

YSHCN in the DJJ System 10/15/10 Teleconference

Attending: Diane Straub, Janet Hess, Jack Ahearn, Lisa Johnson, Jean Becker-Powell, John Reiss, Eleanor Cofer

Questions/action steps discussed are:

1. Can the JPO (Juvenile Probation Officer) access Medicaid info when the child enters the system to find out whether there are significant health conditions and/or the child is a CMS client?

- Eleanor, would you be able to check into this since you used to work at Medicaid? You probably have better contacts than the rest of us.

2. Can DJJ add a question during intake about whether the child is a CMS client?

3. Can DJJ create a CMS alert in its system once a child has been identified as being a CMS client?

4. DJJ currently is looking at ways to develop comprehensive individualized aftercare plans for kids transitioning out of DJJ facilities, and is interested in existing materials that they can adapt or utilize (e.g., materials from foster care, domestic violence). Jeannie has asked for any appropriate materials/check lists to be sent to her.

- Also, there are many resources available through the FloridaHATS web site (www.FloridaHATS.org, see Tool Box) and ICHP's web site (<http://hctransitions.ichp.edu>) that might be helpful. Once our online service directory is operational (Dec), it can be used to identify local resources for each child. I believe Dr. Johnson is posting a link on the DJJ web site.

5. How can we train/educate CMS care coordinators about how the DJJ system works (intake process, probation vs detention vs residential placement, Medicaid eligibility based on placement, touch points for CMS to interface with DJJ staff, statutory responsibilities etc.).

- Jack/Jeannie, is there an existing document or presentation that outlines key information, or can one be developed?

6. Likewise, how can we train/educate DJJ nurses and staff about CMS eligibility, support that CMS may be able to provide for kids while they're in the DJJ system, and health care transition generally?

- Dr. Johnson, we are available to conduct trainings for staff like we did in the 1-hour webinar for DJJ nurses in Tampa and surrounding facilities. In addition, there is a 4-hour web-based module on health care transition (divided into 2x 2-hr units) that provides free CME/CE credit for physicians, nurses, social workers, mental health providers, etc. Is that something you could have DJJ nurses/support staff complete? I'm attaching a brochure about the training.

7. How can we facilitate linkages to CMS for kids in the DJJ system that are not currently enrolled in CMS but may potentially be eligible? At what point would that connection be made, and to who in CMS?

Follow up notes from Janet Hess:

- 1) I wanted to let everyone know that we contacted some other agencies about whether there are educational materials targeted to youth w/disabilities or special health care needs - including intellectual disabilities - and families who come into contact with (or are at risk for) the DJJ/corrections system. There was a lot of interest in developing materials, and as a result, there will be a collaborative initiative to do that with leadership from Project 10/FDOE. Partners include DJJ Education Services (Terri Eggers, Cindy Jones), Project 10 (Rick Casey - lead; Jordan Knab, Lori Garcia), SEDNET (Khush Jagus), and DCF (Laurie Blades).
- 2) Lytha Belrose from DJJ provided this feedback in response to the question, can the JPO (Juvenile Probation Officer) access Medicaid info when the child enters the system to find out whether there are significant health conditions and/or the child is a CMS client?

A very long time ago (maybe 1994), DJJ's probation officers had access to the Medicaid file system for "4-E eligibility." Now, the Medicaid eligibility process is completed by the residential program providers (DJJ's residential commitment programs are 86% privatized) rather than by the probation officers. They do not have access to the Medicaid file system and, therefore, develop strong working relationships with their area DCF Child in Care (CIC) liaisons and their area AHCA Behavioral Health liaisons. In fact, a committed youth's Medicaid status may not be known to DJJ until the residential program provider submits the DCF CIC Medicaid Application and hears back from that DCF liaison.

However, there is a workgroup, created by the Children & Youth Cabinet (CYC), of multi-agency folks who comprise the "Information Sharing System (ISS)" that would provide Web-based connectivity for FMMIS/Medicaid Services. I have not heard anything about the progress of the project since a June 21st meeting I attended of the "CYCISS Joint Application Design meeting.

The contacts that from that meeting are:

- Cyndee Odom, Special Projects Manager, Executive Office of the Governor;
- Jim Kallinger, Chief Child Advocate, Office of the Governor; and
- David Rader, DRader@metatomix.com, (505) 228-4752, who is a contractor for AHCA to develop the hydraulics of the ISS.

For more information, please visit www.flgov.com/youth_cabinet_datasharing.