

YOUTH SERVICES POLICY

Title: Financial Assessment, Medicaid Eligibility and Parental Contributions	Type: D. Community Based Services Sub Type: 9. Placement, Transfer, Termination and Removal Process Number: D.9.7
Page 1 of 6	
References: Title IV-E of the Social Security Act, Sec. 472; YS Policy Nos. A.3.4 "Parental Contributions – Cost of Care and Treatment", C.5.6 "Juvenile Electronic Tracking System (JETS)"	
STATUS: Approved	
Approved By: Otha "Curtis" Nelson, Jr., Deputy Secretary	Date of Approval: 01/17/2024

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish procedures regarding completion of the financial assessment forms for youth in the custody of YS, Office of Juvenile Justice (OJJ).

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Executive Management Advisor, General Counsel, Regional Administrators, Regional Managers and all employees of Community-Based Services (CBS).

IV. DEFINITIONS:

Community Based Services (CBS) - Includes all regional probation and parole offices located throughout the state.

Department of Public Safety/Office of Management and Finance (DPS/OMF) – A unit within the Department of Public Safety that oversees the administrative and operational functions of the Office of Juvenile Justice. (For the purposes

of this policy, this office reviews and evaluates all financial and legal information from the youth's custodian, calculates the cost of care assessment, and collects and provides accounting functions regarding contributions made.)

Financial Assessment Forms - FAST I and FAST II forms utilized by OJJ, DCFS, and the Department of Public Safety/Office of Management of Finance (DPS/OMF) to determine eligibility for federal reimbursement, Medicaid and the amount, if any, of parental contributions.

Financial Assessment Transaction Form (FAST) I - FAST I is a form utilized by OJJ, the Department of Children and Family Services (DCFS), and the Department of Public Safety/Office of Management of Finance (DPS/OMF) to determine eligibility for federal reimbursement, Medicaid and the amount, if any, of parental contributions.

Financial Assessment Transaction Form (FAST) II – FAST II is a form utilized by OJJ that outlines the requirement of contribution for the cost of care or the application of any benefits being received on behalf of the child being applied toward the cost of care while in OJJ custody.

Financial Assessment Transaction Form (FAST) Form III – Fast III is a form utilized by OJJ and DCFS to report changes in placement and periodic reviews for continued eligibility.

Financial Assessment Transaction Form (FAST) IV – Fast IV is a document generated by DCFS, after receipt of the FAST I, FAST II and/or FAST III, which identifies the funding source and effective date of coverage.

Financially Responsible Person - A youth's legally responsible parent - a natural or biological parent, an adoptive parent, or a legally appointed tutor.

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth under OJJ supervision or custody, and to record all youth case record activity.

Office of Child Support Enforcement - A division of DCFS responsible for collecting financial support from non-custodial parents.

Parental Assessment Review Committee (PARC) – A committee established by the Deputy Secretary and comprised of a maximum of six individuals tasked with reviewing parent or financial requests for redeterminations of parental contribution assessments.

Probation and Parole Officer 1, 2, and 3/Juvenile (PPO/J) - PPO/J's assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/J's shall coordinate case management services in accordance with need assessments, as well as monitor, compliance with the services provided and court ordered requirement while the youth is in the custody or under the supervision of YS.

V. POLICY:

It is the Deputy Secretary's policy that the FAST I and II financial assessment forms be completed in the Juvenile Electronic Tracking System (JETS) by the supervising Probation and Parole Officer/Juvenile (PPO/J) on youth placed in the YS' custody.

VI. PROCEDURES:

- A. Once a youth is placed in the first residential placement, the documents shall be forwarded to the designated Central Office staff within 10 days of placement via email at ojjfastforms@la.gov. A copy of the birth certificate, Social Security card, custody order, proof of income and transfer screen shall accompany the completed forms. The designated Central Office staff shall forward the documents to the Department of Children and Family Services (DCFS) Social Services Analyst (SSA) within fourteen (14) working days of placement. This information is used by DCFS to determine the category of funding and the amount of parental contributions, if any.

Each youth is entitled to a Medicaid card and services while placed in a residential setting; however, the source of funding may differ. Due to the potential for medical expenses, timely submission of the FAST forms and documentation is necessary to secure a Medicaid card for the youth.

The completed information listed above, along with a copy of the custody order and any documentation the parent provides as to child support, shall be forwarded to the designated Central Office staff via email at ojjfastforms@la.gov. The Central Office staff will forward to the Department of Public Safety/Office of Management and Finance (DPS/OMF) for review. When submitting FAST forms to DPS/OMF, the Parental Contribution Coversheet for Custody Youth shall be created in the youth's record, in JETS, and placed on top of the information being mailed. This letter identifies the financially responsible person.

The placing PPO/J shall gather information from the person the youth was living with at the time of removal and placement in OJJ custody. If the youth is living with a person or persons who do not fall within the definition of a financially responsible person, the placing PPO/J shall attempt to locate the youth's legally responsible parent - a natural or biological parent, an adoptive parent or a legally appointed tutor. If the placing PPO/J is unable to locate the financially responsible person, information for the FAST I will be gathered from the person the youth was living with at the time of removal and placement in custody. This person, however is not financially responsible for cost of care. This statement shall be included in the forms stating the financially responsible person could not be located. The FAST I and II forms shall be forwarded to the designated Central Office staff via email within ten (10) working days. Central Office staff will forward to DCFS and DPS/OMF within fourteen (14) working days.

