



INCARCERATED YOUTH SURVEY
For juvenile and adult incarceration facilities
in the state of Mississippi

INTRODUCTON

PROVISION OF MEDICAID AND CHIP SERVICES TO ELIGIBLE INCARCERATED YOUTH

New requirements under Section 5121 of the Consolidated Appropriations Act (CAA), 2023

Beginning January 1, 2025, the Division of Medicaid is required to cover specific screening, diagnostic, and targeted case management services for eligible juveniles who are being held post adjudication as inmates of a public institution. These services are required to be covered in the 30 days prior to their release and for at least 30 days following release. Required Medicaid and CHIP coverage includes medical, behavioral health, and dental screening and diagnostic services (including immunizations), and targeted case management.

SURVEY QUESTIONS

To support successful implementation of these new federal requirements, the Mississippi Division of Medicaid would like your feedback. Please answer the following questions to the best of your ability.

- Please return your completed survey by **October 31, 2024** to: IncarceratedYouthReentry@medicaid.ms.gov .
- If you have any questions, please call 601-576-4114.

CARCERAL FACILITY SURVEY CONTACT INFORMATION (Additional contact information requested at end):

Facility Name: _____

Facility Address: _____

Person completing this survey:

Name: _____

Title: _____

Telephone number: _____

Email address: _____

- 1) Do you have a process in place to determine if newly incarcerated juveniles have Medicaid or CHIP coverage? Please check one: **YES** **NO**
- 2) Do you have a process in place to identify former foster care youth (*juvenile and adult facilities*)? **YES** **NO**
- 3) Overall Capacity: What is the maximum number of juveniles you are able to house? _____
- 4) What is the average number of juveniles incarcerated? _____
- 5) Current population:
Total number of juveniles currently incarcerated: _____
Total number of former foster care youth currently incarcerated: _____
- 6) What is the average length of incarceration? _____ Days
What is typically the minimum length of stay: _____ Days
What is typically the maximum length of stay: _____ Days

(Survey questions continue on next page)

7) Do you currently have any data sharing/file sharing capabilities in place with the following:

- Division of Medicaid? **YES** **NO**
- MS Dept. of Human Services/Division of Youth Services? **YES** **NO**
- MS Dept. of Mental Health? **YES** **NO**
- Community Mental Health Centers? **YES** **NO**

(data categories could include eligibility, coverage, incarceration and release dates, claims filing data)

8) Do you have IT resources available to upgrade or establish data sharing with the Division of Medicaid? **YES** **NO**
Would you be able to be ready for a go-live date of January 1, 2025? **YES** **NO**
If not by January 1, 2025 what would be your anticipated go-live date? _____

9) Are any of the required services noted above in the introduction currently being provided in your facility or off-site by any of the following:

- a. MS Dept. of Human Services/Division of Youth Services? **YES** **NO**
- b. MS Dept. of Mental Health? **YES** **NO**
- c. Community Mental Health Centers? **YES** **NO**
- d. Other: _____

10) a. Does your facility employ case workers to support juveniles? **YES** **NO**
b. Does your facility contract with case workers to support juveniles? **YES** **NO**
c. Are the case workers contracted as Medicaid providers? **YES** **NO**
d. Does your facility utilize or access a Case Management system/platform for scheduling, tracking case management activities? **YES** **NO**
If yes, what system/platform do you utilize? Please describe the system uses/functions.

e. Please describe the services your case workers provide during intake, during incarceration, in preparation for release, and after release:

f. How are these services funded (regular budget, grant funding, other special funds)?

11) a. Does your facility employ medical staff that treat juveniles? **YES** **NO**
b. Does your facility contract with medical staff that treat juveniles? **YES** **NO**
c. Are the medical professionals contracted as Medicaid providers? **YES** **NO**
d. How are these services funded (regular budget, grant funding, other special funds?)

Please describe the internal and external medical staff and facilities you use for medical, dental, vision, hearing, behavioral health/substance abuse:

(Survey questions continue on next page)

- 12) Does your facility utilize telemedicine/telehealth services for this population? **YES** **NO**
If yes, please describe the types of conditions diagnosed or treated through this method:

- 13) Please select all services below that are normally provided to incarcerated youth:

SCREENING: Wellness Check-up to include:

A comprehensive health and developmental history, including both physical and mental health development assessments (to include autism, depression, and maternal depression screening)

Periodic physical exams

Age-appropriate immunizations

Vision tests

Hearing tests

Dental Exams

Laboratory tests, including blood lead level assessment at certain ages; and

Health education, including anticipatory guidance.

DIAGNOSTIC TESTS: Diagnosis of:

Medical/Health problems

Mental Health problems

Substance use

Vision problems

Hearing problems

Dental problems

TREATMENT: Medically necessary health care, treatment or other measures necessary to correct or ameliorate physical or mental conditions found by a screening or diagnostic procedure. Treatment for:

Medical/Health problems

Mental Health problems

Substance use

Vision problems (including eyeglasses)

Hearing problems (including hearing aids)

Dental problems (including regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health, orthodontia)

CASE MANAGEMENT:

Pre-release case management services

Transitional case management services

Post release case management services

- 14) What hurdles or barriers do you anticipate in implementing this coverage for incarcerated youth at your facility?

15) Please provide any other comments or suggestions below:

ADDITIONAL CONTACT INFORMATION

Primary Contact:

Name: _____

Title: _____

Telephone number: _____

Email address: _____

IT Contact:

Name: _____

Title: _____

Telephone number: _____

Email address: _____

Facility Medical Staff Contact:

Name: _____

Title: _____

Telephone number: _____

Email address: _____

----- END OF SURVEY -----