



Successful Youth • Strong Leaders • Safer Communities

MARYLAND Department of Juvenile Services

POLICY

SUBJECT: Medical Assistance Policy

NUMBER: OPS-917-16

APPLICABLE TO: Community and Residential CMS and CMSS

APPROVED: _____ /s/signature on original
Sam Abed, Secretary

DATE: _____ 10/28/16

I. POLICY

DJS staff shall complete a Medical Assistance (MA) application for every eligible youth to assist with payment of medical care and mental health services. Eligible youth include:

- youth committed to DJS for placement in-state or out-of-state in a privately-operated residential youth care programs (e.g., foster family homes, group homes, shelters, non-DJS owned or operated residential facilities, and Long Term Care Facilities (LTCF));
- youth who lost their MA while in detention awaiting disposition and have returned home;
- youth in a detention facility, committed to DJS and pending placement in a MA eligible placement may be eligible, and
- youth leaving an out-of-home placement to return home or to another permanent living situation.

DJS Case Management Specialists (CMS) shall follow the procedures when making an application for MA eligibility. The CMS shall collaborate with the Local Department of Social Services' (LDSS) MA Eligibility Worker, and the Youth Welfare Case Manager (LDSS Social Worker/ Case Worker), when required, to ensure that eligible DJS youth have MA available for their care and/or treatment.

II. AUTHORITY

- A. 42 CFR Part 435.
- B. Md. Code Ann., Human Services, §9-203 and §9-204.
- C. COMAR 10.09.24.
- D. Department of Human Resources, Family Investment Administration, Action Transmittal #11-19, Medical Assistance Eligibility Determinations for Youth in and Leaving the Care and Custody of the Department of Juvenile Services, effective April 1, 2011.

III. DIRECTIVES/POLICIES RESCINDED

Medical Assistance Determinations of Youth In and Leaving DJS Placement, MGT-618-12

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

A standard operating procedural manual (*CMS Medical Assistance Manual*) has been developed and is attached to this policy.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued. New manual developed.	10/28/16

PROCEDURES

SUBJECT: Medical Assistance Policy

NUMBER: OPS-917-16

APPLICABLE TO: Community and Residential CMS and CMSS

APPROVED: _____ /s/ signature on original

Linda McWilliams, Deputy Secretary

DATE: _____ 10/25/16

- I. PURPOSE**
The *CMS Medical Assistance Manual* provides statewide procedures for applying for Medical Assistance for eligible DJS youth.
- II. RESPONSIBILITY**
Facility Administrators and Regional Directors are responsible for implementation and compliance with this procedure.
- III. INTERPRETATION**
The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.
- IV. LOCAL OPERATING PROCEDURES REQUIRED**
No
- V. DIRECTIVES/POLICIES REFERENCED**
No policies referenced.
- VI. APPENDICES**
1. CMS Medical Assistance Manual



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Medical Assistance Policy
NUMBER: OPS-917-16
APPLICABLE TO: Community and Residential CMS and CMSS

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINTED NAME

DATE

SEND THE ORIGINAL, SIGNED COPY TO VERNELL JAMES IN THE DJS OFFICE OF HUMAN RESOURCES FOR PLACMENT IN YOUR PERSONNEL FILE.

October 2016



MARYLAND
Department of
Juvenile Services

Successful Youth • Strong Leaders • Safer Communities

CMS MEDICAL

ASSISTANCE MANUAL

CMS Medical Assistance Manual

Operations Division

The CMS Medical Assistance Manual was approved on October 28, 2016 and is subject to annual revision as part of the policy review cycle.

DEPARTMENT OF JUVENILE SERVICES
120 W. FAYETTE ST.
BALTIMORE, MD 21201

CMS MEDICAL ASSISTANCE MANUAL

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CMS MEDICAL ASSISTANCE MANUAL

INTRODUCTION

DJS staff will screen all youth entering out-of-home placement and all youth discharged from out-of-home placement, to ensure that eligible youth have access to Medicaid/Medical Assistance (MA) to assist with the cost of their medical care and mental health services.

