# Manual for Implementing Medicaid Services within Maryland County Jails

This document serves as a manual to help jails facilitate Medicaid suspension for incarcerated individuals and provide Medicaid reentry services. This manual explains what Medicaid is, what pre-release services are eligible for Medicaid reimbursement, and how to implement those services within jails.

The Medicaid Reentry Program for Children and Young Adults reimburses correctional facilities for justice involved (JI) case management provided to eligible youth during the 30 days prior to their release.

**Jails may bill Medicaid $561.05 per eligible youth per month for pre-release JI case management.**

While this manual may be informative, it is only intended for Maryland local jails and their staff; other Maryland correctional agencies have developed their own resources for implementing the Medicaid Reentry Program for Children and Young Adults.

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# Background

## *Correctional Systems in Maryland*

The state of Maryland has three local systems of corrections, in addition to the federal prisons that operate in the state.

Maryland counties oversee individual county detention centers (referred to as jails in this manual) that detain individuals awaiting trial as well as those serving short sentences. Jails detain individuals who may be eligible for certain Medicaid reentry services based on their age and the status of their charges.

The Department of Juvenile Services (DJS) is the state agency that oversees youth who are involved in the juvenile justice system. Individuals who are under 18 years old are typically tried in the juvenile justice system, may be detained in DJS operated facilities while awaiting trial, and may be committed to a DJS operated program. The language for juvenile justice cases differs from that of adult criminal cases; for more detail please review the Resources List at the end of this document.

The Department of Public Safety and Correctional Services (DPSCS) is the state agency that oversees state-run prisons and pre-release detention centers. DPSCS oversees detention of individuals who were tried as adults, some of whom are under 18 years old. The Division of Pretrial Detention and Services (DPDS) oversees the Youth Detention Center for those under 18 years of age.

Figure 1 shows how minors who were tried as adults move through local county jails and DPSCS facilities, including prisons and the DPSCS Youth Detention Center. This figure gives an overview of which facility an individual would go to if they were sentenced to incarceration, depending on their age and the length of their sentence. Individuals may be detained in different facilities depending on the circumstances of their case.

**Figure 1. Individuals tried as adults**

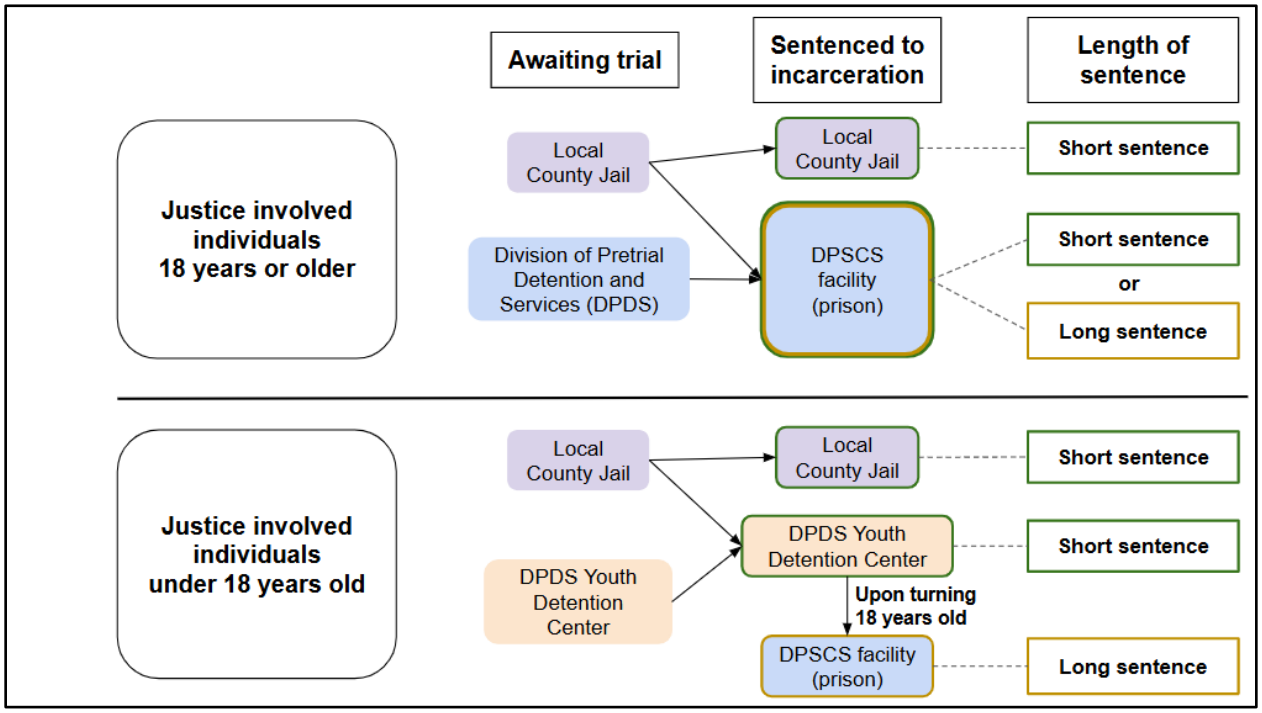
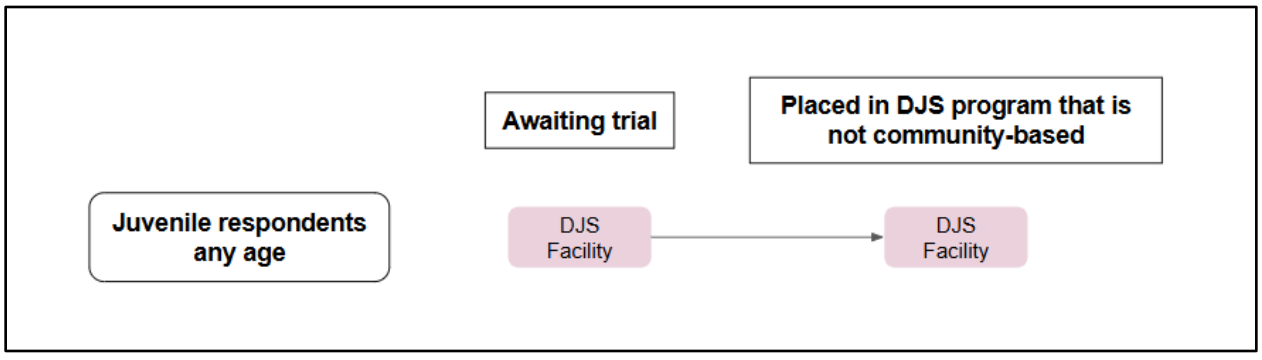



