

	State of Indiana Indiana Department of Correction Division of Youth Services	Effective Date 4/1/2022	Page 1 of 9	Number 1.36Y
HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures				

Title MEDICAID APPLICATION PROCESS
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Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to establish guidelines and responsibilities for the Medicaid/HIP 2.0 application process in the Division of Youth Services (DYS).

II. DEFINITIONS:

For the purpose of this HCSD, the following definitions are provided:

- A. **AUTHORIZED REPRESENTATIVE (AR):** Designated position to act responsibly on the behalf of the youth in assisting with the Medicaid application and renewal of eligibility along with ongoing communications with FSSA.
- B. **CASE MANAGEMENT STAFF:** A member of Unit Team who acts as the initial point of contact for day-to-day youth issues in the housing unit, coordinates case management matters and facilitates youth access to programs and services, works with youth to create case plans, and assists in preparing the youth for the release and re-entry process.
- C. **COMPREHENSIVE CASE MANAGEMENT SYSTEM (CCMS):** In DHS, refers to both the process of identifying and assessing the youth's risk and needs, developing a Case Plan, linking the youth to appropriate services, and monitoring progress. In addition to the electronic database used by treatment staff to record, store, and review youth data, including Case Plans and Progress Reports.

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- D. DEPUTY COMMISSIONER OF FINANCE AND ADMINISTRATION: Executive leadership that is responsible for managing the Department's finances including record keeping and financial reporting.
- E. DEPARTMENT OF FAMILY RESOURCES (DFR): A division of the Family and Social Services Administration. The DFR receives applications and approves eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Cash Assistance (TANF), and childcare; implementing a modernized application process using internet, document imaging, and call-in services. DFR operates in all Indiana counties and administers the childcare licensing and inspection program.
- F. DIRECTOR OF NURSING (DON): A staff person selected by the Health Services vendor that manages the services provided by Health Services staff and oversees nursing personnel and patient care.
- G. DISABILITY: The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than twelve (12) months.
- H. DIVISION OF DATA ANALYTICS: The Division of Data Analytics is responsible for data stewardship and the preservation of Department data assets. The Division has primary responsibility for Department reporting and analyses of Department data and information collected from Department operational systems of record.
- I. EXECUTIVE DIRECTOR OF TRANSITIONAL HEALTHCARE: An executive leadership member within the Medical Division that oversees and supervises the Transitional Healthcare Department.
- J. FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA): FSSA is a health care and social service funding agency of the State of Indiana that oversees five (5) care divisions that administer services to Indiana residents.
- K. FAMILY AND SOCIAL SERVICES ADMINISTRATION DOCUMENTS CENTER: The documents center is an integral part of the eligibility operations and handles the intake of mailed applications, as well as, the scanning and classification of documents using a software solution, enabling the creation and processing of electronic case information, such as used in the online Medicaid application process.

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- L. HEALTHCARE SERVICES ADMINSTRATOR (HSA): A staff person selected by the Health Services vendor that is responsible for planning, directing, and coordinating healthcare services.
- M. INDIANA MEDICAID FOR PROVIDER PORTAL: Internet based portal that provides information regarding health coverage eligibility and status of health coverage.
- N. IRIS: The Indiana Department of Correction Records Imaging System.
- O. JUVENILE DATA SYSTEM: The electronic database used to record, store, and review youth information.
- P. MEDICAID APPLICATION: Indiana Family and Social Services Administration online application for health care coverage.
- Q. MEDICAL CARE ENTITY (MCE): An entity that provides health care plans and services through health insurance.
- R. NEXTGEN: Software that houses electronic health records.
- S. OFFICE OF MEDICAID POLICY AND PLANNING (OMPP): Division of FSSA that administers Medicaid programs and policies for the State of Indiana.
- T. PAROLE STAFF: Indiana Department of Correction staff that supervise youth in the community prior to the expiration of the youth's sentence.
- U. PROJECTED PROGRAM COMPLETION DATE (PPCD): This date is established as a target goal and may be positively or negatively affected by the youth's behavior and program progress.
- V. PRESUMPTIVE ELIGIBILITY (PE): Presumptive Eligibility is a process that offers short-term coverage of services. This program exists to ensure that the applicant has immediate access to health care. Youth may be eligible for Medicaid coverage as offered through the Family and Social Services Administration's programs while receiving inpatient services delivered at a Medicaid-approved facility during incarceration.
- W. RECIPIENT IDENTIFICATION (RID) NUMBER: A client identification number issued for Medicaid services.

