



# COMMUNITY RESOURCES FOR RELEASING ADULTS IN CUSTODY



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**Federal Bureau of Prisons**  
Health Services Division  
Social Work

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# 1. Purpose

The Federal Bureau of Prisons (BOP) Community Resources for Releasing Adults in Custody provides information to assist adults in custody (AIC) and stakeholders in identifying community resources for AIC being released from BOP institutions. It reviews resources offered by public, private, and non-profit agencies and organizations and covers some general topics as well as specialized topics for AIC with certain chronic conditions. Releasing offenders may access some of these resources prior to community transition but most are only accessible upon release.

For Care Level Three and Four designated AIC who have serious/chronic medical and mental health problems and are returning to the community or home confinement, social workers are available to provide release planning services. This may also apply to Care Level 2 designated AIC with specialized needs. Social workers work with AIC to locate and secure access to available resources in the community to meet their mental health and medical needs. AIC can self-refer by using a BP-A0148, “Inmate Request to Staff” form. An AIC’s discharge needs are generally addressed 30–90 days prior to their release date. The social worker will have knowledge of community resources and understand how to access the various agencies. They will also advocate for appropriate services on behalf of the AIC.

## 2. General Resources

### Community Housing Assistance

If an AIC requires a nursing home, assisted living, senior housing, or group home placement at the time of their release, the social worker will make every effort to secure such placement. Below are some general housing resources for AIC who do not need a specialized setting.

**HUD:** The United States Department of Housing and Urban Development (HUD) provides low-cost housing assistance for the elderly, the indigent, the medically or mentally disabled, and the homeless. These programs generally are managed by local government agencies, which also provide a variety of services including rental assistance, food assistance, counseling, and jobs skills programs.



For help with locating local housing services and shelters, call (800) 569-4287 or visit the HUD website at <http://portal.hud.gov/hudportal/HUD>.

**United Way:** Another option for locating housing is to contact a local United Way agency. United Way agencies are non-profit organizations offering an array of social services to individuals and families in need. Many United Way agencies provide housing assistance, or they can provide referrals to supportive housing, nursing homes, and other residential programs in the proposed release area.



**Salvation Army:** The Salvation Army administers a network of shelters and rehabilitation programs across the nation. When available, they may be able to provide lodging, clothing, food, and a cash grant for the first 90 days after an AIC is released from RRC placement.

[salvationarmy.usa.org/usn/provide-shelter](http://salvationarmy.usa.org/usn/provide-shelter)  
(800) SAL-ARMY

### Additional Housing Programs:

- ❖ Area churches, temples, mosques
- ❖ Non-profit programs may provide individuals with housing or shelter assistance.



Volunteers of  
America  
[voa.org/find-housing](http://voa.org/find-housing)  
(800) 899-0089



[homelesshelterdirectory.org](http://homelesshelterdirectory.org)



[nationalhomeless.org](http://nationalhomeless.org)  
[shelterlistings.org](http://shelterlistings.org)  
(202) 462-4822

## State and County Public Assistance

AIC who become indigent at release may apply for state and county public assistance. Most municipalities have offices where the indigent may apply for state/county welfare benefits and the federal Supplemental Nutrition Assistance Program (SNAP). Local public assistance offices administer the SNAP debit card (for purchasing edible items), as well as limited housing assistance for rent and utilities. Many states are currently limiting welfare payments, and the level of assistance can vary substantially. Both SNAP and other welfare benefits are income means-tested (low-income eligible). To access state and county public assistance programs, contact the local county assistance office. Many states have different names for public assistance including welfare service, health and human services, human resources, and general public assistance.



SNAP Hotline:  
(800) 221-5689  
[fns.gov/snap/state-directory](http://fns.gov/snap/state-directory)

# Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)

The Social Security Administration (SSA) is responsible for two major programs that provide benefits based on disability: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

Both programs have the same medical requirements, and the person's disability is determined by the same process before disability payments are allowed.



Find your local Social  
Security Office:  
[ssa.gov/locator](http://ssa.gov/locator)  
(800) 772-1213

**SSDI:** Benefits are determined by prior work history, participation in the program, and disability.

**SSI:** Benefits are based on the financial need of the disabled individual, who may have limited or no creditable work history. AIC who qualify for SSI typically qualify for Medicaid, a federal/state program that subsidizes health care costs for those with limited incomes. Medicaid is administered by each state, with each state setting its own requirements for eligibility.