Generally, youth who are in a DJS-operated facility are not eligible for MA; however, if a youth has been referred to an MA eligible placement, then an application shall be filed.

Youth who may be eligible for Medicaid include:

- all youth committed to DJS for placement in-state or out-of-state in a privately-operated residential youth care programs (e.g., foster family homes, group homes, shelters, non-DJS owned or operated residential facilities, and Long Term Care Facilities(LTCF));
- youth who lost their MA while in detention awaiting disposition and have returned home;
- youth in a detention facility, committed to DJS and pending placement in a MA eligible placement may be eligible, and
- all youth leaving an out-of-home placement to return home or to another permanent living situation.

DJS Operations staff responsible for case management or re-entry shall follow these procedures when requesting MA eligibility determinations for youth committed to DJS and those leaving DJS custody. The CMS working in conjunction with the Local Department of Social Services' (LDSS) MA Eligibility Worker, and the Youth Welfare Case Manager (LDSS Social Worker/Case Worker), when required, will ensure that the MA of youth committed to DJS is available for their care.

The following procedures apply to all youth for whom MA applications are made. Each group has some specialized criteria and specialized circumstances discussed in this manual. The procedures for special circumstances are to be completed along with the MA application.

DEFINITIONS

Foster Care means the 24-hour substitute care for youth placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in:

- foster family homes,
- foster or kinship homes of relatives,
- group homes,
- emergency shelters,
- non-DJS owned/operated residential facilities,
- childcare institutions, or
- pre-adoptive homes.

Long Term Care is somatic or behavioral health care provided to a person residing in a Residential Treatment Center (RTC), Regional Institute for Children and Adolescents (RICA), or Institute for Mental Disease (IMD) who requires an intermediate, skilled or chronic level of services.

Managed Care Organization (MCO) is a health care organization that provides services to Medicaid/MA recipients in Maryland. These organizations contract with a network of providers to provide covered services to their enrollees. MCOs are responsible to provide or arrange for the full range of health care services. The following are the 8 MCOs currently participating in HealthChoice.

- AMERIGROUP Community Care -www.amerigroupcorp.com
- Jai Medical Systems -<http://www.jaimedicalsystems.com/>
- Kaiser Permanente-<https://thrive.kaiserpermanente.org/medicaid/maryland/why-kp>
- Maryland Physicians Care -www.marylandphysicianscare.com/
- MedStar Family Choice -www.medstarfamilychoice.com
- Priority Partners - www.ppmco.org/
- UnitedHealthcare - www.uhccommunityplan.com
- University of Maryland Health Partners -<https://www.umhealthpartners.com/>

Non-state-owned residential facility means the private in-state and out-of-state residential facilities. This includes, but is not limited to, placements in:

- foster family homes,
- foster or kinship homes of relatives,
- group homes,
- emergency shelters,
- non-DJS owned/operated residential facilities,
- childcare institutions, or
- pre-adoptive homes.

State-owned residential facility means the DJS owned and operated detention and committed facilities.

Scheduled redetermination means the redetermination of eligibility that must occur every 12 months according to federal law.

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Un-scheduled redetermination means a redetermination of eligibility that occurs prior to the end of the 12 month eligibility period because of a change in the youth's circumstances, including but not limited to:

- receipt of income such as Social Security benefits, an inheritance, or youth's earned income;
- the youth has been discharged from placement;
- the youth's living arrangements have changed, including but not limited to, changes in household composition; and
- the youth has turned 21 years old.

APPLICATION PROCEDURES

SUPPLEMENTAL SECURITY INCOME (SSI)

If during an interview at Admission or Intake, the CMS determines that the youth is receiving SSI, the CMS should document receipt of the SSI as an Alert in ASSIST and should not apply for MA. Youth who are eligible for SSI are categorically eligible for MA in Maryland.