Figure 2 shows how youth who were tried as juveniles would move through DJS facilities, if they were placed in a DJS program that is not community-based. Juvenile respondents are always under 18 years old. They may be committed to different DJS programs, some of which are in the community, and some of which are within secure DJS Facilities. Individuals may be detained in different facilities depending on the circumstances of their case.

**Figure 2. Individuals tried as juveniles**




## *Medicaid in Maryland*

Medicaid is a public health insurance program with both federal and state funding. It is free or low-cost health insurance for eligible individuals who are:

- A resident of the state of Maryland;

- A U.S. citizen or a qualified non-citizen; and
- Meet the income limit of their coverage group.

Certain Medicaid programs have additional eligibility requirements; visit this webpage for more information on Maryland Medicaid eligibility.

The Maryland Medicaid program is overseen by the Maryland Department of Health (MDH). Maryland Medicaid reimburses providers for health services, referred to as Medicaid services.

These Medicaid services include:

- Visits to the doctor, including specialists
- Primary mental health services through an individual's doctor
- Hospital and emergency services
- Family planning and birth control
- Pregnancy care
- Dental care
- Prescription drugs

Within the state, most reimbursements for Medicaid services are administered through private health plans that contract with MDH, these health plans include:

- Nine Managed Care Organizations (MCOs) that oversee reimbursement of physical health services and some behavioral health services provided by primary care doctors;[1]
- One dental health administrative service organization (ASO) that oversees the Maryland Healthy Smiles Dental Program;[2] and
- One behavioral health administrative service organization (BHASO) that manages reimbursement of behavioral health services.[3]

Incarcerated individuals historically have been excluded from participating in any state Medicaid program during their incarceration, except during inpatient hospital stays that are 24 hours or longer. Additionally, state and locally operated correctional facilities have not been eligible for Medicaid reimbursement for any health services

[1] For more detail on MCOs, visit the MDH webpage here: https://health.maryland.gov/mmcp/healthchoice/pages/Home.aspx
[2] For more information on Maryland Medicaid's dental program visit the MDH webpage here: https://health.maryland.gov/mmcp/Pages/maryland-healthy-smiles-dental-program.aspx
[3] For more information on behavioral health services, visit the Behavioral Health Administration department's webpage here: https://health.maryland.gov/bha/Pages/Index.aspx

provided to those detained in their facilities. This has changed somewhat through recent federal legislation.

## *Medicaid Changes Established through Federal Legislation*

### Suspension of Medicaid Benefits

Starting January 1, 2026, federal law (the Consolidated Appropriations Act (2024) or, CAA, 2024, §205) requires state Medicaid programs to suspend Medicaid enrollment for individuals that become incarcerated, instead of terminating their enrollment.[4]

### Medicaid Reentry Program for Children and Young Adults

The Consolidated Appropriations Act of 2023 (CAA, 2023, §5121) requires Medicaid to pay for important services for eligible incarcerated youth who expect to be released in 30 days, and for the 30 days after their release.[5]

*Participating local jails may bill Medicaid for services funded through the Medicaid Reentry Program for Children and Young Adults.*

JI case management services will be reimbursed at **$561.05** per participant per 30 day period.

