| Case # |
|---|
| CCYA/JPO: |
| CAO: |
| MCI Number: |

# CY-60: CCYA/JPO REQUEST FOR CAO ACTION

CCYA/JPO FILL OUT FORM WITH AS MUCH INFORMATION AS AVAILABLE AND FORWARD TO CAO WITHIN 5 DAYS OF CHILD'S INITIAL PLACEMENT, OR A CHANGE IN CHILD INFORMATION (See Codes on Back of Form)

## I. ACTION REQUESTED (COMPLETED BY CCYA/JPO) – CHECK ALL THAT APPLY

- ❒ Automatic Enrollment In Medicaid
  - ❒ For Youth Over 18
- ❒ Initiation Of Trial Home Visit
- ❒ Termination of Trial Home Visit
- ❒ Change Of Placement Or Additional Information
- ❒ Child is No Longer IV-E Eligible
- ❒ Child is Discharged From Care
- ❒ Child is Not Eligible for SPLC/Adoption Extension and Medicaid/MA
- ❒ Child is receiving or had received Medicaid/MA when Discharged from Foster Care 18 Years of Age or Older eligible for (ACA)
- ❒ Other_____
- ❒ Medicaid Non-IV-E Redetermination–TPL form attached
- ❒ Unsubsidized Permanent Legal Custodianship or Adoption Release
- ❒ Meets Definition of Child for SPLC/Adoption Extension (Eligible Medicaid/MA)
- ❒ No Longer Meets Definition of Child for SPLC/Adoption Extension (No Medicaid/MA)
- ❒ Child is not receiving or had not received Medicaid/MA when Discharged from Foster Care 18 Years of Age or Older ineligible for (ACA)

## II. IDENTIFYING INFORMATION (COMPLETED BY CCYA/JPO)

| 1. Child's Name (Last, First, MI): | 2. Race: | 3. Social Security Number: | 4. Date Of Birth: _____/_____/_____ |
|---|---|---|---|

| 5. Sex: ❒ Male ❒ Female | 6. Does CCYA/JPO Have An Access Card For The Child: ❒ Yes ❒ No ❒ Unknown | 7. Access Card And Issue #: | 8. Does The Child Have Any Personal Income: ❒ Yes ❒ No ❒ Unknown |
|---|---|---|---|

| 9. Specify Monthly Gross Income And Type: | 10. Youth 18 to 21 years of age meets the definition of a child: ❒ Yes ❒ No ❒ Unknown ❒ Not Applicable |
|---|---|

## III. PLACEMENT/REMOVAL INFORMATION (COMPLETED BY CCYA/JPO)

### A. NOTICE OF CHILD'S INITIAL PLACEMENT/REMOVAL:

1. Date Of Initial Placement: _____/_____/_____ 2. Date Of Initial Removal (If Differs From Placement Date): _____/_____/_____
3. Relative/Caretaker From Whom Child Was Legally Removed:

| RELATIVE/CARETAKER NAME (LAST, FIRST, MI) AND ADDRESS: | SOCIAL SECURITY NUMBER: | RELATIONSHIP TO CHILD: *(Youth over 18 may be self)* |
|---|---|---|
| | | |

### B. CHILD IS IN SUBSTITUTE CARE PLACEMENT:

1. Initial Substitute Care Provider or Change in Child's Substitute Care Provider:

| NAME OF SUBSTITUTE CARE PROVIDER: | ADDRESS: |
|---|---|
| | |

2. Effective Date: _____/_____/_____ 3. County Code Where Placed: ☐ 4. Placement Facility Code: ☐

### C. CHILD IS NO LONGER IN SUBSTITUTE CARE PLACEMENT:

1. Name, Address And Relationship Of The Caretaker To Whom Child Was Returned or Youth's Address if Living Independently:

| RELATIVE/CARETAKER NAME (LAST, FIRST, MI) AND ADDRESS: | SOCIAL SECURITY NUMBER: | RELATIONSHIP TO CHILD: *(Youth over 18 may be self)* |
|---|---|---|
| | | |