For youth who are SSI eligible, regardless of placement, the CMS or Re-entry Specialist shall

- notify the LDSS MA Eligibility Worker and provide the home address, phone number and dates of admission and/or release when a youth who receives SSI is admitted/released from DJS committed residential program;
- email the LDSS MA Eligibility Worker with the name and contact information of the current CMS so that the CMS can be added as the authorized representative on the MA case, and in cases where local procedures exist, provide requested documentation;
- notify the Youth Assistance Unit so DJS can become the representative payee for SSI when the youth goes to an eligible placement.

Eligibility for SSI will continue until the LDSS MA Eligibility Worker notifies the CMS or Re-entry Specialist that the Social Security Administration has determined that the youth is no longer eligible for SSI. The CMS shall notify the Youth Assistance Unit upon receiving notification that the youth is no longer eligible for SSI.

DETENTION

If a youth is pending adjudication, the CMS should not apply for MA. *Note: **If a youth is placed in a state-owned facility and is admitted to a hospital** (e.g., in-patient or overnight), the CMS should apply for MA for the hospital stay. At application or upon receipt of the hospital discharge form, the CMS shall forward the form to the LDSS MA Eligibility Worker.*

If a youth is committed, pending placement and the planned placement is

- A state-owned residential facility, the CMS should not apply for MA;
- A non-state-owned (private) residential facility, the CMS should apply for MA within 10 business days following the Multi-disciplinary Assessment and Staffing Team (MAST) staffing; and
- Undetermined (referrals have been made to both state and non-state owned placements), the CMS should apply for MA.

*Note: **When a youth receiving MA is placed in detention longer than ten (10) days, the Community CMS shall notify the LDSS MA Eligibility Worker***

SHELTER

If the youth is pending adjudication, and

- has MA or private health insurance, no action is needed.
- does not have MA or private insurance, the CMS should apply for MA retroactively if medical expenses occur while in Shelter Care.

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If a youth is committed and the planned placement is

- A state-owned residential facility, the CMS should not apply for MA ;
- A non-state-owned (private) residential facility, the CMS should apply for MA; and
- Undetermined (referrals have been made to both state and non-state owned placements), the CMS should apply for MA.

If youth is released from Detention or Shelter to the community, and the family is not receiving MA, the Community CMS shall provide the parents/guardians/custodians with a copy of the **Parent Guidance Letter (Appendix 2)** within 10 business days of the youth's release to encourage the parents/guardians/custodians to apply for community MA.

COMMITTED

General

If the youth is placed in an out-of-state placement, the CMS shall remove the youth from the MCO in accordance with the *Eligibility Determined* section of this manual.

Residential Facility

If youth is placed in a state-owned residential facility, the CMS should not apply for MA. *Note: If a youth is placed in a state-owned facility and is admitted (e.g., in-patient or overnight) to a hospital, the CMS should apply for MA for the hospital stay. At application or upon receipt of the hospital discharge form, the CMS shall forward the form to the LDSS MA Eligibility Worker.*

If youth is placed in a non-state-owned (private) residential facility, the CMS should apply for MA.

Long Term Care Facilities

If the youth is placed in a Long-Term Care Facilities (LTCF) (*i.e.*, a Residential Treatment Center (RTC) or a Regional Institute for Children and Adolescents (RICA) or Institute for Mental Disease (IMD)),

- apply for MA for the partial month in placement and the facility will apply for the first full month of placement;
- confirm that the LTCF has filed a signed MA application;
- provide the LTCF with the name and contact information of the CMS who will serve as the youth's authorized representative on the MA application;

Foster Care

When a youth is placed in a Foster Care placement, the CMS shall complete the Foster Care form (Appendix 3) if the form was not completed at the time of application.

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COMPLETING AN APPLICATION

The CMS must complete a MA application for every youth who may be eligible for MA. A face-to-face interview is not required when a DJS representative files a signed MA application for a youth in a DJS Medicaid eligible placement.