In order to bill for services, jails must ensure that individuals meet the following criteria *before* they receive that service:

- Have Medicaid in Maryland;
- Be younger than 21 or between 18 and 26 and eligible for Medicaid's coverage group for former foster children;
- Have been found guilty of a criminal offense; and
- Expect to be released from an eligible correctional facility* within 30 days.

* Eligible correctional facilities include: a local jail, a state prison, or a DJS facility, but not a hospital or residential treatment facility.

[4] PL 118-42 (3/09/2024)
[5] PL 117-328 (12/29/2022)

Pre-release services available through Medicaid:

- **Justice involved case management (JI case management)** services provided up to 30 days prior to release and 30 days post-release.[6]
- **Age appropriate screening and diagnostic services** provided within 30 days pre-release or as soon as possible post-release. These services include:
    - Screenings and diagnostic services from Maryland's Healthy Kids Preventive Health Schedule for ages 21 and under;
    - Screenings and diagnostic services recommended by MDH for ages 18-25 ;
    - Screenings for behavioral health needs; and
    - Vaccines recommended by MDH.

# Implementing Federal Medicaid Requirements

## *Data Sharing Agreement*

Jails must establish a data sharing agreement with MDH in order to facilitate Medicaid suspension and Medicaid reentry services. This agreement will cover data exchanges to suspend and restore Medicaid as well as data transfers for warm hand-offs to post-release care overseen by MCOs and the BHASO.[7] Jails should take the following steps to establish an agreement with MDH.

1. The jail should reach out to the Medicaid Reentry email, mdh.medicaidreentry@maryland.gov, as soon as practicable to request a copy of a template data sharing agreement.
2. MDH will work with the jail to coordinate any meetings needed to discuss the agreement as well as the specific data points that will be shared between the parties.
3. Once the agreement is ready for execution, the jail should submit it to any county level approval process.
4. MDH will follow its required internal Strategic Data Initiative (SDI) process to ensure that any shared data is accounted for in internal records and that external partners accessing the data (i.e. MCOs) use secure storage methods. MDH will sign the agreement once it has passed the SDI process.

[6] Some online resources refer to this required service as "targeted case management (TCM)" however MDH refers to it as JI case management. The components of TCM and JI case management are the same. For more information on JI case management services, see SHO# 24-004.

[7] MCOs and the BHASO are considered business associates of MDH per the Business Associates Agreement (BAA) they each have with MDH.

5. MDH will host ad hoc meetings to address any concerns related to the agreement, including renewal and extension as needed.

## *Implementing Medicaid Suspension Requirements*

In order to comply with the federal requirements established in the CAA, 2024, §205, MDH must work with jails to ensure two things:

1. That all incarcerated individuals can apply for Medicaid at any time during their incarceration; and
2. That all Medicaid enrolled individuals have their enrollment suspended within MDH's system, to avoid drawing Federal Funds for services that are not eligible for reimbursement during incarceration (dental services, for example).

### Step 1: Medicaid suspension data flow

Jails should take the following steps to help MDH suspend Medicaid coverage for any Medicaid enrolled individual who is incarcerated.

1. Develop a daily roster file to send to MDH in a csv or excel format.
    - The file should include a data dictionary that clearly defines included data fields.
2. Include the following data fields in the daily roster file. The file should include every individual that is currently incarcerated in the jail.
    - Note that not all data fields are necessary for Medicaid suspension, but would be helpful. Jails should meet with MDH to discuss any optional data fields that could be included in the daily roster file.
    - **Minimum necessary fields**
        - First Name
        - Middle Name
        - Last Name
        - Date of Birth
        - Social Security Number - if known
        - MAID - if known (Medical Assistance Number assigned to all Medicaid enrollees)
    - **Optional data fields**
        - Race
        - Gender
        - Address (including County)
        - SID Number (State Identification Number assigned at first fingerprinting and is unique per individual)
        - Inmate identification number (if the jail uses a different identifier than SID)

    - FBI Number (assigned by the Federal Bureau of Investigation)
    - Incarceration Date
    - Projected Release Date
3. Reach out to mdh.medicaidreentry@maryland.gov to establish a secure file transfer method for sending the daily roster file.

### Step 2: Restoring Medicaid upon release

Jails should take the following steps to help MDH restore suspended Medicaid coverage for anyone who is being released to the community.

