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Public Benefits: Statutory Application Delays & Medicaid

Single individuals who are released from prison and who need financial help until they get on their feet, are likely to apply for Safety Net Assistance (SNA), the New York State public assistance program for adults who do not live with children, and Medicaid. The State should actively facilitate these applications and change its policies that create practical and legal barriers for people in jail or prison. Ultimately, increased access to SNA and Medicaid can reduce recidivism and long-term costs.

Safety Net Assistance

Applicants for Safety Net Assistance have a 45-day waiting period after they apply for benefits, before they can begin to receive Safety Net Assistance (although emergency needs must be met in the interim). Social Services Law § 153(8).

In 1993, the New York State Department of Social Services [now the Office of Temporary and Disability Assistance(OTDA)] recognized that this waiting period might be problematic for those released from prison, and issued an Informational Letter stating that local Social Services Districts should accept public assistance applications from prisoners 45 days before their release date so that benefits can begin on the date of release. 93 INF-11, question 4 (enclosed).

With the advent of welfare reform, and the strong preference for county flexibility, OTDA has taken the position that 93 INF-11 is an option, not a requirement. Thus advocates for people in jail or prison have been stymied when faced with counties that refuse to let currently incarcerated persons apply for benefits or counties that accept the applications but then deny them on the grounds that the applicant is not needy since the applicant's needs are being met in prison.

The refusal of a local social services district to accept an application from a person in prison who has identified housing in a particular community will result in adverse consequences. If the person has no family or friends to take them in, they will end up in a homeless shelter costing the taxpayers of New York much more money than if the social services district accepted the application. For others, a condition of release is that they have a place to live. If these people are without families or friends to take them in, they will remain in prison past their conditional release date. For other people in jail or prison, the absence of money for rent, transportation or clean clothes, makes their successful transition to the world of work less likely.

It is therefore critical that OTDA adopt a consistent state policy requiring the acceptance of public assistance applications from people in jail or prison 45 days before their release date, and allowing that time to count toward the 45 day waiting period, or that this matter be resolved

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by amendment to the Social Services Law.

Medicaid

Another critical factor in the successful re-entry of people from jail or prison is access to medical insurance, or Medicaid. The correctional population faces significant health issues that, in the aggregate, amount to a public health crisis. This group is subject to disproportionate public health vulnerabilities than the general population, including higher rates of childhood abuse, homelessness, HIV infection and other infectious or chronic diseases, drug or alcohol abuse, mental illness, and physical or sexual abuse. Despite these acute medical needs, shockingly few people going through correctional facilities have health insurance or can afford necessary medical care. A recent review of New York City agency data revealed that of those incarcerated for more than thirty days (either pretrial detention or post-sentencing), only 26% had Medicaid upon admission. Less than 13% had it upon release.

Many of these people cycle through the criminal justice system because of interrelated social problems – addiction, health problems – that existing social services have failed to address. Proper medical care – and therefore proper medical insurance – for this special-needs population is fundamental to establishing the stability necessary for stopping the cycle of recidivism.

Proper and immediate access to Medicaid can reduce recidivism and reduce costs. A recent study of women leaving New York City jails showed that women who enrolled in Medicaid in the year after release were less likely to be rearrested and less likely to report illegal activities than women without Medicaid coverage. The study also found that women with Medicaid coverage were more likely to have a regular source of health care, more likely to participate in residential drug treatment and less likely to report having gone without needed medical care in the last year than women without coverage. Other studies indicate that Medicaid enrollment can reduce long-term health costs. See United Hospital Fund, *Estimating the Cost of Enrolling New York City's Eligible but Uninsured Adults in Medicaid* (2004).

To promote this access by eligible individuals, the State should implement a system whereby people entering jail or prison who currently receive Medicaid only have it suspended, rather than terminated. The United States Department of Health and Human Services has strongly recommended this approach to combat the risk of homelessness and establish a continuum of care. See Letter of Glenn Stanton to State Medicaid Directors (May 25, 2004). The State should also actively facilitate Medicaid applications for all eligible people leaving jail or prison, either through Medicaid-only applications or attached to SNA. Local social services districts should regularly visit correctional facilities to process these applications, or pursue similar methods with the help of local social services providers.

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