MA applications can be found on the DJS intranet under Departments/Medicaid at:
<http://intranet/docs/medicare/MA-Application-FIA-9708.pdf>

The CMS shall file the completed and signed MA application with the LDSS MA Eligibility Worker with the following:

- The name and address of the youth;
- The expected date of the placement, and the expected release date, if known;
- If an application was not filed at admission and the youth has medical bills from 3 months prior to the date of current application and has no MA or private health insurance, the CMS may apply for retroactive MA for those 3 months;
- Private insurance information and a copy of the insurance card (front and back);
- Absent parent information (both parents are considered to be absent when a youth is in DJS custody);
- A copy of the commitment order;
- A copy of the DJS Physical Attributes screen from ASSIST as proof of identity. The Physical Attributes screen must have all the data completed and the photo must be discernible;
- The contact information for the CMS, including name, address, and phone number;
- If the youth is placed, provide the name, address, and phone number of the residential program;
- Enter the CMS' name as the authorized representative, including contact information; and
- If the youth is placed in Foster Care, the CMS also shall complete the **Foster Care form (Appendix 3)** and submit with the application.

The CMS shall respond within five (5) business days to inquiries and requests for information made by the LDSS MA Eligibility Worker to facilitate processing of the MA application.

ELIGIBILITY DETERMINED

CHOOSING AN MCO

The LDSS MA Eligibility Worker will determine MA eligibility and notify the CMS. Once notified the CMS, must complete the **HealthChoice Form (Appendix 4)** to select a Managed Care Organization (MCO) within 30 calendar days of the MA eligibility date. If the CMS does not select an MCO within 30 days, the MCO will be auto-assigned by DHMH.

To select an MCO:

- If the youth was MA eligible when residing with their family, the CMS should check with the facility to determine if the MCO and Primary Care Provider should be changed.
- If the youth was determined MA eligible following the DJS MA application, the CMS shall must check with the facility to determine which MCO and Primary Care Provider the facility uses and indicate those choices on the **HealthChoice Form**.
- If the CMS has questions, the CMS should contact the DJS Medical Assistance Specialist.

CHANGING AN MCO

If a youth changes placement, the CMS may need to change the MCO. The CMS should check with the new facility to determine which MCO and Primary Care Provider the facility uses. If a change is necessary, the CMS shall complete a new **HealthChoice Form** within 5 business days of the change to select a new MCO and Primary Care Provider (the facility will provide the information.)

When a youth is placed out-of-state, the CMS shall dis-enroll the youth from their MCO within 5 business days of admission to the out-of-state facility. The CMS shall complete the DHMH **HealthChoice form** to remove a youth from the MCO and include the name and address of the out-of-state facility on the form.

The youth will be removed from the MCO on the day HealthChoice Unit processes the HealthChoice Form.

When a youth is discharged from an out-of-state placement, and is

- Placed in-state, the CMS must complete a new **HealthChoice Form**. The CMS should check with the facility to determine which MCO the facility and Primary Care Provider uses and complete a new HealthChoice form to select a new MCO and Primary Care Provider; or
- Returned home, the CMS shall close the MA case according to the procedures in the *Case Closure* section of this manual.

REPORTING CHANGES

The CMS must report the following changes to the LDSS MA Eligibility Worker by email within 10 business days of the change:

- Change in assignment of CMS;
- Change in placement; include date of admission and address of new placement;
- AWOL status of youth who is AWOL; and
- Closure of case.

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The CMS must report all changes to the LTCF, especially changes in the assignment of CMS to ensure all notices will be sent to the appropriate person.

All reports must include the youth's name, DOB, MA number, description and date of change, and the DJS worker's name and telephone number.

Note: Selecting or changing an MCO will take 10 calendar days to go into effect.

ELIGIBILITY REDETERMINATION

SCHEDULED REDETERMINATION

Every 12 months, the youth's MA eligibility must be redetermined. The CMS who is identified as the authorized representative will be notified of the pending redetermination 90 days prior to the end of the eligibility period. The CMS will receive the redetermination packet 45 days prior to the end of the eligibility period. If the CMS who receives the MA redetermination packet is not the currently assigned CMS, the CMS or Case Management Specialist Supervisor (CMSS) in receipt of the MA redetermination packet should forward the packet to the currently assigned CMS.