1. Develop a weekly release file to send to MDH in a csv or excel format.
    - The file should include a data dictionary that clearly defines included data fields.
2. Include the following data fields on the weekly release file. The file should document every person released from the jail in the last seven calendar days.
    - Note that not all data fields are necessary for restoring Medicaid, but would be helpful. Jails should meet with MDH to discuss any optional data fields that could be included in the weekly release file.
    - **Minimum necessary fields**
        - First Name
        - Middle Name
        - Last Name
        - Date of Birth
        - Social Security Number - if known
        - MAID - if known (Medical Assistance Number assigned to all Medicaid enrollees)
        - Release Date
        - Release reason code and description
    - **Optional data fields**
        - Address (including County)
        - Reason of confinement code and description
3. Reach out to mdh.medicaidreentry@maryland.gov to establish a secure file transfer method for sending the weekly release file.

## *Implementing the Medicaid Reentry Program for Children and Young Adults*

The steps below will prepare jails to provide JI case management services, bill Medicaid, and facilitate warm hand-offs to MCOs for post-release care.

**Jails may bill Medicaid $561.05 per eligible youth per month for JI case management services.**

For most people, MCOs will support case management post-release and also reimburse for any needed screening and diagnostic services delivered by community providers post-release.

### Step 1: Staffing for JI case management

- Jails should calculate the number of individuals who could qualify for the Medicaid Reentry Program for Children and Young Adults over the last 12 months, based on their age and the status of their charges.
  - **Tip:** It could be helpful to calculate the proportion of those individuals that were released within 30, 60, or 90 days. This will give a sense of how many people will need services quickly after intake, and any system changes needed to accommodate short stays.
- These estimates can be used to determine any staffing changes that may be needed to provide Medicaid reentry services. A maximum caseload of 15 clients per care coordinator is recommended, based on the minimum number of JI case management contacts per month required for each participant.
  - Appendix C provides an example job description for care coordinators providing JI case management in DPSCS. While this job description is designed for care coordinators providing JI case management through the Medicaid Reentry SUD/SMI Program for Adults, the JI case management specific activities are similar enough that this description can be used as guidance.

### Step 2: Other administrative requirements

Jails must complete an assessment demonstrating readiness to implement the activities outlined in this manual, before initiating Medicaid billing. Please reach out to mdh.medicaidreentry@maryland.gov for a copy of the readiness assessment.

*Documenting Medicaid related activities:*

Jails will be required to retain documentation of Medicaid related activities. See Appendix D for guidance on what documents must be retained and for how long.

Jails will be required to develop and document internal policies and procedures to ensure that JI case management services do not result in a delay of the eligible youth's release date.

*Safeguarding protected health information:*

Jails may need to make infrastructure changes and develop internal processes to safeguard protected health information.

- Jails must comply with the following federal and state regulations for protecting medical records and patient privacy:
  - The Health Information Privacy Accountability Act (HIPAA);[8]
  - 42 CFR part 2 (referred to as Part 2);[9] and
  - The Maryland Confidentiality of Medical Records Act (Health-General §4-301 et seq, Ann. Code of MD).[10]
- Jails must comply with HIPAA by ensuring that:
  - Protected Health Information (PHI) is secure and only disclosed in well-defined, limited circumstances including for the purposes of health care treatment and billing;
  - Electronic PHI (ePHI) only be stored on encrypted, password protected devices and that exchange of ePHI only occur over networks with appropriate security safeguards (encryption, etc.); and
  - Health care services, including telehealth services, be provided in spaces that limit unnecessary disclosure of PHI (i.e. prevent PHI from being easily overheard or read).
- Jails must comply with Part 2 requirements for increased protection of information relating to substance use disorder (SUD) diagnosis and treatment by developing consent documents that request;
  - Release of SUD related PHI for the purposes of treatment, payment, or operations as well as warm hand-offs to post-release care; and
  - Release of counseling notes related to SUD treatment.[11]
- Jails must maintain SUD counseling notes separately from other SUD treatment and medical records, in order to comply with Part 2 requirements.

### Step 3: Provider enrollment

Jails must enroll as a Medicaid provider before providing any Medicaid reentry services or billing for those services.

- Jails must enroll as a Justice Involved Correctional Facility provider (JI Correctional Facility, provider type GJ), in order to bill Medicaid for JI case management provided by facility staff or a vendor contracting with the facility.

[8] Jails should refer to this resource for more information on HIPAA requirements.
[9] This webpage contains helpful information on Part 2 and how it relates to HIPAA.
[10] This webpage summarizes state requirements for medical record retention and release. The regulation text can be found here.
[11] See Appendix E for an example consent form.

