



**THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE PRETRIAL SYSTEM:  
A "FRONT DOOR" TO HEALTH AND SAFETY.**

**APPENDIX A**

By the National Association of Pretrial Services Agencies

**ENROLLING OFFENDERS IN MEDICAID AT PRETRIAL JAIL INTAKE: A CASE STUDY OF COOK COUNTY, IL**





## INTRODUCTION: HOW THE ACA CAN BE A KEY TO LOWER RECIDIVISM

It has long been established that a large proportion of individuals in the justice system suffer from mental health and substance abuse disorders — and that treatment can significantly reduce further criminal involvement.<sup>1</sup> Unfortunately, many offenders have historically been uninsured, ineligible for Medicaid coverage or have lacked private resources to pay for treatment.

The advent of the Patient Protection and Affordable Care Act (ACA) makes it possible for millions of low-income individuals to obtain insurance coverage for their physical and behavioral health care needs, and many of these same individuals will also have contact with the justice system. In fact, by 2016, approximately one-third of the newly-insured Medicaid population — nearly six million people — will have been booked into jails during the year.

Access to treatment services through the ACA at pretrial decision points creates a notable opportunity to interrupt the cycle of crime exacerbated by chronic physical and behavioral health issues. This case study details a pioneering project in Cook County, IL to help thousands of adults entering the Cook County Jail apply for Medicaid coverage under the ACA.<sup>2,3</sup>

### Why Cook County? The Political Environment

The ACA made it possible for states to expand the population eligible for Medicaid coverage, and Cook County was well-situated to take advantage of the opportunity

1 Sixty-five percent of all adults in the U.S. corrections system meet medical criteria for drug and/or alcohol use disorders, and treatment participation reduces subsequent criminal activity by 33%-70%, depending on the model. See Mancuso, D., & Felver, B. (2009). Retrieved from <http://publications.rda.dshs.wa.gov/1372/>

2 “45% of arrestees at the January 24 Cook County Jail intake self-identified as mentally ill,” Welcome to the Cook County Sheriff’s Office, <http://www.cookcountysheriff.com/county>, accessed January 26, 2014.

3 Data as of October 2013. It should be noted that over time, the average number of individuals needing to enroll in Medicaid coverage will likely decrease, as recidivating individuals leave and cycle back through the jail.





- **Medicaid Expansion State.** First, Illinois is one of the 26 states that have, along with the District of Columbia, elected to expand Medicaid eligibility under the ACA.<sup>4</sup> This was a crucial prerequisite for the project, since relatively few uninsured offenders passing through jail intake are likely to be eligible for private insurance. In fact, Illinois secured a waiver for Cook County that extends Medicaid eligibility to a population of adults that had never before been eligible – low-income 19-64 year olds who are not custodial parents and are not disabled. The resulting program is called **CountyCare**.
- **Judicial Leadership.** The Honorable Paul P. Biebel, presiding judge of Cook County’s Criminal Division, has been a long-time supporter of the use of research in criminal justice systems to reduce recidivism. He recognizes that a robust continuum of health care and behavioral health care services for people entering and leaving the justice system can play a significant role in keeping them out of jail. He was an influential advocate for exploring the idea of focusing on offenders to enroll them in Medicaid under the ACA.
- **Strong Support from the Sheriff’s Office.** Sheriff Thomas J. Dart has identified the high percentage of mentally ill individuals in the county jail as a significant issue, emphasizing that the Cook County Jail is the largest mental health facility in the state of Illinois.<sup>5</sup> With more than 10,000 individuals in the jail on average, an estimated 20% have some degree of mental illness. In turn, more than 2,000 individuals in the Cook County Jail stand to benefit from ACA enrollment and the community linkages and resources it will provide. The Sheriff’s belief in the value of the proposed project was critical.
- **Strong Support from the Health Care System.** Under the leadership of CEO Dr. Ram Raju, the **Cook County Health and Hospitals System (CCHHS)** spearheaded the creation of CountyCare. CCHHS is responsible for delivering health care services in the jail, operates a network of ambulatory clinics, and has a unified electronic medical records system. When the Illinois Department of Healthcare and Family Services, the state Medicaid agency, applied to the federal Centers for Medicare and Medicaid Services (CMS) for the waiver that would allow for early Medicaid enrollment of newly-eligible individuals who reside in Cook County, it committed to enrolling 115,000 people in 2013. CCHHS recognized the large number of newly-eligible men and women who are seen at the jail, the opportunity this provided to help them apply for coverage, and the opportunity to use their new coverage in the community to improve their own health and avoid re-arrest.
- **Local Provider Experienced with Justice-Involved Populations.** **TASC, Inc.** of Illinois — a long-time provider of case management services to help individuals overcome drug problems and manage other health problems and a long-standing partner with the courts in planning systems solutions — was an early proponent of making a focused effort to enroll justice-involved individuals in Medicaid under the ACA. CCHHS contracted with TASC through its CountyCare enrollment vendor.