2. Effective Date: _____/_____/_____ 3. County Code Where Child Returned: ☐

### D. CCYA/JPO INFORMATION AND AUTHORIZATION:

| NAME: (PLEASE PRINT) | SIGNATURE: | DATE: | PHONE: |
|---|---|---|---|
| | | | |

## IV. CAO – COMPLETED BY CAO

### A. INITIAL ACTION:

1. Child is Receiving or From A Household That Receives: ❒ TANF ❒ Food Stamps ❒ Medicaid ❒ No Income Maintenance Benefits
2. Child is Receiving or is Eligible to Receive SSI: ❑ No ❑ Yes Monthly Amount: _____
3. Automatic Medicaid Enrollment Authorization: Recipient # (10 Digit): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Card Issue # (Two Digit): _____ _____
4. Child Is Currently Enrolled In HEALTHCHOICES And/Or Has Private Insurance: ❒ No ❒ Yes
   Name of Insurance: _____ Policy #: _____

### B. MEDICAL ASSISTANCE (MA) REDETERMINATION NON-IV-E CHILD

❒ Child Is Eligible for MA: Redet. Date: _____/_____/_____ ❒ Child Is Not Eligible for MA, Reason: _____

### C. CONFIRM ADDITIONAL INFORMATION/UPDATES OR CHANGES ON CIS RECORD:

❒ County Where Placed: _____ ❒ Facility Placement Code: _____

❒ Other: _____

### D. CAO INFORMATION/AUTHORIZATION:

| NAME: (PLEASE PRINT) | SIGNATURE: | DATE: | PHONE: |
|---|---|---|---|
| | | | |

**CODES:**

**Race:**

1- Black or African American
2- Hispanic or Latino
3- American Indian or Alaskan Native
4- Asian
5- White
6- Other
7- Native Hawaiian or Other Pacific Islander
8- Unknown

**Facility/Placement Codes:**

02 - Out-of-home placement within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone.

03 - Out-of-home placement from county with legal custody/court supervision to a county within a different HealthChoices Zone.

55 - BH medically necessary RTF, CRR Host Home, or CCYA licensed group home with MH treatment component placement within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone. The placement is to be prior approved by the BH-MCO or the Fee-for-Service program. If the placement is not approved by the BH-MCO or the Fee-for-Service program, a facility/placement code of 02 should be used.

56 - BH medically necessary RTF, CRR Host Home, or CCYA licensed group home with MH treatment component placement from county with legal custody/court supervision to a county within a different Health Choices Zone. The placement is to be prior approved by the BH-MCO or the Fee-for-Service program. If the placement is not approved by the BH-MCO or the Fee-for-Service program, a facility/placement code of 03 should be used.

57 - BH medically necessary placement into a non-hospital residential D&A facility (does not provide 24 hour physician monitoring) within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone. The placement is to be prior approved by the BH-MCO. If the placement is not prior approved by the BH-MCO, a facility/placement code of 02 should be used. (Note: Non-hospital D&A facilities are not on the MA fee schedule and therefore not covered under the Fee-for-Service program.)

58 - BH medically necessary placement into a non-hospital residential D&A facility (does not provide 24 hour physician monitoring) from county with legal custody/court supervision to a county within a different HealthChoices Zone. The placement is to be prior approved by the BH-MCO. If the placement is not approved by the BH-MCO, a facility/placement code of 03 should be used. (Note: Non-hospital D&A facilities are not on the MA fee schedule and therefore not covered under the Fee-for-Service program.)

73 - Youth Detention Center (YDC) or Youth Forestry Camp (YFC)

74 - Juvenile Detention Center (JDC)

98 - BH medically necessary out-of-state RTF placement.

99 - Placement out-of-state, including non-hospital D&A facilities, regardless of medical necessity.