For AIC who received benefits prior to incarceration:

- ❖ For AIC who received **SSDI** benefits prior to incarceration, SSA will keep these benefits in suspension until the AIC is released. The AIC will not have to re-apply for SSDI benefits.
- ❖ For AIC who previously received **SSI** benefits, SSA will keep these benefits in suspension for one year. If release takes place within that time frame, the AIC does not have to re-apply for benefits. However, if the AIC is incarcerated longer than one year, the SSI benefits will be terminated, and the AIC will have to complete the application process again.
- ❖ AIC generally cannot receive Social Security benefits for the months they are confined in jail, prison, or correctional facilities. There is no back-pay for time spent in prison. In addition, AIC are not entitled to receive Social Security benefits while in RRCs; however, they are entitled to receive benefits if placed on home confinement.

For more information about SSA's Reinstatement Policies for Prisoners, see **Appendix 1**.

### **Social Security Application Procedures**

- ❖ All Social Security applications for SSDI and SSI should be submitted to the local Social Security District Office no earlier than 120-days prior to release. Social workers may assist Medical and Mental Health Care Level 3 and 4 designated AIC with the application process for SSDI and SSI.
- ❖ A BOP “Release of Information” form should be completed to permit the social worker to have verbal contact with a Social Security representative and for disclosure of medical records. Social Security also has its own release of information form that must be signed, but left blank, so that the agency can contact other sources of information (hospital, doctors, etc.) where the AIC may have received treatment prior to being incarcerated. AIC who are designated as Care Level 1 or 2 can obtain an SSDI/SSI application packet from a local Social Security Office and/or request a packet from their institution representative—and then complete the application process independently.
- ❖ When released, take the release paperwork and a photo identification to the local Social Security Office to either continue the SSDI and/or SSI application process or, if their benefits are in suspended status, have their benefits reinstated.

## **The Affordable Care Act (ACA), Medicare, and Medicaid**

The Centers for Medicare and Medicaid Services (CMS) is an agency overseen by the Department of Health and Human Services (DHHS), which oversees programs including Medicare, Medicaid, and the state and federal health insurance marketplaces created by the ACA. While AIC are not eligible to receive Medicare, Medicaid, or ACA coverage while incarcerated or at RRCs, they may be eligible following release and may be permitted to begin the enrollment process prior to release.

**The Health Insurance Marketplace:**

The Marketplace is an online health insurance “exchange” to help uninsured people explore different health plans and complete the enrollment application process. In order to apply for health coverage through the Marketplace, applicants must reside in the service area, be a U.S. citizen or national, be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought, and not be incarcerated.



- ▶ Incarcerated individuals cannot use the Marketplace to enroll in a private insurance plan (Incarceration is considered one of the “Qualifying Life Events.”). Therefore, upon release, AIC will have a 60-day special enrollment period to enroll in a health care plan. Once the application is completed, the AIC may qualify for a premium tax credit and/or lower-cost monthly premiums. Coverage should begin the next month or month after, depending on the enrollment date.
- ▶ Since AIC are not able to enroll in health care coverage under the ACA, social workers and other reentry professionals may provide AIC with educational material that will assist them should they decide to complete the enrollment process once released.

To find application assistance from Navigators, Certified Application Counselors, Federally Qualified Health Centers, and Agents/Brokers call:  
(800) 318-2596

**Medicare:** Medicare is health insurance funded and operated by the federal government for individuals 65 or older, individuals under 65 with certain disabilities, individuals receiving SSDI, and individuals of any age with End-Stage Renal Disease (ESRD) or amyotrophic lateral sclerosis (ALS). Individuals may contact their local SSA office to complete enrollment and may enroll at any time during incarceration.

**Medicare Enrollment Periods:**

Initial Enrollment Period (IEP): Occurs in the three months preceding and following an individual’s 65<sup>th</sup> birthday.

General Enrollment Period (GEP): Occurs January 1 through March 31 each calendar year with the benefit becoming effective on July 1 of that year.



## Parts of Medicare

### **PART A (Hospital Insurance)**

Covers inpatient care in hospitals and includes coverage in skilled nursing facilities (not long-term care), hospice care, and home health care.

Most individuals do not pay a monthly premium for Part A coverage if they paid Medicare taxes for at least 10 years while working. For those eligible for free Part A, they may enroll at any time beginning or following their IEP. For those not eligible for free Part A, they may buy Part A coverage during the IEP and GEP.

#### Eligibility for free Part A:

- ❖ 65 or older and meet the citizenship and residency requirements and paid Medicare taxes for at least 10 years; or
- ❖ Get disability benefits from Social Security or the Railroad Retirement Board for at least 25 months; or
- ❖ Have ESRD or ALS

### **PART C (Medicare Advantage)**

Medicare Advantage Plans provide an individual's Part A and B coverage and may offer additional benefits. These plans are offered by private insurance companies.