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- X. TRANSITIONAL HEALTHCARE DEPARTMENT (THD): A Department within the Health Services Division of the Department that specializes in coordination and continuum of health care when a youth enters and is released from the Department including the processing of Medicaid applications, communicating with FSSA in matters related to Medicaid applications.
- Y. TRANSITIONAL HEALTHCARE MANAGER (THM): A member of the Transitional Healthcare subdivision that supervises the Transitional Healthcare Specialist.
- Z. TRANSITIONAL HEALTHCARE SPECIALISTS (THS): A member of the Transitional Healthcare subdivision that completes Medicaid applications on behalf of youth along with assisting in continuum of care plan post release.
- AA. WARDEN: A leadership position within the Department responsible for oversight of a correctional facility.
- BB. VITAL RECORDS: Documents of life events maintained under governmental authority such as birth certificates, Social Security documents, State identification, etc.
- CC. YOUTH: A juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including a juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum security assignment, including an assignment to a community transition program.

III. RESPONSIBILITIES OF THE DEPARTMENT:

The Department shall identify youth who are potentially eligible for Indiana Health coverage programs, such as Medicaid and the Healthy Indiana Plan 2.0 (HIP 2.0), and assist such individuals as appropriate with completion of the necessary applications for those benefits and for Presumptive Eligibility upon inpatient admission of a youth, if needed.

Pursuant to House Enrolled Act 1269, the Department shall be the youth's Authorized Representative.

In addition to the Department assisting youth with the Medicaid application process and required documentation; the Department shall also notify the Department of Family

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Resources (DFR) of the incarceration of youth to request suspension of coverage as necessary.

IV. FACILITY RESPONSIBILITIES:

The Warden shall be responsible for ensuring that all aspects of this HCSD are implemented.

A. Admission and Orientation

It shall be the responsibility of the Warden in facilities to ensure the facility admission and orientation program includes information on the purpose and benefits of Medicaid participation.

B. Communication with Youth Population

The Transitional Healthcare Manager, in conjunction with the Executive Director of Transitional Healthcare, shall develop and disseminate communications to the youth population. The Warden shall ensure that these communications are posted in the housing units and made available to the youth population. These communications shall include information on the purpose, application process, and the youths' rights related to Medicaid/HIP 2.0. The Transitional Healthcare Manager shall also be responsible for ensuring healthcare coverage information is provided for the youth's release.

V. HEALTH SERVICES ADMINISTRATOR (HSA) / DIRECTOR OF NURSING (DON) RESPONSIBILITIES:

The HSA/DON shall be responsible for working with the Health Services vendor's Regional Director of Re-Entry and facility staff to provide any necessary documentation specific to the youth's medical and/or mental health history when requested during the application process.

VI. PAROLE STAFF RESPONSIBILITY:

During the Initial Interview with a youth, Parole staff shall discuss health care coverage availability with the youth. If an application for Medicaid was submitted prior to the youth's release, the youth shall be instructed to contact the local Department of Family Resources office to inquire about the next steps needed to have their healthcare coverage activated. Youth shall be encouraged to bring copies of notices of any Medicaid-related paperwork with them to schedule follow up appointments.

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If an application for health coverage was not submitted prior to release, Parole staff (or designee) shall contact the THD to ensure an application has been completed on behalf of the youth. A THS shall communicate with the youth if any additional information or documentation is needed to process the healthcare application.

VII. MEDICAID APPLICATION PROCESS:

During the Intake process, the assigned Intake staff or designee shall interview the youth and Legal Guardian(s) to determine if:

- A. The youth is and will be covered under guardian's private pay insurance after release from the Department;
- B. If the youth has ever had Medicaid; and/or,
- C. If the youth currently has Medicaid, and, if so, identify the youth's Medicaid number.

For youth who currently have Medicaid, the assigned Intake staff or designee shall contact the THD to provide the youth's name, DOC number, date of birth, Social Security number, intake date, Medicaid number (if available), and report of private pay within fourteen (14) days of the youth arriving at the Intake facility.

Assigned Intake staff shall note on attempts and success of interviewing youth and Legal Guardian, determination of status, and submitting information to THD in the CCMS electronic database.

If the assigned Intake staff is unable to reach youth's Legal Guardian(s) or other family members within fourteen (14) days, a note in the CCMS electronic database shall be entered and the receiving treatment facility shall be contacted. Responsibility for these duties then falls to the youth's assigned treatment staff at the receiving treatment facility.