4 “Where the States Stand on Medicaid Expansion,” Daily Briefing, The Advisory Board Company, Jan. 24, 2014, accessed Jan. 25, 104, at <http://www.advisory.com/daily-briefing/resources/primers/medicaidmap>.

5 Bridget O’Shea, “Psychiatric Patients With No Place to Go but Jail,” The New York Times, Feb. 18, 2012, accessed Jan. 25, 2014, at <http://www.nytimes.com/2012/02/19/health/in-chicago-mental-health-patients-have-no-place-to-go.html>.





## Planning Process

In December 2011, key stakeholders began to explore ways to enroll adults in the justice system in Medicaid under the ACA. Initial planning meetings were supported through a grant from the Chicago Community Trust and were held in the spring of 2012; project planning started in earnest in August 2012, although the early enrollment Medicaid waiver had not yet been approved.

In the fall of 2012, a steering committee was formed. Meetings were led by Judge Biebel and facilitated by TASC. Members included high-level representatives with operational authority from the Sheriff’s office, Cook County Health and Hospitals System, county probation, and other county justice system and state agencies with responsibility for health reform implementation.

Three workgroups were formed to look at (a) the court and probation process; (b) the jail and its health care process; and (c) community health care and behavioral health care capacity. Workgroup membership was largely made up of steering committee members; their cross-participation enhanced understanding and communication, and their authority gave the groups considerable ability to make decisions and move quickly.

During the fall of 2012, when the planners mapped decision points in the system, they identified jail intake as the ideal place to enroll individuals in Medicaid.

The planning culminated in December 2012, when Judge Biebel wrote a letter to CCHHS, in which he estimated the number of potential enrollees the justice system had access to, and proposed several scenarios in which a collaborative enrollment project could help CCHHS meet its enrollment commitment. In January 2013, CCHHS responded positively to the idea of locating the project in pretrial jail intake; after further groundwork was laid, the project was launched April 1, 2013.

Another important building block brought to bear during the start-up phase was a six-month, \$25,000 grant from the Illinois Criminal Justice Information Authority to fund an evaluator, who provided valuable assistance in determining what data should be collected. The evaluator identified key data elements to be collected during the enrollment process and conducted analysis of the early enrollment efforts, making critical recommendations to increase the efficiency of the process.<sup>6</sup>

Overall, five factors were critical to the success of the planning effort:

1. **Political will** – All parties agreed on the value of the project; most critical was the convening power of Judge Biebel and leadership from the Sheriff’s office and CCHHS.
2. **Appropriate stakeholders** – The steering committee was staffed by people with operational authority, so they could ensure that practical issues were resolved and barriers overcome.
3. **Crossover membership between the steering committee and workgroups** – Again, having individuals on the workgroups who also were on the steering committee meant they had access to the bigger picture and were able to make operational decisions quickly, speeding the process.

<sup>6</sup> Data collected includes demographic, screening (i.e., reasons for ineligibility), and staff performance/process information (i.e., application processing time, percentage of successful screenings, etc.)





- 4. **Good Timing** – The planning efforts began with a sense of urgency among stakeholder agencies related to the recent CMS-approved waiver and its corresponding enrollment quota requirements. While it took a year and a half from planning to implementation for this initiative, now that most communities are further along with their ACA implementation and general enrollment processes, it is expected that similar efforts might take roughly six months.
- 5. **Sustained financial support for planning** – Funding from the Chicago Community Trust made it possible to staff the process over 18 months. This ensured agenda setting, minutes, maintenance of momentum, scheduling, etc.

**How the Project Works**

Trained staff<sup>7</sup> working for TASC, Inc. are stationed on-site in jail intake from 1:30 to 9:30 p.m., seven days/week,<sup>8</sup> alongside intake staff working for the Sheriff’s department. TASC staff meets with arrestees one at a time during the intake process, while these individuals are waiting for health and mental health assessments. The process is voluntary; sometimes, detainees prefer not to participate, or cannot do so because they are already covered by SSI, private insurance, or CountyCare. For those who do wish to participate, TASC staff ensures they meet other basic eligibility requirements, such as state residency, immigration status, and U.S. citizenship. For those who are eligible, their identity is verified using fingerprint-based identity documentation (already on file with the Sheriff), which is critical to completing the CountyCare application for Medicaid coverage. Completing the applications takes about 10-15 minutes per person.