Within 30 calendar days of receiving the redetermination package, the CMS shall complete the MA redetermination application and return to the LDSS MA Eligibility Worker. If the youth's case is closed, the CMS shall close the MA case in accordance with the *Case Closure* section of this manual. The LDSS MA Eligibility Worker will determine the eligibility of the youth and notify the CMS of the youth's continuing eligibility for MA.

UNSCHEDULED REDETERMINATION

Prior to the end of the 12 month eligibility period, if a change occurs in the youth's circumstances, the CMS must notify the LDSS MA Eligibility Worker by email within 10 business days of the change in circumstances. These changes include, but are not limited to:

- the youth's receipt of income such as Social Security benefits, an inheritance, or wages;
- the youth is placed in a DJS-operated residential facility;
- the youth has been discharged from placement; or
- the youth has reached 21 years of age.

The email must include the youth's name, DOB, MA number, description and date of the change, and the DJS worker's name and telephone number.

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CASE CLOSURE

RE-ENTRY

The Re-entry Specialist must complete additional MA training provided by the DJS Medicaid Specialist and monitor compliance with MA regulation and procedures. The Re-entry Specialist shall provide technical assistance or policy guidance for CMS and CMSS.

GENERAL PROCEDURES AT RELEASE/DISCHARGE

At least 30 days prior to the youth's planned release/discharge, the CMS shall provide the parent/guardian/custodian with the **Parent Guidance Letter (Appendix 2)** for applying for community MA through the Maryland Health Connection. At release/discharge, the CMS shall give the MA and MCO cards to the parent/guardian/custodian because the youth may remain eligible for 3 months following release/discharge from an LTFC or Foster Care placement.

Within 10 business days of the youth's planned release/discharge from a placement, the CMS shall notify the LDSS MA Eligibility Worker of the youth's name, DOB, MA number, the date of the youth's release/discharge from placement, and the address, telephone number of the parent/guardian/custodian with whom the youth will be living.

If the youth was in a foster care placement on his/her eighteenth birthday, the CMS shall notify the parent/guardian/custodian of the youth's foster care status, because the youth may be eligible for MA until age 26 under the Affordable Care Act.

If a youth is transferred to another LTFC, the CMS does not have to complete another MA application but must verify within 10 business days with the discharging facility that the discharge papers are forwarded to the Division of Eligibility Waiver Services (DEWS) at DHMH. The new LTFC will facilitate the filing of a new LTFC MA application.

If the youth is released/discharged from an LTFC or DJS-operated facility and placed in a community residential program, the CMS must complete a community MA application and forward to the LDSS MA Eligibility Worker within 10 business days of release/discharge. Once eligibility has been determined, the CMS must complete the application in accordance with the *Completing an Application* section of this manual.

SPECIFIC GUIDANCE FOR RELEASE/DISCHARGE BASED ON PLACEMENT TYPE

If the youth is discharged from a *non-state-owned residential facility*, the CMS shall;

- notify the LDSS MA Eligibility worker within 10 business days of release/discharge by email and shall include the youth's name, DOB, MA number, the date of release/discharge and if known, the name of the parent/guardian with whom the youth will be living, and the address and telephone number of the parent/guardian/custodian's home; and
- provide the parent/guardian/custodian upon release/discharge, but no later than 10 business days of release/discharge, with the MA card and a copy of the **Parent Guidance Letter (Appendix 2)** to encourage the parent/guardian/custodian to apply for community MA.

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If the youth is release/discharge from a *LTCF*, the CMS,

- does not have to notify the LDSS MA Eligibility worker because the facility will notify; and
- shall provide the parent/guardian/custodian upon release/discharge, but no later than 10 business days of discharge, with the MA card and a copy of the **Parent Guidance Letter (Appendix 2)** to encourage the parent/guardian/custodian to apply for community MA.

