

TO: Local District Commissioners, Medicaid Directors, and Directors of Services

FROM: Judith Arnold, Director
Division of Health Reform and Health Insurance Exchange Integration

SUBJECT: Medical Coverage for Transitioning Juvenile Delinquent Youth

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to remind local departments of social services (LDSS) of Medicaid categorical eligibility for juvenile delinquent youth who are released to the community from an Office of Children and Family Services (OCFS) residential facility or a voluntary foster care agency, and who remain under the custody of the OCFS Commissioner. This GIS also informs LDSS of procedures for expediting Medicaid coverage for these youth.

Children adjudicated as juvenile delinquents pursuant to Article 3 of the Family Court Act and placed into the custody of the OCFS Commissioner, pursuant to Section 353.3 of the Family Court Act, who are citizens or have satisfactory immigration status, are categorically eligible for Medicaid when they are released from placement in an OCFS operated facility or a voluntary agency and remain in the custody of the OCFS Commissioner. Medicaid coverage while in placement is dependent upon whether the child is placed with a voluntary agency or an OCFS operated facility, and if an OCFS facility, the type of facility.

OCFS Juvenile Delinquent Youth Released From Medicaid Ineligible Settings

OCFS residential facilities with over 25 beds, and OCFS operated secure and limited secure facilities are not Medicaid eligible settings. Medicaid is not available to youth adjudicated as juvenile delinquents and placed in these facilities. When a juvenile delinquent youth is released from an OCFS facility that is not a Medicaid eligible setting, the youth may remain in the custody of the OCFS Commissioner for generally a minimum period of six months. During the number of months that the juvenile delinquent youth remains in the custody of the OCFS Commissioner, the youth is categorically eligible for Medicaid, as long as the youth is under the age of 21 and is a citizen or has satisfactory immigration status.

Note: Children, up to age 19, who are not citizens and do not have satisfactory immigration status may be eligible for Child Health Plus (CHPlus).

For juvenile delinquent youth who are being released from one of these OCFS facilities, the Federal Resource Unit (FRU) of OCFS routinely completes a Medicaid application and sends it to the Medicaid Unit at the district of fiscal responsibility. Juvenile delinquent youth, who remain in the custody of the OCFS Commissioner after release from a residential facility that is not a Medicaid eligible setting, are categorically eligible for Medicaid as a household of one. There are no income or resource requirements for categorically eligible youth. However, documentation of citizenship or satisfactory immigration status is required.

A juvenile delinquent youth who returns home after release from an OCFS facility, but remains in the custody of the OCFS Commissioner, may be included in the household budget when other family members are Medicaid recipients, if it is advantageous to the family. If including the juvenile delinquent youth in the household results in ineligibility for a family member, the youth and his/her income must be removed from the budget. In this instance the juvenile delinquent youth remains eligible as a household of one. Youth who return to a Temporary Assistance (TA) household are categorically Medicaid eligible, regardless of TA eligibility.

With certain exceptions, all Medicaid applicants must provide the LDSS with their social security number (SSN) or provide documentation that an initial SSN was applied for. OCFS will provide the SSN for all youth who have an SSN or indicate the date an application was submitted. Medicaid applicants with an SSN who attest to being a U.S. citizen will have their citizenship and identity validated through a data match with the Social Security Administration (SSA). The LDSS must reach out to youth who fail the validation process. The youth must continue to be authorized for Medicaid for 90 days pending either a referral to Vital Records for birth information or an opportunity to produce original citizenship and identity documents as outlined in 10 OHIP/ADM-8. If a youth who applied for an initial SSN does not provide the SSN within four months after the SSN application was filed, Medicaid coverage shall be discontinued for failure to provide a SSN. If the youth is not eligible for a SSN due to immigration status, a referral to Child Health Plus (CHPlus) should be made.

Note: Individuals who have acquired citizenship through naturalization will not have their citizenship verified through the SSA data match, since the SSA does not retain data files for naturalized citizens. Documentation of citizenship (an original or certified copy of their Certificate of Naturalization) is required for naturalized citizens.

Immigration documents are required for youth who are not U.S. citizens. Designated OCFS staff will make every effort to secure the immigration and identity documentation for all youth who do not declare to be U.S. citizens. The OCFS worker will validate that original documents were seen by signing, dating and noting on each copy that he or she has seen the original. The worker, securing the necessary documentation, will then send the annotated copies to the OCFS Federal Resource Unit (FRU). The FRU will submit the properly annotated copies with the application to the LDSS. The LDSS must not request an original document if a properly annotated copy has been provided by OCFS.