### **PART D (Prescription Drug Coverage)**

All Medicare recipients are eligible to receive Medicare prescription drug coverage, which is provided by private companies. Individuals select a Medicare drug plan and pay a monthly premium. If a drug plan is not selected during the IEP, a late enrollment penalty may be incurred.

### **PART B (Medical Insurance)**

Part B covers outpatient care services and preventive services and requires individuals to pay a monthly premium (\$170.10 in 2022). For Medicare-eligible individuals who are incarcerated, a Special Enrollment Period (SEP) is available for Medicare enrollment. Follow these steps to get Medicare through the SEP after release:

1. You have 12 months after you are released to enroll in Medicare Part B using the Special Enrollment Period. There are two options for when to begin coverage:
  - a. You can backdate Medicare coverage to your release date (not to exceed six months). For example, if you release on April 15 and enroll on May 1, you can backdate coverage to April 15. However, you are responsible for retroactive premium payments for the backdated time covered, so you must pay premiums for April 15 through April 30.
  - b. Or, you can begin coverage the first day of the following month after the month of enrollment. For example, if you release on April 15 and enroll on April 25, you can have coverage begin on May 1.
2. Within two months after Part B begins, you may enroll in prescription drug coverage through a Part D drug plan or a Medicare Advantage plan (Part C).
  - a. If you do not get drug coverage, you may pay late enrollment penalties.
3. Within six months after Part B begins, you may apply for a Medicare Supplement policy. This is optional.

Medicare enrollment can be completed by contacting your local Social Security office or by calling the national SSA hotline at (800) 772-1213.

**Medicaid:** Medicaid is health insurance administered by states according to federal requirements. To participate in Medicaid, federal law requires states to cover certain groups, such as low-income families, qualified pregnant women and children, and individuals receiving SSI. As referenced in the SSDI/SSI section, most states automatically enroll SSI recipients in Medicaid; however, some states require a Medicaid application to be completed.

- ❖ **ACA Medicaid Expansion:** The ACA expanded Medicaid coverage to include all low-income adults below a set income level. As of January 1, 2022, only 12 states have declined to adopt this change to Medicaid coverage (Alabama, Georgia, Florida, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming). Thirty-eight states allow adults meeting set income level requirements to receive Medicaid. Medicaid expansion states are likely to provide coverage to many releasing offenders based on income level while non-expansion states will not.

- ❖ **Enrollment:** While most states will not activate Medicaid benefits for incarcerated individuals, incarceration does not preclude an AIC from being determined Medicaid-eligible. States can accept applications and determine eligibility approximately 30 days from release from prison or RRC. However, a great deal of variability exists, and some state Medicaid offices may decline to determine eligibility until an AIC is released and physically present in the state and/or county of residence.

AIC may request a Medicaid application from their social worker or other reentry professionals.

General information regarding Medicaid can be found on **cms.gov**, **hhs.gov** or **medicaid.gov**. For state-specific information visit your state's Medicaid office website or call 2-1-1 for more information.

## 3. Resources for Individuals with HIV/AIDS

### Ryan White HIV/AIDS Program

This program—the largest federal program focused exclusively on care for people living with HIV/AIDS—works with cities, states, and local community-based organizations to provide HIV/AIDS related services. The program was developed to help those who do not have sufficient health care coverage or financial resources to cope with HIV/AIDS—providing them with an assortment of services such as medical care, case management, mental health counseling, and housing services.

**Note:** The Affordable Care Act will enable many of those currently receiving services through the Ryan White Program to increase their access to affordable health care.



For more information, visit  
[ryanwhite.hrsa.gov](http://ryanwhite.hrsa.gov)

In order to be eligible, the individual needs to provide proof of being HIV-positive or have a special medical issue related to their HIV diagnosis. What individuals pay depends on whether they have their own health insurance, as well as their income or other resources.

### HIV/AIDS Treatment Center Information Service

AIDSinfo/HIV.gov provides telephone and online referral services for health care providers and people with HIV/AIDS. The service can provide referrals to other AIDS resources in the community to which the AIC is returning.



Find HIV providers:  
[locator.hiv.gov](http://locator.hiv.gov)  
(800) HIV-0440 (TTY: 888-480-3739)  
[contactus@aidsinfo.nih.gov](mailto:contactus@aidsinfo.nih.gov)

## Center for Disease Control and Prevention



CDC-INFO is a toll-free service available to the general public and health care professionals 24 hours a day, 7 days a week, throughout the U.S. and its territories. The hotline provides referral services, including to public health clinic and support groups, hospice services, local hotlines, and financial and legal services.