- MDH's Provider Transmittal provides details on the JI Correctional Facility provider type and will be available on the MDH website here.
- Note that individual care coordinators cannot enroll as JI Correctional Facility providers.
- The Medicaid webpage for Justice Involved Correctional Facility Providers includes resources on enrolling as a JI Correctional Facility provider, including completing this required Provider Addendum.[12]

### Step 4: Identifying eligible youth for JI case management

Jails must verify that individuals qualify for the Medicaid Reentry Program for Children and Young Adults (i.e. meet the definition of "eligible youth") *before* providing Medicaid-covered services in order to get Medicaid reimbursement for those services.[13]

To support this, jails should implement procedures to identify individuals who may qualify based on their age and the status of their charges. Eligibility for Medicaid Reentry services should be reviewed upon intake. Procedures should:

- Identify incarcerated youth that have been convicted.
- Identify any convicted individuals who are younger than 21 years old.
- Check for former foster care status of incarcerated individuals who are between 18 and 26 yrs old.
  - Maryland Medicaid defines former foster care youth as individuals over 18 years old who were in foster care in Maryland and receiving Medicaid when they turned 18 years old.[14]

[12] Provider addenda can be found on the MDH webpage here: https://health.maryland.gov/mmcp/provider/Pages/eprepforms.aspx
[13] Eligible youth meet the definition outlined in 1902(nn)(2) of the Social Security Act and are sometimes referred to as "eligible juveniles" by the federal government and other state Medicaid programs.
[14] For a more detailed definition of former foster care coverage group with Maryland Medicaid, see COMAR 10.09.24.03.

- Example language for identifying former foster care youth and documenting their status within jail systems:

| Field or Label | Valid Values |
|---|---|
| When you turned 18 years old, were you in foster care? | • Yes<br>• No<br>• Unsure/No Response |
| What state were you in foster care? | A list of states in the United States and an option of 'Unknown'.<br><br>Applies only if the response for the above question = 'Yes' |

- Identify the approximate release date or hearing date of these individuals, noting the individuals that may be released in 30 days or less (i.e. have short sentences).
  - Identifying individuals with short sentences will allow care coordinators to prioritize them for JI case management and complete warm hand-off activities before they are released.

## Step 5: Medicaid enrollment during incarceration

Jail care coordinators should screen an eligible youth's Medicaid coverage upon intake.

If the youth is enrolled in Medicaid, then different action should be taken based on the applicable scenario:

1. If the youth has a Medicaid renewal scheduled in 60 days: the care coordinator should perform a warm hand-off to the Local Department of Social Services (LDSS) or FIA (Family Investment Administration) worker.
2. If the youth will be released in less than four months: they will remain with their MCO post-release. The care coordinator could therefore note their MCO so that they will know who to reach out to when facilitating a warm hand off.
3. If the youth will be released after more than four months: no Medicaid enrollment action is needed because they will likely be assigned a new MCO at release.
4. If the youth is not enrolled in Medicaid, the care coordinator should provide a warm hand-off to an LDSS or FIA worker for enrollment support 60 days before their projected release or scheduled court appearance. This will ensure that eligible youth receive Medicaid enrollment support even if they are released unexpectedly. If the youth has no health insurance, the jail case

management staff should warmly hand-off to the LDSS or FIA worker for assistance with Medicaid enrollment.*

*A warm hand-off is conducted in person or virtually (e.g., via teleconference, telehealth, or other audio/visual communication) between the jail staff, LDSS staff, the youth and/or head of household. The LDSS worker will help the youth and/or their head of household enroll in Medicaid.

If the youth has active private health insurance coverage (ex. through their own coverage or a parent's employer), no action is needed.

In some cases, jail case management may not have enough advanced notice of the youth's upcoming release to ensure they are screened for Medicaid eligibility prior to release. Jail case management staff should make a good-faith effort to ensure each youth is screened prior to release.

### Step 6: Providing JI case management prior to release

Medicaid will only reimburse for JI case management services that meet the requirements outlined below. Medicaid reimbursement may not be used to fund existing services.

Jails should develop processes to implement the actions listed below in order to begin providing JI case management services.

- Obtain consent from eligible youth for the following items, and retain those consents in a secure location, see Appendix F:[15]
  - Consent to receive services; and
  - Consent for release of information for the purposes of pre-release care, payment, or Medicaid operations as well as warm hand-offs for post-release care.[16]
- Provide a minimum of three JI case management contacts within 30 days pre-release.* These case management contacts can be done by multiple, different members of the JI Correctional Facility provider team and must include:
  - **Comprehensive assessment and periodic reassessment of individual needs** to determine the need for any medical, educational, social, or other services;
  - **Development (and periodic revision) of a specific person-centered care plan** based on the information collected through the assessment;

[15] Reach out to the mdh.medicaidreentry@maryland.gov for template consent forms.
[16] Consents should comply with 42 CFR Part 2.