In addition, OCFS will share any information it has related to an absent parent and/or third party health insurance with the LDSS (i.e., insurance through parent's employer), if known, with required proof of health insurance. The LDSS shall not deny or delay case openings if third party health insurance or absent parent information is not provided. The FRU worker will mail the application package to the appropriate LDSS as notification of the juvenile delinquent youth's impending release from the OCFS facility.

In order to expedite Medicaid applications for juvenile delinquent youth released from Medicaid ineligible settings who remain in the custody of the OCFS Commissioner, the Department has developed a cover letter (Attachment OHIP-0038) which is to be used by OCFS FRU staff when submitting Medicaid applications for youth. The cover letter, application and required documentation will be submitted to the LDSS at least 30 days prior, if possible, to the youth's release from the OCFS facility for all planned releases. Medicaid for the eligible youth is to be authorized by the LDSS effective the first day of the month of the youth's release from the facility. Medicaid coverage must be authorized for a period of 12 months using Individual Categorical Code 77 (Non-IV-E Foster Care) upon notification from OCFS that the juvenile delinquent youth has been released and remains in the custody of the OCFS Commissioner. OCFS, Bureau of Classification and Movement, will identify the expected date of release for each youth. The LDSS Medicaid worker must contact the OCFS worker who completed the OHIP-0038 for the actual date of release, if this information is not known at the time of case processing.

OCFS Juvenile Delinquent Youth Released From Medicaid Eligible Settings

Juvenile delinquent youth placed in OCFS residential facilities with no more than 25 beds or placed in voluntary foster care agencies are categorically eligible for Medicaid while in placement, if they are citizens or have satisfactory immigration status. Juvenile delinquent youth in these settings may not have a CBIC while in placement, because Medicaid per diems are paid for them. Please note the Principal Provider ID code for all OCFS non-secure residential care facilities is 01431745. The facility type code is 10 "Child Care facility." Having verified eligibility, OCFS FRU shall notify the LDSS, via the OHIP-0038, when the juvenile delinquent youth is anticipated to be released and remains in the custody of the OCFS Commissioner. To ensure the youth has access to Medicaid services in the community as soon as possible, the instructions below must be followed.

Systems Implications - Upstate

When a juvenile delinquent youth is released from a Medicaid eligible setting, as described above, the youth may remain in the custody of the OCFS Commissioner for *generally* a minimum period of six months. During the number of months that the juvenile delinquent youth remains in the custody of the OCFS Commissioner, the youth is categorically eligible for Medicaid, as long as the youth is a citizen or has satisfactory immigration status. Upstate

LDSS must remove the youth from the facility/agency roster by end dating the Principal Provider Code 10 in WMS. Additionally, the card code on Screen 5 must be changed from R "Roster" to N "non-photo" card, the youth's address updated on WMS, any third party health insurance information for the youth entered or updated in eMedNY, and a new or replacement CBIC card generated, if necessary.

Systems Implications - New York City

In New York City (NYC), Medicaid eligible children in OCFS operated residential care facilities with 25 beds or less are not processed through SERMA. Their Medicaid is authorized on Downstate WMS by NYC Human Resources Administration (HRA). OCFS FRU will notify HRA when these children are released from the facility placement and remain in the OCFS Commissioner's custody. HRA must remove the youth from the OCFS facility's roster by end dating the Principal Provider Code 10. Additionally, the card code on Screen 5 must be changed from "R" to "N", the youth's address updated on WMS, any third party health insurance information for the youth entered or updated in eMedNY, and a new or replacement CBIC card generated, if necessary.

When a NYC child in OCFS custody is placed in a voluntary agency, Medicaid is authorized through SERMA. When the child is released from the voluntary agency and remains in the custody of the OCFS Commissioner, Administration for Children's Services (ACS) must remove the youth from the facility/agency roster by end dating the Principal Provider Code 10. The WMS Services Case must remain open and Medicaid will continue to be authorized through the SERMA process.

Juvenile Delinquent Youth Discharged From the Custody of the OCFS Commissioner

Districts are reminded that juvenile delinquent youth who are discharged from the custody of the OCFS Commissioner, whether directly following a period of placement in an OCFS operated facility or a voluntary agency, or after completion of a period of time in OCFS custody while in the community, may have their Medicaid continued under one of the following applicable provisions.

