranging for a state email for counselor
  - Provides secure means of communicating between SDA, DOC and DSS
  - Allows counselor to email sensitive information within state secure email system that requires follow-up (i.e. names of prisoners and dates of birth)
  - Provides ability for counselor to communicate with dedicated Medicaid staff
Memorandum of Understanding

- Develop MOU between BEC and DOC –
  - Use of computer & internet for counselor & classroom space
  - Expectation DOC will identify potentially eligible Medicare beneficiaries who are within 90 days of release (those age eligible & those eligible for disability)
  - Allow dissemination of literature on Medicare enrollment & benefits with Warden’s approval
  - Allow meeting space & opportunities for CTDDOC staff to obtain information about Medicare & developed kits
  - DOC staff point of contact & back-up
    - CHALLENGE:
      - CT DOC does have knowledge of those who enter with SSD/Medicare except those who have medical needs
If your DOC does not have an arrangement with SSA you can encourage your state to do so:

- **Public POMS SI 00520.930**
  - Pre-release procedure, agreement & referral

- **Public POMS 00520.900**
  - Background, policy & procedures regarding Prerelease

  These arrangements do not mean the policy is working effectively on the ground level. Discuss challenges with the reentry staff and discharge planners
Marketing Outside of the Prison

- While awaiting work within the prison, we developed brochures for discharge planners and others to give to prisoners being released.
There is no typical inmate

Dispel pre-conceived ideas of who you are serving

- 67 year old being released from a halfway house. Earns $13,000/month from an outside pension & has a million dollars frozen by the federal government. Owns a home but is unable to get medical benefits with Medicare Part A alone. Not all prisoners are low income

- 35 year old released and never re-connected to Medicare Part B. Wants to return to work and refused SSD benefits. Not everyone wants to receive public support
PATRICIA RICHARDSON
ADRC STATEWIDE COORDINATOR
PATRICIA.RICHARDSON@CT.GOV
860-424-5698
Indiana’s Jail Project

One Step Forward, Two Steps Back
2016

Identified population in need

Indiana’s state law changed for incarcerated individuals: Medicaid/HIP/Marketplace

Identified a possible partner agency: ASPIN

Phone meeting with Marion county Sheriff’s staff

Failed in recruiting Indianapolis agency/SHIP volunteers

Did get agreements from 2 other SHIP sites
2017

Meeting with ASPIN executive staff

Indiana Sheriffs’ Association: pilots

ASPIN

Moving forward!
Medicare Savings Program Handout

If you're enrolled in Medicare Part A (Hospital Insurance) -- and will soon be released or were recently released from jail -- you may want to apply for the Medicare Savings Program (MSP).

Based on your income and resources, you may be eligible for one of the following levels of MSP:

*Qualified Medicare Beneficiary (QMB) -- Pays Part B (Medical Insurance) premiums; pays Part A and B deductibles and copays; provides full Part D Low Income Subsidy (LIS) and automatic enrollment in a Part D prescription drug plan.

*Specified Low Income Medicare Beneficiary (SLMB) or Qualified Individual (QI) -- Pays Part B (Medical Insurance) premiums and provides full Part D Low Income Subsidy (LIS) and automatic enrollment in a Part D prescription drug plan.

In addition, MSP eligibility solves several Medicare problems by providing:

*Re-enrollment in Part B, if needed, outside an annual General Enrollment Period (GEP)
*Elimination of Part B and D late enrollment premium penalties accrued during incarceration
*Medicare Advantage Plan Special Enrollment Period (SEP) - particularly for Specified Low Income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI)
*Payment for most Part D plan premiums and copays
*Elimination of Part D plan deductibles and coverage gap (doughnut hole)
*Probable eligibility for Part D Limited Income Newly Eligible Transition (LINET) benefits to pay the entire cost of your first month's prescription drugs

MSP Monthly Income and Resource Eligibility Limits

<table>
<thead>
<tr>
<th>Income</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB:</td>
<td>Single $1,505; Married $2,023</td>
</tr>
<tr>
<td>SLMB:</td>
<td>Single $1,703; Married $2,290</td>
</tr>
<tr>
<td>QI:</td>
<td>Single $1,852; Married $2,490</td>
</tr>
</tbody>
</table>

$7,280; Married $10,930

Applying for MSP

Applying for MSP is easy. You will need to visit the Social Security Administration (SSA) office to report your release from jail. At that time, you should ask them to assist you in completing a MSP application. The SSA office will provide you with the application, as well as directions on how to complete the application. Once your application is complete, you will need to submit it to the Indiana Family and Social Services Administration (FSSA) in person, by mail, or by fax. You will need to do so in a timely manner to ensure your application is processed. If you need assistance finding your closest FSSA office, please call 1-800-403-0864.
Hello,

The State Health Insurance Assistance Program (SHIP) is developing a Medicare Savings Program (MSP) outreach project aimed at helping Medicare beneficiaries, who are soon to be released or were recently released from the Marion County Jail (MCJ), to apply for MSP. SHIP believes that many newly released Medicare beneficiaries would be eligible for MSP and that becoming eligible would resolve several Medicare problems faced by this population by providing:

- Re-enrollment in Part B, if needed, outside a General Enrollment Period (GEP)
- Payment of Part B premiums via State Buy-In
- Elimination of late enrollment premium penalties accrued during incarceration
- Payment of Part A and B deductibles/copays for Qualified Medicare Beneficiaries (QMB)
- Medicare Advantage Plan Special Enrollment Period (SEP) particularly for Specified Low Income
- Medicare Beneficiaries (SLMB) and Qualified Individuals (QI)
- Deemed full dual eligible LIS and automatic enrollment in a Part D plan
- Probable eligibility for Part D Limited Income Newly Eligible Transition (LINET) benefits to pay the entire cost of the first month's prescription drugs

The project will target financially needy beneficiaries who will not be eligible for short or long term Supplemental Security Income (SSI) benefits. That is because Indiana's SSI recipients are automatically eligible for Medicaid and deemed eligible for Part D Low Income Subsidy (LIS) and therefore would not need to apply for MSP.

Financially needy beneficiaries who aren't eligible for SSI benefits are the ones SHIP's MSP outreach project would target. However, we will need cooperation and assistance from MCJ and SSA to inform appropriate beneficiaries about the array of Medicare related benefits provided by MSP eligibility and to help them complete MSP applications and submit them to the Indiana Family and Social Services Administration (FSSA) shortly before or after release from incarceration. We are in the process of developing handouts for MCJ and SSA personnel as well as for beneficiaries to describe MSP benefits and eligibility criteria and how to apply for MSP by completing a simple application and submitting it to FSSA.

We know that SSA helps many beneficiaries who are newly released from the MCJ apply for LIS as part of its SS benefit reinstatement process. As a result, FSSA may receive leads for MSP applications based on SSA's approved LIS applications. It is our understanding, though, that there is no assurance that FSSA will take timely action to help affected beneficiaries apply for MSP. Also, no MSP leads are provided to FSSA for beneficiaries whose LIS applications are denied by SSA. In addition, while SLMB and QI eligibility can be retroactive to a beneficiary's MSP application or lead date, QMB eligibility is effective only with a beneficiary's application approval date with no retroactive eligibility based on MSP application or lead dates.
Handouts
letter to SSA
Info handout
SSA brochure

Susan Spilly
Indiana SHIP
susangsl@aol.com