

PLAN OF OPERATION

The Texas Juvenile Justice Department (TJJD) and the Health and Human Services Commission (HHSC) acknowledge and agree that this Plan of Operation (POP) seeks to implement the requirements of House Bill 1630 enacted during the 81st Texas Legislative Regular Session. This plan may be revised and updated as deemed necessary. The TJJD and the HHSC will document and date such revisions to maintain an accurate record of the development of the plan.

HB 1630 - PLAN OF OPERATION TJJD/HHSC - January 1, 2014

1. Youth who are released from the following types of facilities returned back to the community and are under the supervision of the juvenile court or the TJJD are included in this Memorandum of Understanding (MOU). They include:

- Youth released from a secure facility:
 - A secure pre-adjudication detention facility as defined in the Texas Family Code Section 51.02(14)
 - A secure post-adjudication correctional facility as defined in the Texas Family Code Section 51.02(13); and
 - TJJD secure facility
- Youth released from a non-secure facility:
 - A foster care setting including, but not limited to, foster family homes and non-secure residential facilities licensed by the Texas Department of Family and Protective Services (DFPS) or other state licensing authority, and child care institutions operated by a government entity up to 25 beds approved by DFPS for foster care reimbursement.
 - A non-secure correctional facility as defined in the Texas Family Code Section 51.02(8-a);
 - TJJD half-way house; and
 - TJJD contract care facility

2. Referrals

- JPD Youth: 30 calendar days prior to release from a secure or non-secure facility (or as soon as possible if release is scheduled within less than thirty (30) calendar days) the juvenile probation department (JPD) will notify the HHSC's Centralized Benefit Services Unit (CBS) via the Juvenile Medicaid Tracker (JMT) of the pending release of youth potentially eligible for Medicaid and/or CHIP.
- TJJD Youth: 30 calendar days prior to the anticipated release date, which is determined by the minimum length of stay (MLOS), (or as soon as possible if release is scheduled within less than 30 calendar days) the TJJD staff will notify the HHSC's Centralized Benefit Services Unit (CBS) via the Juvenile Medicaid Tracker (JMT) of the pending release of youth potentially eligible for Medicaid and/or CHIP.

A screening tool will be provided (but is not required) to facilitate this process.

3. The following youth will not be reported in the JMT:
 - Youth placed out of state;
 - Youth being moved to another residential setting (another placement facility, detention center, secure post adjudication facility, etc.);
 - Youth who have an active Medicaid case upon entering detention AND whose stay in detention is less than 30 days;
 - Youth who receive SSI;
 - Youth who are not legal permanent residents or US citizens;
 - Youth in Department of Family and Protective Services conservatorship;
 - Youth whose families have applied for benefits at a location other than the CBS; and
 - Youth whose families do not want to apply for benefits.

4. The information provided to HHSC will include the following:
 - Youth's Personal Identification Number (PID) or TJJD Number;
 - Youth's name, date of birth, Social Security Number (SSN);
 - If youth is being released from detention, date detained;
 - Address of where youth will be residing upon release from placement;
 - Name of person to whom released, and relationship to youth;
 - SSN and contact number of person to whom youth is released;
 - Name of facility from which youth is released;
 - Anticipated date of release;
 - Name of county and supervising probation officer for probation youth; and
 - Name of supervising parole officer for TJJD youth.

5. The HHSC will perform an inquiry to determine Medicaid/CHIP status of reported youth and within seven (7) business days provide a report via the JMT that will include the following information:
 - Whether the youth can be added back to an active Medicaid case and whether that case is due for review;
 - If the case is due for review, the JPD and/or the TJJD staff will assist the family, as deemed reasonable and appropriate, in the submission of the renewal application sent to them by the HHSC;
 - Whether a new application must be completed (if there is no active case) and confirm that an application packet was sent to the family; or
 - Whether the youth is on Supplemental Security Income (SSI). In this case, the JPD and/or the TJJD staff will refer these families to the Social Security Administration (SSA) for reinstatement of Medicaid benefits.

6. For new applications, the HHSC will send an application packet to families who do not have active Medicaid/CHIP. The packet will include the following:
 - *Texas Streamlined Application – Form H1205*;
 - Postage paid envelope addressed to CBS;
 - A cover letter drafted and approved by the IDISC and the TJJD which includes:
 - Helpful information and instructions for submitting the application;
 - JPD or TJJD staff contact information;