New arrivals to the youth population shall be reported to FSSA on a monthly basis by the THD to request suspension in coverage via the DYS Medicaid Suspension Spreadsheet (Attachment 1).

A THS shall make certain that every releasing youth has an opportunity for healthcare coverage prior to release.

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At least forty (40) days prior to every youth's release, the facility designee shall submit a Medicaid Juvenile Cover Sheet (Attachment 2) and available vital documents to the Medicaid inbox at Medicaid1@idoc.in.gov. On the cover sheet, the facility designee shall identify what type of placement the youth will have after release from the Department, including release to:

- A. Home of legal guardian(s);
- B. Home of family member(s) or other placement individual(s) approved for youth;
- C. Approved residential provider for 90-day stepdown to re-entry programs and services; or,
- D. Approved residential provider for placement.

Assigned treatment staff shall note on completing and sending the Medicaid Juvenile Cover Sheet in the CCMS electronic database and document the date sent on the tracking spreadsheet maintained on the facility's shared drive.

If the youth is going to be released out-of-state via an Interstate Compact or approved discharge, then the assigned treatment staff shall note on this in the CCMS electronic database and shall not submit a Medicaid Juvenile Cover Sheet on behalf of the youth.

Prior to completing an electronic Medicaid application, a THS shall review the Indiana Medicaid Provider Portal to check for active healthcare coverage. If the youth has active coverage, an application shall not be completed on the youth's behalf.

If a youth's vital documents are available, a THS shall fax the documents to the FSSA Document Center within five (5) business days of the application being completed.

If a youth age 18 or older will be on parole supervision and released to a residential facility, a THS shall complete a Medicaid application and use Fiscal's approval to pay the FastTrack balance to the selected MCE. The THS shall provide a receipt of payment to the Fiscal Division in Central Office by close of business of the day payment was made.

Facility designee shall notify THD via Medicaid inbox at Medicaid1@idoc.in.gov upon youth's release from facility. THD shall contact FSSA the day of the youth's release to activate coverage.

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If MCE information is available, the THS shall communicate with the MCE to provide any permanent information that can assist in the continuum of care for the youth into the community.

Traditional Healthcare Coverage:

- A. If a youth is deemed disabled and/or blind, a THS shall submit a disability application on behalf of youth.
- B. Once a disability application has been submitted, the THS shall contact the assigned treatment staff to complete the disability questionnaire. The questionnaire shall be returned to the THS within five (5) business days.
- C. A THS shall contact FSSA to schedule an interview on behalf of the youth. The THS shall coordinate with staff to obtain any vital records requested by FSSA.
- D. A THS shall contact FSSA the day of the youth's release to activate coverage.
- E. After an application for health coverage has been submitted, the THD shall be responsible for coordinating all correspondence between facility staff, Parole staff, and the youth.

VIII. PRESUMPTIVE ELIGIBILITY (PE):

In the event that a youth is admitted, and receives inpatient treatment at a Medicaid-approved facility for twenty-four (24) hours or more, he/she shall be considered to be presumptively eligible for health coverage under Medicaid/HIP 2.0.

The PE Process is as follows:

- A. The Health Services vendor's Regional Office Manager shall inform the Transitional Healthcare Manager or designee via Emergency/Hospitalization Notification (Attachment 3) form that a youth has been admitted to a hospital;
- B. Upon admission, a THS shall complete PE questionnaire within the same business day of admission or contact OMPP for after hours, weekend, and holiday admissions for back date option.
- C. The THS shall complete a full Medicaid application within (two) 2 day business days of admission date.

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- D. The PE packet including Emergency/Hospitalization Notification form and AR form shall be forwarded to the FSSA Documents Center within thirty (30) days of admissions date.
- E. THD shall maintain a database for all completed PE applications documenting the youth's name, DOC number, date of birth, date of hospital admission, date of questionnaire completion, PE RID number, notes on admission, hospital admitted to, date of full Medicaid application, processor name, application number, and date of packet faxed to FSSA.
 - 1. If vital documents are requested by FSSA, a THS shall obtain documents from IRIS;
 - 2. If vital documents are not available, a THS will contact the assigned treatment staff to obtain the documents within five (5) business days from the request.
 - 3. If FSSA or a hospital request additional medical records, a THS will forward the request to the Health Services vendor's regional office.

IX. APPLICABILITY:

This HCSD is applicable to all Department facilities housing youth, and Parole District offices.

signature on file
Kristen Dauss, MD
Chief Medical Officer

Date