Chafee Amendment - Juvenile delinquent youth under age 21 who are discharged from the custody of the OCFS Commissioner, regardless of the setting, are eligible for Medicaid under the Chafee provision if they remain in New York State and are discharged on or after their 18th birthday. Please refer to 09 OHIP/ADM-1 or 09-OCFS-ADM-15 for more information. OCFS FRU will indicate that a youth is designated Chafee upon their release and inform the LDSS.

Continuous Coverage for Children - For youth who do not meet the Chafee criteria, continuous coverage provisions may apply. Medicaid eligible children under the age of 19 who remain in New York State are guaranteed coverage for up to 12 months. Each time eligibility is determined, children up to age 19, who are found fully eligible for Medicaid, are provided coverage for 12 months from the date of determination/redetermination or until the end of the month of their 19th birthday, whichever comes first, regardless of change in income or circumstances.

Medicaid Eligibility Redetermination - The LDSS must redetermine Medicaid eligibility, as soon as possible when a juvenile delinquent youth, who does not meet the Chafee or continuous coverage criteria, is discharged from the custody of the OCFS Commissioner. This includes redeterminations for youth discharged to a Temporary Assistance or Medicaid household.

Joint or Shared Custody Cases - Social services districts may maintain legal custody of an OCFS youth through another court proceeding. These are referred to as joint or shared custody cases. When these youth are discharged from OCFS custody and LDSS/ACS custody continues, the youth remains categorically eligible for Medicaid.

Date: _____

To: _____ County Department of Social Services
 Attention: Medicaid Director/Worker (name) _____

Please be advised that (name) _____ is scheduled to be released on ____/____/____, from (facility's name) _____. The youth is scheduled to be released to (name) _____ (relationship) _____. The youth, who has been adjudicated as a juvenile delinquent pursuant to Article 3 of the Family Court Act and placed in the custody of the OCFS Commissioner, pursuant to Section 353.3 of the Family Court Act, remains in the custody of the Commissioner and will receive aftercare services from the OCFS (generally for a minimum period of six months).

Check the appropriate box(es) below:

- Youth to remain in OCFS Commissioner custody upon release.
- The youth named above, **is not currently eligible for Medicaid** because s/he is residing in a Medicaid ineligible setting. The youth is categorically eligible for Medicaid as a household of one upon release from the facility, if s/he is a U.S. citizen or has satisfactory immigration status. Attached is the completed Access NY Health Care application for the youth.

If a social security number is provided for a child who is a U.S. citizen, documentation of citizenship, identity and date of birth are not required at this time. If original documentation was obtained by the OCFS worker, annotated copies indicating that the worker saw the original documents are attached. The worker has also signed and dated the annotated copies. In addition, third party health insurance information has been provided, if known, with required proof of health insurance. Also, absent parent information has been provided, if known and applicable. To expedite the determination of Medicaid eligibility for the youth, the following information has been completed in addition to the information provided in the completed application:

- The youth may have had Medicaid previously, but requires a new Medicaid CBIC Card.

Date SSN was applied for, if applicable	_____/_____/_____
Proof of satisfactory immigration status if not a U.S. citizen	
Identity Documentation attached (not necessary if SSN included and child is a citizen)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Discharge Date (if known) ----- or -----	_____/_____/_____ -----
Anticipated Discharge Date	_____/_____/_____ -----
Third Party Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, complete information in Section D of DOH-4220 <input type="checkbox"/> Copy of insurance card attached
Is child returning to a household with an absent parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section H of DOH-4220

The youth named above, **is currently eligible for Medicaid.** The youth is categorically eligible for Medicaid as a household of one upon release from the facility. Please remove the youth from the facility's roster, update the youth's address on WMS, enter new/revised third party health insurance information (if health insurance information has been provided), and generate a CBIC for the youth if necessary. To expedite this process we are providing the following information:

Client Identification Number	
New Address	
Discharge Date (if known) -----	_____/_____/_____ -----
Anticipated Discharge Date	_____/_____/_____ -----
Third Party Health Insurance (if available)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, complete the following and submit a copy of the health insurance card
Insurance Company Name	
Name of Subscriber/Policy Holder	
Group/Policy Number	

Please contact me at the telephone number listed below if you have any questions regarding this letter or the submitted information/documentation.

Name _____ Address _____

Title _____

Phone _____