    - **Referral and related activities** (such as scheduling appointments) to help the eligible youth obtain needed services, including activities that help link the individual with programs and services that can address the needs and goals specified in the care plan;[17] and
    - **Monitoring and follow-up activities** including activities and contacts to ensure that the care plan is effectively implemented and properly addresses the eligible youth's needs. These contacts may be with the individual, family members, service providers, or other entities or individuals. The contacts and activities can occur as frequently as necessary, and must include at least one monitoring activity per year.
- Ensure that eligible youth receive information on Medicaid benefits and enrollment upon release. Reach out to mdh.medicaidreentry@maryland.gov for materials.

* **Note:** While release dates may change, Medicaid reimbursement is *only* available for services provided 30 days prior to the date of release. Therefore, if the youth's release date is pushed to a later day, they will only be eligible for Medicaid reentry services for the 30 days before their new release date.

Obtaining consent will count as one of the three case management contacts for Medicaid billing.

*Example process for short stays:*

Below is an example timeline for providing Medicaid reentry services to individuals whose release date or court appearance is scheduled for less than 30 days from intake. If the youth is released unexpectedly, jails will only be able to bill if they provided *three* JI case management contacts within the 30 day period immediately before the youth's release.

- Connect the youth with a care coordinator within 24 hours of intake.
- Obtain consents within 48 hours of intake including:
    - Consent to receive services; and
    - Consent for release of information for the purposes listed above.
- Start providing screening and diagnostic services within 1 week of intake.
    - **Note:** Screening and diagnostic services are a separate benefit from JI case management and therefore do not count as one of the three case management contacts required for billing. Screening and diagnostic services must meet Maryland's EPSDT standards to be billable.

[17] Local Health Departments (LHDs) oversee programs tailored to local health needs and help connect Medicaid enrollees to local resources. A full list of LHDs is available here. Additionally, the Maryland Medicaid Provider Finder, helps enrollees identify health providers in their area that will accept Medicaid insurance through their MCO.

- Start providing JI case management right away and prioritize scheduling EPSDT related appointments for post-release care.
- Connect with the post-release case manager within 1 week of admission to schedule a warm hand-off.
    - **Note:** Individuals who already had Medicaid before they were incarcerated will stay with that MCO if they are incarcerated for less than 4 months.
- Gather any warm hand-off materials, including medical records within 2 weeks of intake.
- Gather materials that will be distributed at release, including this Medicaid flyer.

### Step 7: Warm hand-off for post-release services

For most people, MCOs will provide the following services post-release:

- 30 days of JI case management; and
- Reimbursement of certain screening and diagnostic services scheduled as soon as possible after release.

Jails should establish processes for transferring a complete history of pre-release medical care and JI case management services to MCOs upon release.[18] The warm hand-off should include:

- A face-to-face meeting between the incarcerated individual, and the pre-release care coordinator, and the post-release case manager, which can be done in-person or via telehealth;*
- A summary of care provided pre-release including any screening, diagnostic, and vaccination services; and
- A summary of JI case management services provided pre-release, including services needed post-release and any referrals made to post-release community providers.
    - Reach out to mdh.medicaidreentry@maryland.gov for an example case management tracking form that can be provided to relevant community providers for post-release JI case management.

* This warm hand-off meeting will count as one of the three contacts in a 30 day billing period.

[18] This may not be possible for all eligible youth when release dates change unexpectedly, but should be done whenever possible.

## Step 8: Billing for Medicaid services

Jails may bill Medicaid if they provide a minimum of three JI case management contacts within 30 days of release. JI case management will be reimbursed at a rate of $561.05 per eligible youth per month.

Note that while release dates may change, Medicaid reimbursement is *only* available for services provided in the 30 days pre-release period. Therefore, if the youth's release date is pushed to a later day, they will only be eligible for Medicaid reentry services for the 30 days before their new release date. If the youth is released early, jails will only be able to bill if they provided three case management contacts before the youth was released.

- Jails will use the billing code T2023 for JI case management.
- In order to bill for these services, jails will have to determine whether they can bill through:
  - The eMedicaid online billing system;
  - Paper forms; or
  - An Electronic Data Interchange (EDI) with MDH.
- Review the resources below for guidance on how to bill for JI case management
  - Appendix G: Medicaid Billing Options
  - Appendix H: JI case management Billing Cheat Sheet
  - The JI Correctional Facility Provider webpage has special guidance on how to bill through paper or eMedicaid claims as well. **Note that JI correctional Facility providers must use this guidance to properly bill for JI case management.**

# Appendix A: Resources List

*Resources Designed for Corrections*

The National Reentry Resource Center, the Health and Reentry Project (HARP) and the National Academy for State Health Policy (NASHP) produce helpful resources for implementing the Medicaid Reentry Program for Children and Young Adults and coordinate webinars. Below are some particularly helpful resources.

