



Improving Outcomes for Justice-Involved Youth: What Providers Need to Know About CAA Coverage

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in Partnership with the Division of Mental Health & Addiction
(DMHA) and Department of Corrections (DOC)*

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Agenda

Goal: Provide an overview of the Justice-Involved Juveniles Eligibility (JIJE) Benefit to Indiana Health Coverage Programs (IHCP) providers.

- I. Background: Consolidated Appropriations Act (CAA)
 - Benefit Eligibility
 - Medicaid Suspension & Reinstatement
 - Services
- II. For Providers: Service Billing Requirements
- III. For Providers: Credentialing
- IV. Current Efforts & Timeline
- V. Questions



Background: Consolidated Appropriations Act (CAA)

The 2023 Consolidated Appropriations Act (CAA) included two provisions (effective January 2025) applicable to both Medicaid and Children's Health Insurance Program (CHIP) surrounding youth in carceral settings.



Mandatory CAA Provision

Screening and Targeted Case Management (Section 5121)

- The statute requires Medicaid and CHIP to cover certain **screenings and diagnostic services in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements 30 calendar days prior to release**, or within one week or as soon as practicable after release to eligible juveniles who are post adjudication in public institutions.
- It also requires Medicaid to cover **targeted case management (TCM) 30 calendar days prior to release and for at least 30 calendar days following release**.



Optional CAA Provision

Optional Provisions: Medicaid and CHIP Coverage (Section 5122)

- The statute gives states the option to **provide Medicaid and Children's Health Insurance Program (CHIP) coverage** to eligible juveniles, pending disposition of charges, and would allow states to receive federal financial participation under Medicaid for such services that are provided.

Note: Indiana is not doing this at this time.



Qualifying for the JJJE Benefit Package

These requirements apply **post-adjudication** (*i.e.*, a court concluded the child/youth committed the act for which they were charged). The current estimated population is **415** individuals per year.

Someone who is eligible for the limited benefit package is...

- ✓ Enrolled in Medicaid (1) before becoming or (2) while an inmate of a public institution
- ✓ An Indiana residents with a qualified citizenship status (eligible to receive full-coverage Medicaid)
- ✓ A Medicaid-eligible individual who **is under 21 years of age** with a **suspended** Medicaid status
- ✓ Between the ages of **18 and 26** who is eligible for Medicaid under the **mandatory former foster care children group**



Qualifying for the JIJE Benefit Package

The requirements apply to...

- ✓ A correctional institution which is considered a public institution and may include state or federal prisons, local jails, detention facilities, or other penal settings (e.g., boot camps, wilderness camps).
- ✓ Adult facilities if an eligible child/youth is involved in the adult system.



Medicaid Suspension and Reinstatement

- Indiana Medicaid members who are incarcerated for at least 30 calendar days have their Medicaid coverage **suspended**.
- Once an incarcerated/suspended Medicaid member has been released and Indiana Medicaid is notified, **their Medicaid coverage should be reinstated within a the first month of release**.
- **Incarcerated individuals can also apply for Medicaid prior to their release**. All normal eligibility factors, including income for their household members, must be verified and they must be found eligible for Medicaid. If approved, they will be opened directly into a suspended status until their release.

Medicaid Suspension and Reinstatement



Since January 2025, in response to CAA Section 5121, **eligible individuals** can access Medicaid coverage for the **JJE** Benefit **only** 30 calendar days **prior to release** and 30 calendar days **following release** from carceral settings.



JJJE Limited Benefit Package Services

TCM and **EPSDT** will be available to eligible individuals 30 calendar days before **and** 30 calendar days after release from a public institution.

- State-determined screening and diagnostic services must include minimum **EPSDT standards**.
- IHCP-covered EPSDT services through this benefit will include:
 - ✓ Dental screening and diagnostic services
 - ✓ Behavioral health screening and assessments
 - ✓ Health risk assessments, physical exams, laboratory tests, and developmental screenings
 - ✓ Vision and hearing screenings



For Providers: Service Billing Requirements

Two instances of required contact by case manager 30 calendar days **before** release and two instances of contact by case manager will be required 30 calendar days **after** discharge from facility.

Providers will be allowed to bill within 180 calendar days of delivering services.



Targeted Case Management Billing Requirements

Two (2) instances of contact (in-person or virtual) by case manager is required within 30 calendar days of individual's discharge from facility (T2023 CPT, \$189 monthly):

- 1. Visit #1** – Case Manager to conduct Standard Daily Living Assessment (SDLA) or an equivalent assessment and review outcome of diagnostic screening.
- 2. Visit #2** – Case Manager to provide support for identified needs for screening, referrals and support post-discharge, including a warm handoff to other resources.

Billing Code: T2023 | Minimum Duration per Contact: 30 minutes

Screening and Diagnostic Services Billing Requirements



Screening and diagnostic services will be available to eligible members through EPSDT.