(800) CDC-INFO  
(TTY: 888-232-6348)

## AIDS Clinical Trials Information Service

ACTIS provides current information on medication and clinical trials for HIV/AIDS. Reference specialists are available to respond to questions concerning location of clinical trials, registration, and eligibility requirements.

Call (800) 874-2572

## State AIDS Drug Assistance Programs

ADAP is a pharmacy assistance program for people with HIV/AIDS.

Eligibility requirements and drugs/services covered vary from state to state. Questions regarding the reimbursement programs should be directed to the health department for the state to which the AIC is being released.

See **Appendix 2** for ADAP phone numbers.

See **Appendix 3** for a list of State and Regional HIV/AIDS Hotlines

To locate HIV/AIDS clinics in your area, visit **locator.hiv.gov** and enter your desired zip code.

## 4. Resources for Dialysis and/or Transplant Services

AIC on hemodialysis or peritoneal dialysis who are being released back to the community often require extensive release planning assistance because of their need for dialysis treatment three times per week. Their treatment must continue within days of release, or the AIC's condition will become life-threatening.

- ❖ Social workers are available to assist AIC with the Social Security SSDI/SSI application process (see information on **SSDI/SSI** on page 5), or the process for reinstating the AIC's Social Security benefits if they were placed in suspension during incarceration.
- ❖ In addition, the social worker can provide the AIC with education regarding the application process for state Medicaid and Medicare under the ESRD (*End Stage Renal Disease*) Program.
- ❖ If the AIC was on dialysis prior to incarceration, the social worker can contact that dialysis clinic and make a new referral for their return.
- ❖ If the AIC did not utilize a dialysis center prior to incarceration—or if the AIC will be moving to a different community upon release—the social worker can locate and contact a dialysis center in the area where the AIC will be residing. Dialysisfinder.com is a helpful tool.
- ❖ *As a last resort*, if a community dialysis center cannot be located for the AIC prior to their release, the AIC will be advised to go to the closest emergency room/hospital in the area they will be living. By law, all hospitals are required to provide emergency medical care (which would include dialysis treatment) to those in need. Since this is not the preferred method of receiving dialysis on a long-term basis, the hospital social worker or other staff will continue to make efforts to secure an outpatient community dialysis center as soon as possible. *However, this is only a measure of last resort.*

## 5. Resources for Mental Illness and Substance Use Disorder

Releasing AIC who have mental illness diagnoses or substance use disorder issues may require special assistance to help with accessing community agencies. This assistance may include placing an AIC into a mental health group home, applying for disability income through the SSA (see information on **SSI/SSDI** on page 5), coordinating outpatient mental health services through a local mental health center, or enrolling the AIC into a chemical dependency program.

If the AIC has a supervised release plan, the social worker may contact the United States Probation Office (USPO) of the AIC's releasing district to coordinate the AIC's aftercare plans with the USPO. The social worker should also notify the AIC's USPO of any mental health and/or substance use disorder needs and provide documentation concerning the AIC's treatment history as requested. The procurement of mental health and sobriety maintenance services that meet the psychosocial needs of releasing AIC can ensure continuity of care, and thereby increase the AIC's chances for successful integration into the community.

A list of mental health and substance use disorder resources is located on the next page.



# Mental Health and Substance Use Disorder Resources

## **National Alliance on Mental Illness**

4301 Wilson Blvd., Ste. 300  
Arlington, VA 22203  
**nami.org**  
(703) 524-7600

## **National Health Information Center**

<https://health.gov/our-work/national-health-initiatives/health-literacy/resources/national-health-information-center>

## **Substance Abuse and Mental Health Services Administration National Helpline**

5600 Fishers Lane  
Rockville, MD 20857  
**samhsa.gov**  
(800) 662-HELP (4357)  
(800) 487-4889 (TTY)

## **Substance Abuse and Mental Health Services Administration Homelessness Resource Center**

[samhsa.gov/homelessness-programs-resources](http://samhsa.gov/homelessness-programs-resources)

## **National Clearinghouse for Alcohol and Drug Information (NCADI)**

(800) 729-6686

## **United Way of America**

701 N. Fairfax Street  
Alexandria, VA 22314  
**unitedway.org**  
(703) 836-7112

## **The Salvation Army**

Western Territory  
30840 Hawthorne Blvd  
Rancho Palos Verdes, CA 90275  
**westernusa.salvationarmy.org**  
(562) 436-7000

## **The Salvation Army**

Southern Territory  
1424 Northeast Expressway  
Atlanta, GA 30329  
**southernusa.salvationarmy.org**  
(404) 728-1300

## **The Salvation Army**

Central Territory  
5550 Prairie Stone Pkwy #150  
Hoffman Estates, IL 60192  
**centralusa.salvationarmy.org**  
(847) 294-2000

## **The Salvation Army**

Eastern Territory  
440 West Nyack Road  
West Nyack, NY 10994  
**easternusa.salvationarmy.org**  
(914) 620-7200

## 6. Harm Reduction Resources

Harm reduction is a proactive approach to reducing the negative personal and public health impacts of certain behaviors, such as alcohol and substance use. These strategies reduce the spread of sexually transmitted infections and reduce overdose deaths. The BOP operates many harm reduction strategies but two impact AIC releasing into the community.