If the youth is release/discharge from a *DJS facility*, the CMS shall provide the parent/guardian/custodian with a copy upon release/discharge, but no later than 10 business days of discharge, of the **Parent Guidance Letter (Appendix 2)** to encourage the parents/guardians/custodians to apply for community MA.

For any *unplanned release/discharge*, the CMS shall provide the parent/guardian/custodian with a copy upon release/discharge, but no later than 10 business days of discharge, of the **Parent Guidance Letter (Appendix 2)** to encourage the parents/guardians/custodians to apply for community MA.

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TABLE OF ABBREVIATIONS

CMS – Case Management Specialist

DEWS – Division of Eligibility Waiver Services

DHMH – Department of Health and Mental Hygiene

DOB – Date of Birth

IMD - Institute for Mental Disease

LDSS – Local Department of Social Services

LTCF - Long-Term Care Facilities

MA – Medical Assistance

MCO – Managed Care Organization

RICA - Regional Institute for Children and Adolescents

RTC - Residential Treatment Center

SSI – Supplemental Security Income

FORMS REFERENCED/APPENDED

1. MA Application
2. Parent Guidance Letter
3. HealthChoice Form
4. Foster Care Form

ALL FORMS CAN BE FOUND ON THE DJS INTRANET

See at <http://intranet/new/medicaid.htm>

GUIDANCE FOR PARENT/GUARDIAN/CUSTODIAN OF YOUTH RETURNING HOME FROM PLACEMENT

Your child, who is returning home, may be eligible for medical coverage.

1. If you already receive Medical Assistance (Medicaid) for yourself and/or other members of your family, then you will need to go to the Maryland Health Connection (www.marylandhealthconnection.gov) to add your child to your Medical Assistance case. Active Medical Assistance will provide insurance coverage for your child's medical needs when he/she returns home. *
2. If you do not have Medical Assistance (Medicaid), you will need to go to the Maryland Health Connection to apply for Medical Assistance for your child. Active Medical Assistance will provide insurance coverage for your child's medical needs when he/she returns home.

If you apply for Medical Assistance for your child and have received this letter, you should indicate on the Medical Assistance application, filed through the Maryland Health Connection, your child was in a foster care placement. Under certain circumstances, this may allow your child to receive Medical Assistance until age 26.

3. If you have private insurance, you will need to contact your insurance company, and ask them to put your child back on your policy. You should verify with the insurance company when your child's insurance will be active.

THERE ARE SEVERAL WAYS TO ENROLL IN MEDICAID:

1. Enroll online at: www.marylandhealthconnection.org
2. Enroll at the local Department of Social Services office
3. Call the Maryland Health Connection at 855-642-8572

Medical Assistance for non-citizens:

- Undocumented immigrants may be eligible for certain emergency services.
- Legal immigrants that have not met their five-year prohibition to receipt of Federal benefits, from the date of legal status, may be eligible for certain emergency services.
- Apply at the local Department of Social Services.



Department of Juvenile Services Request Form

DATE: _____

TO: Vivian Pollard
DHMH
Phone: 410-767-5475
Fax: 410-333-7141

RE: Child's Name: _____
SS# or Medicaid #: _____
Date of Birth: _____
Facility/Group Home: _____
Phone: _____ County: _____
Date of Placement: _____
Length of Placement: _____
Current MCO: _____

FROM: _____
DJS Medicaid Coordinator/Case Manager
Phone:
Fax:

Please complete the identifying information requested above and indicate the type of request below.

1. Please extend enrollment period for up to 60 days from the date that DHMH mails the eligibility notification in which to select an MCO.
2. Recipient has moved outside of the current MCO's service area and needs to select a new MCO
3. Recipient has been placed in a State-Owned, State-Operated facility and is not eligible for enrollment in an MCO.
4. Recipient has been placed in an out-of state facility and is not eligible for enrollment in an MCO.
5. Provider for DJS facility/group home placement or setting does not contract with child's current MCO. **MCO denied out of network care.** Please disenroll recipient effective immediately and enroll in the new MCO indicated.