- Informational paragraph including a message addressing the importance of health insurance; and
 - A list of Community Based Organizations (CBO) which includes telephone numbers and addresses of all Texas CBOs. The CBOs are available to assist families in completing the applications, if requested.
7. The HHSC will report via the JMT that an application has been sent to the family; the JPD and/or the TJJD staff will then follow-up with the family, as deemed reasonable and appropriate, regarding completion and submission of the application as part of the case management process. These applications will be forwarded to the CBS unit for processing.
 8. The JPD and/or the TJJD will inform the HHSCs CBS unit of youths' actual release date via the JMT for each youth on or after the day of release. The HHSC will generate a printout of the information and send it for imaging in the case record.
 9. The HHSC (or contracted staff) will be available to the TJJD and/or local JPDs for training regarding HHSC programs and/or the implementation of the procedures outlined in this POP as needed. Additionally, HHSC's Professional Development Unit may provide PowerPoint presentations to be shared with the TJJD and/or local JPDs as either self-paced or instructor led training by the CBOs or HHSC staff. The HHSC and the TJJD may also coordinate to develop web-based trainings.
 10. The following information will be available via the JMT for all youth who were reported being released:
 - Names of youth and county who were referred to HHSC
 - Names of youth and TJJD facility who were referred to HHSC
 - Names of youth and county who were added back to an active case;
 - Names of youth and county for which an application was sent to the family;
 - Names of youth and county for which an application was received;
 - Names of youth and county who were certified with a new case;
 - Names of youth and county who were denied and provide a denial reason; and
 - Names of youth and county who were referred to CHIP
 - For all youth referred to CHIP, the JPD or TJJD staff will follow-up with the family, as deemed reasonable and appropriate, to assist them in meeting the established enrollment requirements.
 11. The HHSC will notify the JPD and the TJJD of any applications returned by USPS "unable to deliver" via the JMT. Once notified, the JPD and the TJJD will make reasonable efforts to locate the household. If the household is located, the JPD and the TJJD will provide the updated address to the HHSC who will mail the application packet to the new address.
 12. The HHSC will process applications following HHSC's internal policy and procedure. "Eligible" determinations will be held pending confirmation of the youth's release. If the applicant does not provide sufficient information or verification to make a determination, the HHSC will send a notice to the household by mail and request the required information along with an explanation of what is needed and a list of acceptable sources. The JPD and the TJJD staff will follow-up with the family, as deemed reasonable and appropriate, and assist the family with the completion and submission of the application.
 13. Once confirmation of release is received, the HHSC will complete actions to either process the application or add the youth to an existing case within five (5) business days provided the HHSC has all information necessary to make an eligibility determination.

The Medical Effective Date will be the date of the youth's release (this includes weekend releases). The HHSC has 45 days from receipt of the application to make an eligibility determination. If the household has not provided the required information or the date of release is not confirmed by the 45th day, the application will be denied. If the household still wishes to be considered for Medicaid, they will be routed through the normal Medicaid/CHIP processing procedures.

14. The HHSC will follow this process for any application received up to fourteen (14) calendar days after the youth's release from a facility. For applications received on the 15th day, or later, after release, the CBS unit will route the applications through the regular processing procedures. The CBS will complete one final inquiry to see if the Medicaid was already approved. After this inquiry on the 15th day, the CBS will report that

- The child has Medicaid; or
- The child was denied; or
- The CBS never received the application.

15. The HHSC and the TJJJ will each designate a contact and a backup who will serve as liaisons between the two agencies. The designated TJJJ liaison will act in an administrative capacity only; JPD and the TJJJ staff will contact the CBS directly regarding case specific questions or issues.

16. If the HHSC determines that a youth is not eligible for Medicaid, but is eligible for CHIP, record the CHIP determination in the JMT. CHIP processing is as follows:

- The CHIP vendor will send an enrollment packet with all of the information the household needs to enroll in CHIP. The CHIP enrollment packet will include:
 - Provider directories;
 - Enrollment form; and
 - An enrollment fee coupon with prepaid envelope (if the client owes an enrollment fee).
- Eligible household members will not start receiving benefits until they comply with the enrollment requirements:
 - They must select their health plan (unless they live in a county with only one health plan, in which case they will be automatically enrolled)
 - They must also pay a yearly enrollment fee per family. This fee is due within ninety (90) days of the date their application was processed and varies depending on the family's Federal Poverty Limit (FPL). The current fees are as follows:

Federal Poverty Limit	Enrollment Fee
At or below 150% FPL	\$0
Above 150% up to and including 185% FPL	\$35
Above 185% up to and including 200% FPL	\$50

Families who do not make a health plan choice by the due date will be automatically enrolled in a health plan. Families who still owe a fee after the due date will not be enrolled in the CHIP program and may need to reapply.

The effective date of CHIP is dependent on the date of enrollment as it relates to the monthly cut-off date. If enrollment is processed prior to the cut-off date, CHIP will be effective at the beginning of the following month. If enrollment is processed after the cut-off date, CHIP will not be effective for two (2) months.