**Naloxone (or Narcan Nasal Spray)** is a medication that can reverse the effects of an opioid overdose and save your life. If you have an opioid use disorder or believe you may be at risk for an opioid overdose upon release, you may be provided with Naloxone (or Narcan Nasal Spray) upon release. *Speak with your health care provider if you feel you may be at risk for an opioid overdose upon release.*



Visit [harmreduction.org](https://harmreduction.org) to find Naloxone resources near you.



**NEXT Distro**  
STAY ALIVE, STAY SAFE.

NEXT Distro's search tool can find Naloxone resources near you. Visit [nextdistro.org/naloxone#state-finder](https://nextdistro.org/naloxone#state-finder).

While Naloxone is becoming more widely available, only a few states have programs that send free Naloxone to residents. Some county public health agencies and state departments of health have partnerships with pharmacies or health clinics to offer free Naloxone. In addition,

some health insurance plans may cover Naloxone. Check with your local department of public health, local pharmacies, or health clinics to see if Naloxone is available.

**PrEP**, or pre-exposure prophylaxis, is a pill you take once a day to help reduce your risk of contracting HIV. It is for individuals who are HIV negative and does not protect against other sexually transmitted infections (STIs).

It is prescribed by a healthcare provider to individuals at risk for getting HIV. Any health care provider licensed to write prescriptions can prescribe PrEP. People at risk may include those engaging in IV drug use and those with multiple sex partners, not always using a condom, or having sex with someone who doesn't know if they have HIV. *Speak with your health care provider if you meet any of these risk factors.*

If you do not have a doctor, visit [locator.hiv.gov](https://locator.hiv.gov) or call 1-800-HIV-0440 (TTY: 888-480-3739) to find a PrEP provider. See **Appendix 4** for additional PrEP resources.

**Remember to check with your BOP health care provider about receiving Naloxone and/or PrEP prior to your release.**



## 7. Resources for Aging Adults

Aging adults in carceral settings are typically characterized as those age 50 or older; however, many community agencies and organizations define it as age 65 or older. Many aging adults may have specialized needs that require community supports and resources. Social workers may be available to assist aging AIC with locating resources, specialized services, and appropriate nursing care placements if needed.

There are many national, regional, state, and local agencies and organizations that serve aging adults. They provide an array of supports, including direct services and referrals, resource allocation and brokering, and education. Your local Area Agency on Aging is a great resource to identify these supports.

### Social Security Benefits and Medicare



There are several Social Security benefit programs that may be applicable to aging adults. These include SSDI, SSI and Social Security Retirement Income (SSRI). Information on each benefit is outlined below.

**SSDI** benefits are described in the **SSDI/SSI** section on page 5. Please note that individuals 65 and older are not eligible to apply for SSDI benefits. However, for those individuals who were previously approved and have their SSDI benefit in suspension status, you may be able to reinstate them.

**SSI** benefits for those with a qualifying disability are described in the **SSDI/SSI** section on page 5. SSI is also a program that provides financial assistance to aging adults (65 and older) with very limited income. Determination is based on age/disability and income and resources.

**SSRI** benefit eligibility is based on age and work credits. Individuals who paid an eligible amount of Social Security taxes earn credits towards Social Security benefits, which may qualify them for SSRI. Details regarding age eligibility, number of work credits, and benefit amount vary widely from individual to individual and year to year.

**Medicare** benefits are described on pages 7 and 8.

## Area Agencies on Aging

An Area Agency on Aging (AAA) is a public or private non-profit agency that addresses the needs and concerns of aging adults at regional and local levels. They are often designated by states to fulfill this



To find your AAA call  
Eldercare Locator at (800)  
677-1118 or visit  
[eldercare.gov](http://eldercare.gov).

mission and specific names of local AAAs may vary. These agencies coordinate and offer services that help aging adults, such as home-delivered meals, homemaker assistance, and other services that help individuals live independently.

## 8. Resources for Females

Female offenders returning to their communities may face many challenges. Areas that may pose unique challenges include reestablishment of family relationships, mental health and substance use treatment, and medical care.