If applicable, indicate new MCO selection:

- | | |
|---|--|
| <input type="checkbox"/> Amerigroup (510300299) | <input type="checkbox"/> MedStar (521995799) |
| <input type="checkbox"/> JAI Medical System (521105199) | <input type="checkbox"/> Priority Partners (522007699) |
| <input type="checkbox"/> Kaiser (432117199) | <input type="checkbox"/> Riverside Health (452815899) |
| <input type="checkbox"/> Maryland Physicians Care (223476999) | <input type="checkbox"/> United HealthCare (521130199) |

Give name, address, and phone number of new PCP:

Name: _____ Phone: _____

Address: _____

Notes:

- The DJS placement/treatment facility must follow the self-referral process for substance abuse treatment in order for DHMH to approve this request.
- When a DJS recipient is disenrolled from one MCO to another, the recipient will be covered for 10 days on a fee-for-service basis until the effective date of the new MCO enrollment.

Comments: _____

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

DJS Youth in Out of Home Placement/Foster Care

(Use when a youth is placed in a non-state owned and operated facility)

DATE: _____

TO: MA Case Worker

FROM: _____
(DJS Case Manager and phone number)

RE: _____
(Name of Youth)

DOB: _____

PLACEMENT: _____
(Name of facility)

(Address and phone number)

TYPE of PLACEMENT: _____

DATE of PLACEMENT: _____

DJS CASE MANAGER: _____
(Signature)

MAILING ADDRESS: _____

COMMENTS: _____



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DJS CMS MEDICAID CHECK LIST

This check list is a guide to assist DJS Case Management Specialists (CMS) with the Medical Assistance (MA) application process. Filing an MA application is time sensitive. MA eligibility begins on the first day of the month of the application. *Note: MA may cover medical bills retroactively, up to three months prior to the month of application.*

- **REQUIRED - A Medical Assistance application is required** to be filed by the CMS for each youth who is:
 - committed and detained or sheltered* pending a placement in a non- state owned residential program; (*apply only for retroactive MA for uncovered medical expenses incurred during shelter); or
 - committed and placed in a non-state owned and operated residential program,
 - committed and pending placement but the placement is still undetermined (referrals have been made to both state and non-state owned placements), or
 - is placed in a state-owned residential program **and is admitted to the hospital as an inpatient**, the youth may be eligible for MA. This eligibility is only for the period of the hospital stay. The CMS shall attach the discharge summary to the application.

When a youth is placed in a **long term care (LTC) facility (RTC, RICA, IMD)**, the LTC facility will file the MA application. The CMS should verify that the facility filed for MA. If the LTC data is not on the DHMH system, the LTC facility will not be paid because the community MA will not cover the LTC stay.

*Note: A youth who is an illegal immigrant who is either in or committed pending placement in a non-state owned residential program **may be eligible for inpatient emergency MA services only.** Only DHMH can determine what constitutes an “emergency service”. File the medical discharge summary with the application, at application or upon receipt.*