To complete the application, TASC staff members work on computer terminals located in the jail intake facility. Although the terminals have internet access, for security reasons, they can only access five sites: the Cook County Jail information management system, the CountyCare application site, the Illinois Department of Human Services site, zip code look-up to ensure valid addresses, and TASC’s own website devoted to project data collection.

Until December 31, 2013, completed applications were not submitted to the state for eligibility determination until after the applicant had been released from custody because governing legislation prohibited the submission of applications earlier than 30 days before an individual was released from custody. A new state law (HB 1046) eliminated that requirement as of January 2014, and now anyone in an Illinois prison or jail can apply while detained, with coverage taking effect upon release.

During the project’s startup phase — when applications could not be submitted to the state unless the applicant had fewer than 30 days left before release — applicant numbers were kept small with the use of additional screening questions. To be eligible, a detainee’s bond had to have been set low, and the estimated length of his or her stay had to be less than 30 days. However, it soon became clear that these additional questions were not good predictors of length of stay, and they were eliminated.

7 TASC has five staff members on site, seven days a week.

8 At the outset of the project, TASC work shifts began and ended later (3 p.m.-11 p.m.). Work hours were changed to better match the flow of people arriving at intake.





Currently, TASC completes about 40-50 applications per day. As of January 31, 2014, over 12,000 applications had been initiated. Staff estimates that about 90 percent of those individuals whose coverage applications are submitted are accepted for Medicaid enrollment.

**Tips for Replication**

Cook County’s fast-track implementation offers a number of useful lessons for jurisdictions wishing to replicate its enrollment project.

**Political Environment and Planning**

- This project is only appropriate to implement in those states that have chosen to expand Medicaid access under ACA or that have a substantial state- or county-funded health plan that covers all adults.
- Having buy-in (and active leadership) from key stakeholders, such as the judiciary, sheriff’s office, corrections health care provider, probation, pretrial, community-based behavioral health providers, and the state health care authority responsible for Medicaid, is essential. At the same time, line staff buy-in and involvement will also be crucial.
- The right stakeholders must be involved in planning and implementation – high-level officials with operational authority should be involved, so that practical issues can be quickly resolved and implementation can proceed. For the same reasons, there should be crossover membership between the steering committee overseeing planning and implementation, and any workgroups it forms.

**Project Design**

- It is a good idea to map the system early on, to review different opportunities for enrolling individuals in the justice system. Look for decision points where it will be possible to enroll individuals in large volume.
- If the project is located in pretrial intake, work closely with jail intake staff to ensure that staff activities will meet security needs.
- To the extent possible, make use of existing infrastructure; this will be more efficient and build cooperation.
- Give some thought to which staff members will do the work. Ideally, staff will be trained in both Medicaid enrollment procedures, and have experience working in a secure setting and with the justice-involved population. Additionally, staff who are not corrections officers may encounter less animosity and resistance from arrestees, although the integration of enrollment staff into the culture of jail intake will also be important.
- Comprehensive, ongoing consultation with an evaluator will be invaluable in identifying data needed and outcome measures with which to assess program success and to make necessary operational adjustments in real time.
- After the project has been implemented, focus groups with operational stakeholders and arrestees are recommended for ongoing quality improvement.
- It may be helpful to have a look-back process to check in again with arrestees who were sick or unwilling when first approached about enrolling in Medicaid.





## For More Information

To learn more about the project, contact:

- **Marlena Jentz**  
Cook County Sheriff's Office  
Deputy Director, Office of Public Policy  
773-674-7188  
[Marlena.Jentz@cookcountyil.gov](mailto:Marlena.Jentz@cookcountyil.gov)
- **Maureen McDonnell**  
Director for Business and Health Care Strategy Development  
TASC, Inc. (Treatment Alternatives for Safe Communities)  
312.573.8222  
[mmcdonnell@tasc-il.org](mailto:mmcdonnell@tasc-il.org)
- **Kathy Chan**  
Director of Policy  
Cook County Health & Hospitals System  
312.864.1152  
[kchan5@cookcountyhhs.org](mailto:kchan5@cookcountyhhs.org)

Special thanks to the following, whose input and participation in interviews helped to develop this case study: Kathy Chan, CCHHS; Jane Conarchy Longo, Health Management Associates/CCHHS; Margaret Egan, Cook County Sheriff's Office; Alicia M. Kusiak, TASC, Inc.; and Maureen McDonnell, TASC, Inc.