### Well Woman Exams

Women may have specialized medical needs upon returning to the community. Well woman exams, or wellness visits, are an important part of wellness for women. Wellness visits may include gynecological exams, pelvic exams, or annual exams. You may also elect to discuss issues like birth control, reproductive and sexual health, and other medical conditions. As women age, some medical exams are also recommended such as the following:

- ❖ **Ages 21-24:** You may choose to receive Pap tests
- ❖ **Ages 25-65:** HPV test (or a Pap and HPV test together) every 5 years
- ❖ **Ages 25-39:** Clinical breast exam every 1-3 years
- ❖ **Ages 40+:** Mammogram every 1-2 years

Visit the American College of Obstetricians and Gynecologists website at [acog.org](http://acog.org) for resources on women's health.

#### Directories and Search Tools for Women's Health Care Providers

##### **The American College of Obstetricians and Gynecologists (ACOG)**

[acog.org/womens-health/find-an-ob-gyn](http://acog.org/womens-health/find-an-ob-gyn)  
Search tool for OB-Gyn providers

##### **Planned Parenthood**

[plannedparenthood.org](http://plannedparenthood.org)

#### Additional Resources

##### **Centers for Disease Control and Prevention (CDC)**

[cdc.org/women](http://cdc.org/women)

##### **US Department of Health and Human Services: Office on Women's Health** (800) 994-9662

Helpline connects you with information and resources about health issues

#### Child Care, Custody, and Support Resources

##### **American Bar Association**

[americanbar.org](http://americanbar.org)

##### **Child Welfare Information Getaway**

(800) 394-3366

[library@childwelfare.gov](mailto:library@childwelfare.gov)

Helpline and email for resources, information, and assistance for childcare issues

##### **Find Legal Help**

[findlegalhelp.org](http://findlegalhelp.org)

## 9. Resources for Veterans

Incarcerated veterans releasing into the community may have a variety of specialized needs, such as physical and mental health issues. Consequently, the BOP and Veterans Affairs (VA) cooperate to allow VA staff in all BOP facilities to help address veteran-specific needs. Institutions often host information visits from VA officials and a Reentry Resource Library was established for veterans. In addition, VA benefits counselors and compensation examiners are accessible upon request.

Incarcerated veterans may also determine their eligibility for VA health care benefits by completing a VA form 10-10EZ and mailing it to the Health Eligibility Center at 2957 Clairmont Road, Suite 200, Atlanta, Georgia 30329.

### **Health Care for Reentry Veterans (HCRV)**

The VA HCRV Program was designed to address the community reentry needs of incarcerated veterans who are within six months of release. HCRV Specialists may assist with providing outreach, assessment, referral, and linkage to services as veterans transition from incarceration to the community. To contact your local HCRV Specialist reach out to your institution social worker if you have one or other reentry professionals at your institution.

## 10. Miscellaneous

For further assistance with aftercare planning, see [Appendix 5](#) for a list of websites of national organizations and public agencies, including a search tool for locating free or low-cost health care.

# DEFINITIONS

**AFFORDABLE CARE ACT (ACA)**, also known as the Patient Protection and Affordable Care Act (PPACA) and was signed into law on March 23, 2010. The goal of the Act is aimed at improving the health care system of the United States by widening health coverage to more Americans, as well as protecting existing health insurance policy holders.

**AGING ADULTS** in the BOP are defined as individuals exhibiting measurable physiological, functional, or cognitive changes related to accelerated aging, generally an individual whose chronological age is 50 years or older.

**MEDICARE** is our country's health insurance program for people aged 65 or older. Certain people younger than age 65 may also qualify for Medicare, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis. Medicare helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

**MENTAL HEALTH CENTERS** are community-based facilities that provide outpatient mental health services to mentally ill individuals residing in a designated catchment area. The centers typically provide psychiatric care (medication management and supervision), case management services, information and referral services, crisis intervention, and psychological interventions such as individual and group therapy to meet the needs of their clients.

**MENTAL HEALTH GROUP HOMES** are licensed residential care facilities that provide services to individuals with a mental illness. The homes are staffed with personnel who have experience in working with the mentally ill population.

**ADULTS IN CUSTODY with Mental Illness** are AIC who have been diagnosed with a major mental illness such as schizophrenia, delusional disorder, or bipolar disorder. An inmate with mental illness may have a history of psychotic behavior or may be actively psychotic and will most likely be on psychotropic medication and receiving mental health treatment.