- **REQUIRED - COMPLETING THE MA APPLICATION.**
 - **Answer all questions. Provide the following information with documentation, as needed:**
Name, date of birth, Social Security number, commitment order, proof of identity (Physical Attributes screen from ASSIST), CMS contact information, private health insurance (copy the card –front and back), parent information, check the box for retroactive MA if there is a bill for the prior three months.
 - **Attach the DJS Youth in Foster Care form**
 - Youth in foster care (foster home, group home, shelter, etc.) must have the DJS Youth in Foster Care form attached to the MA application.
 - If the youth had MA established while pending placement, then the CMS shall just complete the DJS Youth in Foster Care form.
 - If a youth is an illegal immigrant, s/he may be eligible for MA in the MA foster care coverage group when the youth is in a foster care placement. The CMS shall file the MA application and attach the **DJS Youth in Foster Care form**. The youth will not be in an MCO. Medical coverage will be on a fee-for-service basis (i.e., the red and white MA card will be used).
 - **Select or Change the Managed Care Organization (MCO)**– Only the DJS CMS who is the designated authorized representative can select or change the MCO. *Note: It takes 10 days for DHMH to process the change.* The CMS shall:
 - **To select an MCO (following initial determination of eligibility for MA):**
 - Contact the intended residential provider to ascertain which MCO they utilize.
 - Contact HealthChoice to select an MCO – Complete the **HealthChoice form** and fax to Rochelle Johnson (phone 410-767-5289; Fax- 410-333-7141). If an MCO is not selected within 30 days then one will be auto-assigned.
 - **To change an MCO**
 - Complete the DHMH **HealthChoice form** and fax to Rochelle Johnson (phone 410-767-5289; Fax- 410-333-7141).

DJS CMS MEDICAID CHECK LIST

Note: On the HealthChoice form, enter the name of the CMS as the DJS Medicaid Coordinator. If it is not completed the request will not be processed.

- **To dis-enroll a youth placed out-of-state** – For a youth placed in an out-of-state, complete the HealthChoice facility to notify HealthChoice of the out-of-state placement and to dis-enroll a youth from an MCO. It will take 10 days to process a change.
 - Fax the form to Rochelle Johnson (phone 410-767-5289; Fax- 410-333-7141). The MCO will not pay for out-of-state services. The youth will be covered as fee for service with Medicaid. Other states may have Maryland Medicaid providers that can be used for medical services.
- **To re-enroll a youth returning from out of state placement**
 - Complete a DHMH HealthChoice form to re-enroll the youth in an MCO and fax it to Rochelle Johnson (phone 410-767-5289; Fax- 410-333-7141). The youth will not be automatically re- enrolled in an MCO.
- **REQUIRED – Reporting changes**- The CMS must report the following changes to the LDSS MA Eligibility Worker by email within 10 business days of the change:
 - Change in assignment of CMS;
 - Change in placement; include date of admission and address of new placement;
 - AWOL status of youth who has been AWOL for 48 hours or more; and
 - Closure of case.
- **REQUIRED - Redeterminations**- The redetermination of MA is done annually. The redetermination letters are sent 90 days prior to the MA closing to the CMS who is the designated authorized representative. The CMS shall file an MA application within 30 days of receiving the redetermination package. If the application is not filed timely, the youth's MA case will close with a lapse in coverage.
- **REQUIRED – Release/Discharge from the LTC facility**
 - When a youth is discharged from a LTC facility, the CMS shall contact the facility to ensure the discharge summary has been sent to the MA Case Worker. If the discharge date is not in the DHMH system, the community MA cannot be processed.
 - When the CMS is notified that the community MA is active, the CMS shall complete a DHMH HealthChoice form to select an MCO and fax to Rochelle Johnson (see above). The youth will not be automatically re- enrolled in an MCO.
 - The CMS shall notify the LDSS MA Case Worker with any changes in CMS assignment to ensure the appropriate CMS receives notices, the MA card, and redeterminations.
- **REQUIRED – Release/Discharge from a DJS Placement**
 - **At Pre-Release (30 day staffing)**
 - The CMS shall discuss MA or private insurance with the parent/guardian.
 - The CMS shall provide the parent/guardian with a Parent Guidance letter for applying for medical coverage. If the youth was in a foster care placement on their 18th birthday, the CMS shall advise the parent/guardian that the youth may be eligible for MA until their 26th birthday through the Affordable Care Act (ACA.)
 - **At Release/Discharge**
 - The CMS shall confirm with the parent that they have added the youth to their private insurance, if applicable.
 - The CMS shall confirm with the parent that they have filed an application for health coverage (MA) through the Maryland Health Connection, if no private insurance.
 - The CMS shall **give the parent/guardian the MA card and the MCO card** when the youth is discharged.