- Section 5121 Brief Operational Checklist for Post-Adjudicated Youth
- FAQ for Jails
- Getting Ready: Key Elements for the Implementation of Section 5121 Youth Requirements in Adult Correctional Facilities

*Understanding the difference between juvenile delinquency and criminal terminology*

- Understanding the Juvenile Delinquency System

*Staffing for JI Case Management*

- May 2024 State Occupational Employment and Wage Estimates, US Bureau of Labor Statistics

*Other Administrative Requirements*

- HIPAA Compliance Guidelines
- 42 CFR Part 2 and how it relates to HIPAA
- The Maryland Confidentiality of Medical Records Act (Health-General §4-301 et seq, Ann. Code of MD)
    - This webpage summarizes state requirements for medical record retention and release.

*Provider Enrollment*

- JI Correctional Facility Provider webpage
- MDH Provider Transmittals
- Provider Addendum

*Providing JI Case Management Prior to Release*

- Maryland Local Health Departments
- Maryland Medicaid Provider Finder

# Appendix B: Acronyms

| Acronym | Definition |
|---|---|
| ASO | Administrative Service Organization |
| BAA | Business Associates Agreement |
| BHASO | Behavioral Health Administrative Service Organization |
| CAA, 2023, §5121 | Consolidated Appropriations Act of 2023, section 5121 |
| CAA, 2024, §205 | Consolidated Appropriations Act of 2024, section 205 |
| CMS | Centers for Medicare and Medicaid Services |
| COC | Continuity of Care |
| DJS | Department of Juvenile Services |
| DPSCS | Department of Public Safety and Correctional Services |
| DPDS | Division of Pretrial Detention and Services |
| EDI | Electronic Data Interchange |
| ePHI | Electronic protected health information |
| FBI | Federal Bureau of Investigations |
| FIA | Family Investment Administration |
| HARP | Health and Reentry Project |
| HIPAA | Health Information Privacy Accountability Act |
| JI case management | Justice involved case management |
| JI Correctional Facility provider | Justice Involved Correctional Facility provider |
| LDSS | Local Department of Social Services |
| LHDs | Local Health Departments |
| MAID | Medical Assistance Number assigned to all Medicaid enrollees |
| MCO | Managed Care Organization |

| Acronym | Definition |
|---|---|
| MDH | The Maryland Department of Health |
| MMEE | Maryland Medicaid Electronic Exchange |
| The Medicaid Reentry Program for Children and Young Adults | The Maryland Medicaid program established by CAA, 2023, §5121. |
| NASHP | National Academy for State Health Policy |
| PHI | Protected health information |
| SDI | Strategic Data Initiative |
| SID Number | State Identification Number |
| SUD | Substance Use Disorder |
| SNF | Skilled nursing facility |
| TCM | Targeted Case Management - some online resources refer to CMS required case management as TCM however MDH refers to it as JI case management. The components of TCM and JI case management are the same. |

# Appendix C: Example DPSCS Care Coordinator Job Description

**PART I.** IDENTIFYING POSITION INFORMATION

**ITEMS 1-6** to be completed by Agency Personnel Office.

| | | | |
|---|---|---|---|
| 1. | PIN: | 2. | CLASS CODE/GRADE: |
| 3. | SERVICE: Skilled | 4. | IS THIS POSITION DESIGNATED AS A SPECIAL APPOINTMENT?: No |
| 5. | OVERTIME STATUS: Exempt | 6. | AGENCY APPROPRIATION CODE: |

**ITEMS 7-13** to be completed by the supervisor.

7. Current Employee's Name, if applicable:
8. Class Title: Administrative Office III

   Working Title, if different: Community Care Coordinator
9. Department of Agency Name

   Division, Unit, or Section:
10. Working Location/Address:
11. Name of Immediate Supervisor

    Title of Immediate Supervisor
12. Work Schedule: (Check all that apply)

☒ Permanent Day Shift ☐ Rotating Shift

☐ Permanent Evening Shift ☒ Full Time

☐ Permanent Night Shift ☐ Part Time

☐ Other (Explain

13. If applicable, how long has the current employee been performing the duties listed below?

**PART II.** POSITION FUNDTIONS

**ITEMS 1-7** If additional space is required, attach a separate sheet.

1. MAIN PURPOSE OF THE JOB: Briefly describe the main purpose of this position and how it relates to the mission of the agency.

   An Administrator Office III functions as a Community Care Coordinator and is responsible for working in conjunction with other Reentry teams with developing and implementing individualized case plans, utilizing evidence-based interventions to connect incarcerated individuals with disabilities, vulnerable and underserved population to housing, substance abuse treatment, medical and mental health services and vocational and employment services and access to post-release services and care in the community.

