

**Operations Memorandum - Medicaid
OPS050408**

4/28/05

SUBJECT: Medicaid Authorization for Youths Released From the State Youth Development Center/Youth Forestry Camp System

TO: Executive Directors

FROM: Christine M. Bowser, Director, Bureau of Operations

The purpose of this memo is to inform you of a new procedure which authorizes Medicaid for former recipients who are being released from a Youth Development Center (YDC) or Youth Forestry Camp (YFC). This procedure is effective May 2, 2005.

Background/Discussion

The Department is initiating Medicaid authorization without an application for youths who are being released from a YDC/YFC; this initiative is intended to facilitate the youths' transition to the community. A Medicaid recipient who was placed in a YDC/YFC for a period of three years or less will now automatically qualify for Medicaid in a PC-30 category. The period of Medicaid eligibility will begin on the date of release from the YDC/YFC, and will extend to the end of the third month after the calendar month of release for a total period of eligibility of up to 122 days. This new procedure pertains only to youths who had been Medicaid recipients at the time of entry in the YDC/YFC.

The Office of Income Maintenance and the Office of Children, Youth and Families (OCYF) will be working together to identify eligible individuals and process Medicaid authorizations.

The general workflow of this process will be a series of communications between the YDC/YFC and the CAO of the county in which the youth will reside upon discharge. Most of the communication will take place via the exchange of two forms (attachments 1 and 2) between the YDC/YFC and the CAO; these forms can be mailed or faxed. The workflow will begin 30 to 60 days *prior* to a youth's release from the YDC/YFC, and will conclude with the authorization or denial (as appropriate) of Medicaid benefits. Specific steps of the workflow are as follows:

Step 1
Within 30-60 days of the release date, the YDC/YFC contact person, using the <i>Notification/Confirmation of Release</i> form Part A, will provide the following information to the appropriate CAO:
<ul style="list-style-type: none">• Individual's name• Social Security Number

- Name and address of guardian/parent with whom the youth will be residing
- Name of the YDC/YFC and the date that youth entered the YDC/YFC
- The anticipated release date
- Confirmation that the youth had been receiving Medicaid prior to placement in the YDC/YFC
- Date that the notice is being sent

Notes:

1. If the youth is NOT a former cash assistance or Medicaid recipient, the standard application process must be used to obtain Medicaid. This process applies ONLY to former cash assistance or Medicaid recipients. Youth who are not former recipients must submit a standard application if they wish to receive Medicaid benefits.
2. The policy and procedures in this memorandum should not be confused with those in Supplemental Handbook 850.3, which pertain only to youths discharged from Juvenile Detention Centers.

Step 2

Upon receipt of the *Notification/Confirmation of Release* form with Part A completed, the CAO will review and verify information in the Client Information System (CIS) to establish whether the youth is eligible for Medicaid.

Notes:

1. An eligible individual is defined as one who has been in a YDC/YFC for three years or less, and who had been a cash assistance or Medicaid recipient at the time of placement in the YDC/YFC.
2. Youths who formerly had been Supplemental Security Income (SSI) recipients and who are released from a state YDC/YFC should be coded as PC-30 upon release. The CAO is to make a referral to the Social Security Administration to reinstate SSI benefits. The category is to be changed to a “J” upon reinstatement of SSI benefits.

Step 3

Within 10 days of receipt of the *Notification/Confirmation of Release* form, the CAO will notify the YDC/YFC as to whether the youth will be eligible for Medicaid upon release; this

information will be provided via the *Eligibility/Ineligibility* form (attachment 2).

Step 4

The YDC/YCF will complete Part B of the *Notification/Confirmation of Release* form and send to the CAO approximately one week prior to the anticipated release date. Part B provides *confirmation of or a delay in* the anticipated release date.

Step 5

a. If Part B indicates a change in the release date, CAO will wait for further information from the YDC/YFC before taking any further action.

OR

b. If Part B confirms the release date originally provided in Part A, the CAO will open the case.

Notes:

1. The release date should be used as the eligibility begin date. The reapplication due date should be the last day of the calendar month that occurs three months after the month in which the release date occurred.

Example: On July 20th, the CAO receives from the YDC the *Notification/Confirmation of Release* form, Part A completed. The anticipated release date is September 2nd. The CAO contact person then reviews CIS, determines that the youth will be eligible upon release, and furnishes this information to the YDC/YFC on the *Eligibility/Ineligibility* form. On August 28th, the CAO receives the *Notification/Confirmation of Release* form, Part B completed. This confirms the release date, and the CAO will then authorize Medicaid. The youth is eligible for Medicaid from September 2nd through December 31st, at which time continued Medicaid eligibility must be redetermined.

2. A new case number is to be created for these youths if the child is not returning to the previous case record household. If the child is returning to the previous case record, these youths are treated as a separate budget group.
3. The youth should be made the case payment name only when a new case record is created.
4. A new ACCESS card should be issued if the youth does not have possession of the current ACCESS card.
5. The manual PA162 notice must contain the exact begin date and end date for Medicaid. It should be sent to the address at which the youth will reside, and should be addressed to

the responsible adult(s) with whom the youth will be living.

6. If there is a change in circumstances (e.g. youth obtains a job, changes address, is included in family's application for assistance, etc.) during the period of PC-30 eligibility, a review of the youth's continued Medicaid eligibility must be completed. The youth is entitled to an advance 162 notice for termination of PC-30 benefits if the review indicates that eligibility requirements are not being met.

Step 6

The YDC/YFC will send the *Notification/Confirmation of Release* form, Part C completed, to the CAO approximately two days after the date of release. If Part C indicates that the youth was not released on the anticipated release date, the CAO will close the case. If Part C indicates that release did occur, no further CAO action is necessary.

Note:

1. This step is necessary to address the rare instance when a youth may not be released on the anticipated date. Unforeseen events (such as problems at the prerelease hearing) sometimes result in a youth's return to the YDC/YFC.

ADDITIONAL INFORMATION

- The *Notification/Confirmation of Release* is to be filed in the case record as documentation that the individual has been released from the YDC/YFC.
- The following wording is to be used for the PA 162 that is sent to provide notification of the individual's eligibility for Medicaid:

"The County Assistance Office has been notified that _____ has been discharged from _____ and returned to your care. The child is authorized for Medicaid benefits and will continue to automatically receive these benefits until _____. An ACCESS card will be mailed. It is important that you contact this County Assistance Office within 30 days prior to the above termination date, so that a caseworker can make a determination of continued Medicaid benefits for this child."

- The process of selecting a physical health plan in a Health Choices or voluntary managed care county remains the same.

Next Steps

1. Review this revised procedure with appropriate staff.
2. Review the attached contact lists.
3. Contact your Area Manager with any questions related to this policy.

Attachments:

1. [*Notification/Confirmation of Release form*](#)
2. [*Eligibility/Ineligibility form*](#)
3. [*YDC/YFC Contact List*](#)
4. [*MA Outreach Contact List*](#)