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 - Dental screening and diagnostic services
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For Providers: Credentialing

To receive reimbursement for services provided under the CAA, correctional facilities **must** enroll with the IHCP as a provider.



Credentialing Overview

In order to enroll as a Correctional Facility Clinic, the following will be needed:

1. **Type 2 (Organizational) National Provider Identifier (NPI) – FSSA**
Tip: This can be requested through the National Plan and Provider Enumeration System (NPPES)
2. **Taxonomy Number – FSSA Tip: 261QP2400X (Prison Health)**
3. **Copy of a W-9 Form – FSSA Tip: As a government entity, providers may elect to use the county auditor's office for tax purposes.**

FSSA Tip – Having a contract with FSSA for the presumptive eligibility (PE) for inmates process is not the same as provider enrollment.



Credentialing Instructions

In order to enroll as a Correctional Facility Clinic, the following will be needed:

- 1) Obtain your NPI number for the correctional facility
- 2) Gather required documentation
- 3) Apply for enrollment with the IHCP:
 - a) [Online](#) (recommended), or
 - b) By [mail](#)

For Reference:

Provider Type: 08 (Clinic)

Provider Specialty: 089
(Correctional Facility Clinic)

Provider Classification: Billing

FSSA Tip – No application fee is required.



For Providers: Accessing the Provider Portal

To enroll in the IHCP, go to the IHCP Portal and click "Provider Enrollment." To register an account on the IHCP Portal, click "Register Now."



Getting Access to the IHCP Portal

Use the IHCP Provider Healthcare Portal (IHCP Portal) to:

- ☐ **Apply** to become an IHCP provider or update your existing IHCP enrollment information.
- ☐ **Verify** member eligibility.
- ☐ **Submit** fee-for-service (FFS), non-pharmacy claims to Gainwell Technologies and view payment information.
- ☐ **Submit** Presumptive Eligibility (PE) applications.
- ☐ **Submit** Notifications of Pregnancy (NOPs) for managed care members.
- ☐ **Perform** Right Choices Program (RCP) primary medical provider (PMP) functions.



Portal Access & JJE Benefit Application

Step 1. Log into the Provider Portal and select “Eligibility”

Step 2. Use the Eligibility Verification Request panel to search for the individual, then select the “Justice Juvenile Eligibility” button to enter the application for the limited Justice-Involved Juveniles benefit

Step 3. Enter the type of request (New, or if revising the release date for existing justice-involved juvenile benefits, select Revised) and release date (must be within 30 calendar days) and submit the application



Portal Access & JIJE Benefit Application



Step 4. You will get an immediate approval or denial; print and/or save the documents in the pop-up window before you close it. If approved, benefits will show in the provider portal immediately. If denied, the notice will have information on how to contact OMPP for assistance and will include appeal rights



Current Efforts & Timeline

Indiana is in Phase II of program implementation with the goal of increasing the number and geographic spread of individuals served by the benefit.

Phase II: Statewide Rollout to All Juvenile Facilities



July 2026 - June 2028:

- ★ Complete statewide training for all facility staff, probation officers, and community providers
- ★ Expand the benefit to all state juvenile correctional facilities
- ★ Monitor performance, identify issues via data-sharing systems
- ★ Continue regular interagency meetings to address challenges and adjustment policies/practice

Phase III: Sustain, Optimize, Transition to Ongoing Operations



July 2028 - July 2029

- Evaluate the outcomes and impacts of the statewide implementation
- Identify areas for optimization
- Secure long-term funding or policy support to maintain the initiative



Ongoing Stakeholder Collaboration

Garnering **community and stakeholder buy-in**, ongoing coordination, and additional **engagement** with facilities to socialize forthcoming changes to eligibility, suspensions, services, etc.

- Judges & District Courts
- Community Mental Health Centers (CMHCs)
- Providers & Clinical Staff
- Community Partners
- Etc.



Stakeholder Survey Takeaways

In June 2026, OMPP distributed a survey to a wide range of stakeholders and received the majority of responses from mental and behavioral health providers, case management and social service workers, and other medical and clinical providers.

184 Unique Survey Respondents

35+ Distinct **Challenges** Identified across different areas

10+ Enhancement **Opportunities Identified**

41% Identified **Neutral** Care Coordination

47% Identified Service as Moderately **Alignment** with Youth & Family Needs



Trends in Survey Responses

- **Access to services** was identified by staff as a top challenge for eligible youth (*insurance acceptable, wait times, appropriate programming, rurality*)
- **Limited availability** and **guardian engagement** are top challenges in provider referrals
- Top suggested improvements to referrals and transitions include:
 - Cross-Agency Coordination & Communication
 - Insurance, Funding, and Staffing Capacity
 - Awareness, Access, and Availability of Services
- **Expansion of services** is a key to better support justice-involved youth



Questions & Next Steps

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Thank you!



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