



# U.S. MARSHALS

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## FACT SHEET

## PRISONER OPERATIONS

In addition to those arrested by the U.S. Marshals Service on federal charges, the Marshals also assume custody of all other prisoners who are arrested by law enforcement and charged with a federal offense. As such, the Marshals Service is responsible for housing and transporting all prisoners from the time they enter into federal custody until they are either acquitted or convicted and delivered to their designated Federal Bureau of Prisons' facility.

### Prisoner Custody

On any given day, the Marshals have approximately 58,000 detainees in custody, lodged in federal, state, local and private jails throughout the nation. In order to adequately house these prisoners, the Marshals contract with approximately 1,800 state and local governments to rent jail space. On average, 80-percent of the prisoners are detained in state, local and private facilities — the remainder are housed in various BOP facilities.

Individuals arrested or detained for violating federal statutes must be brought before a U.S. Magistrate or District Court Judge for an initial appearance. After the hearing, prisoners may either be released or remanded into the custody of the respective U.S. Marshal to await trial. If a prisoner is subsequently convicted, by statute, it is the U.S. Marshals' responsibility to deliver the prisoner to the designated institution to serve the imposed sentence.

In locations where detention space is scarce, the Marshals, in the past, have been able to provide state and local governments with

Cooperative Agreement Program funds to improve local jail facilities and expand their capacities. In return, the Marshals receive guaranteed detention space for its federal prisoners. Since the fund's establishment in 1982, the USMS has awarded more than \$273 million in CAP funds to state and local jails throughout the nation — resulting in more than 10,340 active CAP bed spaces for federal prisoners. However, new CAP funds have not been available since 2005.

The responsibility of detaining federal prisoners is challenging in its diversity and complexity. Deputy Marshals must resolve issues such as the hospitalization and care of prisoners with terminal illnesses or contagious diseases, and deciding whether to grant the transfer of prisoners to state authorities pursuant to state writs.

The Prisoner Operations Division, along with staff from BOP, revised the Memorandum of Understanding between the USMS and BOP regarding detention. The revised MOU was signed by both agency directors and was disseminated to district offices in early FY 2008.

The new MOU contains many significant gains for the Marshals Service and has been restructured to be more process driven and "user friendly" than its predecessor, more closely following the actual process of handling federal detainees from intake to delivery.

Also, during FY 2008 the eIGA automated system for processing IGA rate actions was implemented. Prisoner Operations has worked along side the Office of the Federal

Detention Trustee for several years in the development of eIGA, a system mandated by the OFDT. Since implementation, POD's IGA analysts have provided assistance and follow-up to requesting districts to guide them through the new system. Additionally, Prisoner Operations provided an overview of eIGA at the U.S. Marshals Service Management Conferences in April 2008. Prisoner Operations meets regularly with the OFDT to provide feedback and review technical and procedural issues.

## **Prisoner Medical Care**

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The Marshals rely on state and local jails as well as BOP detention facilities to provide in-house medical care to pre-sentenced prisoners. However, the USMS is responsible for providing secure escort and absorbing the health care costs for prisoners, who require medical services delivered in the local community. In support of the program, Congress passed 18 U.S.C. 4006, as amended, which authorizes the agency to pay medical claims consistent with Medicare payment standards. As a result, prisoner medical care costs were reduced by more than \$300 million through FY 2008.

The USMS faces an increasing number of prisoners suffering from extremely complex medical problems such as cancer, AIDS, hepatitis and multiple-organ failure. The agency is also committed to protecting its staff, other prisoners and the public from exposure to infectious diseases such as tuberculosis and Methicillin-Resistant Staphylococcus Aureus, commonly known as

MRSA.

With the assistance of the U.S. Public Health Service, the agency has established preferred provider medical networks, centralized medical bill review and re-pricing, and procured secure hospital wards. The U.S. Public Health Service Commissioned Corps officers assigned to the agency have been crucial to the success of this program. Their medical expertise has allowed them to provide invaluable assistance to districts dealing with prisoner health care issues and has contributed to the continued success of the program.

The National Managed Care Contract was awarded in August 2007 to Heritage Health Services, Inc. of Dallas. The contract has a 10-year term. The NMCC establishes a nationwide health care delivery system for USMS prisoners and ensures the agency is in compliance with applicable federal procurement laws and regulations when it acquires medical services.

The NMCC also reduces district workload by transferring responsibility for approving or denying medical care, processing medical claims and paying medical bills from the districts to the contractor. It also saves money by ensuring the agency only pays for medically necessary care and by taking advantage of volume discounts for health care services provided at rates below Medicare rates.

We anticipate that the NMCC will be piloted in five districts in the spring of 2009.