**PREP**, or pre-exposure prophylaxis, is a medication you take once a day to help reduce your risk of getting HIV.

**SOCIAL SECURITY DISABILITY** is defined by the Social Security Administration as being unable to do any kind of work. The disability designation assumes a 100% impairment that is expected to last one year or more. It can also mean that a terminal condition exists. The fact that a person is recently released from being incarcerated or is unemployed does not in and of itself qualify as a disability.

## Appendix 1. GN 02607.840 Retirement, Survivors, and Disability Insurance (Title II) Reinstatement Policies for Prisoners

Source: <https://secure.ssa.gov/poms.nsf/lnx/0202607840>

### A. Rules for reinstating benefits to prisoners

Reinstate benefits if:

- a correctional institution "officially releases" a beneficiary because he or she completes serving his or her sentence, or the institution places the beneficiary on parole or pardon (a beneficiary is "released to the streets"); **or**
- a beneficiary is serving a prison sentence, but is living outside the correctional institution **at no cost** (other than the expense of monitoring) to the correctional institution or custodial agency. The correctional institution or agency electronically maintains supervision and control over the beneficiary. The beneficiary is simply serving his or her prison sentence outside a correctional institution (e.g., home confinement).

**NOTE:** If the correctional institution or agency places the beneficiary on home confinement (e.g., house arrest, home or electronic monitoring, or tethering), reinstate the beneficiary's benefits. Home confinement is an electronic monitoring program that a correctional institution may use as an alternative to criminal imprisonment. While on home confinement, a beneficiary must pay for all of his or her food, clothing, shelter, and medical care expenses. A correctional institution uses this type of sentence as a cost-saving punishment for criminals who do not pose a threat to others.

For additional information on home confinements, see *GN 02607.200 Special Legal Considerations For Prisoner Suspensions, Section C. Policy - Home Confinement, Pre-release, or Community Based Prisoner Release Programs* at:

<https://secure.ssa.gov/poms.nsf/lnx/0202607200#c>

#### 1. Effective date for reinstating benefits

Reinstate benefits beginning with the month after the correctional institution officially releases the beneficiary back to society (e.g., "released to the streets") or home confinement.

#### 2. Official release on the last day of the month

Sometimes, an inmate's "official" release occurs on the last day of the month. Once a correctional institution officially releases an inmate, the correctional institution must return the inmate "back to society." Normally, this process requires the correctional institution to arrange for the inmate's transportation to the nearest town or city. When there are unexpected delays in the correctional institution's release process and limited

nightly bus service, an institution may hold a released inmate overnight at the institution with the intent to transport the released inmate to the nearest city or town the next day. Use the release date on the inmate's official release papers as the beneficiary's actual release date even when the correctional institution had custody of the inmate for an extra day.

**EXAMPLE:**

ABC prison officially released Barney, a title II beneficiary, on 03/31/11 at 10:00 P.M. (ABC Prison's official release document shows 03/31/11 as the release date.) ABC Prison does not provide inmate transportation to town after 9:00 P.M. The next inmate bus scheduled into town was 7:00 A.M. on 04/01/11. Barney had to stay the night in ABC Prison until he could catch the next morning's bus. We will use 03/31/11 as Barney's ABC Prison official release date. We will start Barney's benefits again beginning 04/01/11 as long as he meets the other continuing title II entitlement and eligibility factors.

**NOTE:** For processing cases where a court overturns a beneficiary's conviction, see *GN 02607.200 Special Legal Considerations For Prisoner Suspensions, Section A.3. Conviction Overturned* at <https://secure.ssa.gov/poms.nsf/lnx/0202607200#a3>.

## Appendix 2. State AIDS Drug Assistance Programs (ADAP)

The following is a list of phone numbers for state Departments of Health and their pharmacy-assisted services for people with HIV/AIDS. Eligibility requirements and drugs/services covered vary from state to state. Questions regarding the reimbursement programs should be directed to your state Department of Health. A useful resource is the ADAP Advocacy Association. The site maintains a directory of state ADAP contact information at [adap.directory](http://adap.directory).