Once a determination is made that the financially responsible person is to be billed, DPS/OMF shall begin billing immediately, but no later than the next monthly billing cycle. A financially responsible person who fails to provide properly executed FAST I and II forms shall be assumed to have the ability to pay the entire cost of care. "Collection Account Information" is located in JETS.

If it is determined there is an open child support case or that a petition has been filed for child support, parental contributions shall continue until OJJ becomes the active "payee".

Upon request, OJJ shall be furnished a copy of the financial determination work sheet used for the assessment from DPS/OMF.

- B. The FAST IV, returned by the DCFS/SSA, shall specify the certification funding source. The funding source shall be entered in the JETS placement screen by the designated Central Office staff within seven working (7) days of receipt, a copy of the FAST IV packet shall be forwarded to the placing PPO/J, Regional Manager, Program Specialist and DPS/OMF.

The three funding sources are as follows:

(08) TITLE IV-E CATEGORY - Federal funds to cover any medical costs and room and board.

(22) MEDICAID ONLY - Federal funds to cover all medical costs and placement in Medicaid beds at private hospitals (in this category state funds are used to pay for client's room and board in regular non-secure placement).

(15) STATE FUNDED - State funds to cover both medical costs and room and board.

C. If the FAST IV form indicates that additional information is needed, the assigned PPO/J shall obtain and submit the information to the designated Central Office staff within five (5) working days of the request. The designated Central Office staff shall submit the information to DCFS/SSA within seven (7) working days of the request.

D. A FAST III form is used to inform the DCFS Social Service Analyst (SSA) and DPS/OMF of changes in financial status, physical location, and custody supervision within seven (7) working days of the change.

a. Recertification/reassessment of the financially responsible person's financial condition shall be performed every 12 (twelve) months or upon receipt of additional documentation that indicates a change in income or financial circumstances. All recertifications/reassessments of income shall be completed on a FAST III form.

The placing PPO/J is responsible for obtaining the necessary information to complete the FAST III form which shall be printed and emailed to the designated Central Office staff by the placing PPO/J. The designated Central Office staff will then forward to DCFS/SSA and DPS/OMF.

b. Upon change of physical location, a FAST III must be completed by the placing PPO/J, and a copy shall be sent to the DCFS/SSA and DPS/OMF.

c. Upon early release from non-secure care, a FAST III form must be completed by the placing PPO/J. A copy shall be sent to the designated Central Office staff via email within five (5) working days. The designated Central Office staff shall submit to DCFS/SSA and DPS/OMF within seven (7) working days.

E. A financially responsible person may appeal an assessment/reassessment based upon extraordinary circumstances or catastrophic loss. Examples of extraordinary circumstances are, but not limited to, non-insured medical payment or major loss of property.

- F. Appeals of assessments/reassessments shall be heard by the Parental Assessment Review Committee (PARC). The Deputy Secretary shall determine the membership of the Committee which, at a minimum, shall be composed of the Assistant Secretary, Undersecretary/designee, a Regional Director, and a representative of Legal Services.

The Committee shall review the FAST I and/or FAST III forms, if appropriate, the legal and current financial status of the parent or financially responsible person, and other relevant documents submitted by the person requesting the appeal. If additional documents are required by the Committee to make its determination, the parent or financially responsible person must furnish the documents for the appeal to move forward.

- G. A copy of all PARC decisions shall be forwarded to DPS/OMF.
- H. When a youth reaches the age of 19 years old, the Louisiana Department of Health (LDH) Medicaid Change of Address Form (Attachment (a) shall be completed by the youth and submitted by the placing PPO/J to IMDOC@la.gov, which is the Medicaid field team that handles all apps for incarcerated applicants. The DOC# may remain blank if it is not relevant. A copy of the completed form and email receipt of submission shall be kept in the youth's case record.

Previous Regulation/Policy Number: D.9.7

Previous Effective Date: 10/16/2023

Attachments/References: D.9.7 (a) LDH Medicaid Change of Address Form June 2023

Medicaid/LaCHIP Office
P. O. Box 91283
Baton Rouge, LA 70821

LOUISIANA DEPARTMENT OF HEALTH

Address Change Report Form

Enter all available information (if information is unknown leave blank).

Member Information

Name: _____ SSN: _____ Date of Birth: _____
Medicaid ID: _____ DOC #: _____

Where do you want to receive your Medicaid mail?

Change of Address Information	
Is your home address the same as your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address	Street Address or PO Box
	City State Zip Code
Home Address Complete this section only if your home address is different than your mailing	Street Address (Must be a physical address)
	City State Zip Code
Phone Number	() -

Sign this form

By signing this form, I am giving my permission to the State of Louisiana and its agents to verify the information given on this form. Under penalty of perjury, I certify that all information contained in this form is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

Submit this form

Send the completed form to Louisiana Medicaid via email, fax, or postal mail.

Email: IMDOC@la.gov

Fax Number 1-877-523-2987

Mailing address: P. O. Box 91283, Baton Rouge, LA 70821