Alabama .....	(334) 206-5364	Nebraska .....	(402) 471-2101
Alaska .....	(907) 269-8000	Nevada .....	(702) 274-2453
Arizona .....	(602) 364-3610	New Hampshire .....	(603) 271-4502
Arkansas .....	(501) 661-2862	New Jersey .....	(877) 613-4533
California .....	(916) 449-5900	New Mexico .....	(505) 476-3628
Colorado .....	(303) 692-2716	New York .....	(518) 459-1641
Connecticut .....	(800) 233-2503	North Carolina .....	(919) 733-9161
Delaware .....	(302) 744-4542	North Dakota .....	(701) 328-2378
D.C. ....	(202) 671-4815	Ohio .....	(800) 777-4775
Florida .....	(850) 245-4444	Oklahoma .....	(405) 271-4636
Georgia .....	(404) 656-9805	Oregon .....	(971) 673-0144
Hawaii .....	(808) 732-0315	Pennsylvania .....	(800) 922-9384
Idaho .....	(208) 334-5612	Puerto Rico .....	(787) 765-2929
Illinois .....	(800) 825-3518	Rhode Island .....	(401) 462-3294
Indiana .....	(317) 233-7450	South Carolina .....	(800) 856-9954
Iowa .....	(515) 229-6804	South Dakota .....	(605) 773-3737
Kansas .....	(785) 296-8701	Tennessee .....	(615) 741-8903
Kentucky .....	(866) 510-0005	Texas .....	(800) 255-1090
Louisiana .....	(504) 568-7474	Utah .....	(801) 538-6197
Maine .....	(207) 287-3747	Vermont .....	(802) 951-4005
Maryland .....	(410) 767-6535	Virginia .....	(855) 362-0658
Massachusetts .....	(800) 228-2714	Virgin Islands .....	(340) 774-7700
Michigan .....	(888) 826-6565	Washington .....	(360) 236-3426
Minnesota .....	(651) 431-2414	West Virginia .....	(304) 232-6822
Mississippi .....	(601) 362-4879	Wisconsin .....	(608) 267-6875
Missouri .....	(573) 751-6439	Wyoming .....	(307) 777-7529
Montana .....	(406) 444-4744		





## Appendix 4. Bureau of Prisons PrEP Handout

### Release Resources for PrEP (HIV prevention medication)

- **Ready, Set, PrEP:**

- <https://readyssetprep.hiv.gov/>
- Program provides PrEP to those without insurance who have a prescription for PrEP
- Will need to be monitored every 3 months by a healthcare provider (can locate one with HIV services locator link below)
- Medication will have to be filled at specific pharmacies. See that list here:



<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-pharmacies/>

- **Gilead (the company that makes the PrEP medication Truvada)**

- <https://www.gilead.com/purpose/medication-access/us-patient-access>
- Gilead's Advancing Access program helps patients understand their coverage and identify financial support options to access their Gilead HIV treatment

- **To locate HIV services by location (including healthcare providers):**

- <https://locator.hiv.gov/>



## Appendix 5. Websites of National Organizations and Agencies

The following list contains only a few of the hundreds of useful sites that provide information, procedures, forms, local office locations and useful links to similar public and private organizations.

Websites for Federal Agencies		
HHS	<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>	U.S. Department of Health & Human Services
HRSA	<a href="http://findahealthcenter.hrsa.gov">Findahealthcenter.hrsa.gov</a>	Health Resources & Services Administration
HUD	<a href="http://portal.hud.gov/hudportal/HUD">http://portal.hud.gov/hudportal/HUD</a>	U.S. Department of Housing and Urban Development
SSA	<a href="http://www.ssa.gov/">http://www.ssa.gov/</a>	Social Security Administration
USDA	<a href="http://www.fns.usda.gov/">http://www.fns.usda.gov/</a>	U.S. Department of Agriculture, Food and Nutrition Service
VA	<a href="http://www.va.gov/">http://www.va.gov/</a>	U.S. Department of Veterans Affairs
Websites for Private Organizations		
AIDS United	<a href="http://www.aidsunited.org/">http://www.aidsunited.org/</a>	AIDS United (formerly AIDS Action)
Leading Age	<a href="http://www.leadingage.org/">http://www.leadingage.org/</a>	LeadingAge (formerly AAHSA – American Association for Homes and Services for the Aging)
NAMI	<a href="http://www.nami.org/">http://www.nami.org/</a>	National Alliance on Mental Illness
SA	<a href="http://www.salvationarmyusa.org/">http://www.salvationarmyusa.org/</a>	The Salvation Army
UW	<a href="http://www.unitedway.org/">http://www.unitedway.org/</a>	United Way

Below is list of possible resources for types of services.

For information on ....	See websites for ...
<b>Aging</b>	LeadingAge, HHS, UW, SSA
<b>Child Welfare/Family Services</b>	HHS, SA, HUD, UW
<b>Disability Benefits/Compensation</b>	SSA, VA
<b>Housing Services</b>	HUD, SA, VA, LeadingAge, UW
<b>Infectious Disease Services</b>	HHS, AIDS United, UW
<b>Health Services</b>	HRSA
<b>Mental Health Services</b>	NAMI, UW, HHS, HUD
<b>Substance Abuse Recovery Services</b>	UW, SA, HHS
<b>Veterans Benefits</b>	VA, HUD