   This incumbent will work in conjunction with internal teams including, but not limited to, the Office of Reentry Services, the Office of Social Work Services, the Office of Substance Use Disorder Treatment Services, and external contractors, such as, Centurion Health, Health Care Access Maryland, and Correct Rx Pharmacy Services to provide appropriate reentry planning, pre-release case management, and referral assistance with care transitions in the community, including in-person meeting with incarcerated individuals and connecting them to physical and behavioral health providers and their managed care plan (as applicable).

   This incumbent focuses on incarcerated individuals diagnosed with substance use disorder (SUD), Serious Mental Issues (SMI), or both. Medicaid enrollment and reentry planning will begin within 180 days prior to release from the facility. Treatment services under the Waiver will begin 90 days prior to release and will leverage community-based behavioral health services as appropriate to support the individual's overarching health and wellness goals.

   This incumbent, in collaboration with the facilities medical unit staff and pharmacy, coordinates the provision of prescribed medications (a minimum 30-day supply as clinically appropriate) upon release, consistent with approved Medicaid state plan coverage authority and policy.

   This incumbent is responsible for assigned program activities that include:

   1. Collaboration with all facility-based internal partners and community agencies who are integral to the success of the health and wellness of the incarcerated individuals.
   2. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for a community connection and assist with referrals to any medical, education, social or other services;

3. Development (and periodic revision) of a specific care plan based on the information collected through the assessment;
4. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed supportive and stabilizing services, including activities that help link the individual with medical, social and education providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
5. Monitoring and follow-up activities, including activities and communications that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual, and which may be with the individual, family members, service providers, or other entities.
6. Performs other duties as assigned

This position will be located in <u>one</u> of four regions of the State of Maryland:

- Eastern Correctional Institution
- Baltimore City Correctional Center
- Central (Central Maryland Correctional Facility, Dorsey Run Correctional Facility, Jessup Correctional Institution, Maryland Correctional Institution-Jessup, Maryland Correctional Institution for Women, Patuxent Institution)
- Western (Maryland Correctional Institution-Hagerstown, Maryland Correctional Training Center, North Branch Correctional Institution, Roxbury Correctional Institution, Western Correctional Institution)

2. ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES - List duty and responsibility statements that identify the essential job functions and other assigned duties. Essential job functions are the fundamental job duties of a position that if not performed will alter the job. (Identify **<u>essential job functions</u>** by highlighting, **<u>underlining</u>**, etc.)

| % of Time and/or Weight of Importance | Job Duty |
|---|---|
| 60% | **<u>Care Coordination/Community Referrals and Engagement</u>**<br><br>Initiate or continue the reentry planning with individuals eligible for Medicaid 180 to 120 days prior to the anticipated reentry date. Complete referral to community providers and related activities. Coordinate and scheduling community based appointments for individuals who are eligible for the Medicaid waiver and ensure that the medical vendor is aware of the appointment to include in the continuity of care (COC) form. Assist eligible individuals in obtaining supportive and stabilizing services necessary to address and treat identified needs and achieve goals specified in the home plan. |

| | |
|---|---|
| | Monitor and follow-up on all related activities, including activities and contacts that are necessary to ensure that the home plan is effectively implemented and adequately addresses the needs of Medicaid enrollees and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary. Support and Coordination/Data Entry and Reporting<br><br>The incumbent works closely with the Director and Regional Supervisors providing administrative and data management support services to implement the Medicaid 1115 Waiver Demonstration. To help ensure the success of the Initiative, data and source materials will need to be collected, classified, and tabulated using basic software, such as Word and Excel. In addition, the incumbent assists in the preparation of reports, presentations, graphs, and charts as needed to identify successes, opportunities, and challenges. |
| 20% | **Documentation**<br><br>Complete all required documentation associated with the Waiver and Medicaid enrollment as needed.<br><br>Engage with community providers and appropriate DPSCS Reentry teams and contractors ensuring they have the required documents to be able to bill for Medicaid services. |
| 20% | **Administrative Services**<br><br>Collaborate with internal DPSCS contractors, departments, and services to coordinate the delivery of 1115 related services. Develop or identify a comprehensive resource list of Medicaid providers.<br><br>Collaborate with the medical vendor discharge planner team to verify that a 30 day (or other determined amount) supply of each of the medications that the releasing individual has been prescribed and filled for their release. Data and Progress Reports |

LEVEL, FREQUENCY AND PURPOSE OF WORK CONTACTS: List the contacts that this position has with individuals within the division, agency and department as well as other State agencies, other government agencies, private companies, clients, customers, vendors and the general public. These contacts may be in person, in writing or by telephone. Indicate how often the contact occurs. State the purpose of each contact, for example, to provide information, to explain procedures or decisions,

to persuade or negotiate.

| Person or Organization | Purpose | Frequency |
|---|---|---|
| Institutional staff including medical, mental health, pharmacy, case management, Reentry, Social Work, Substance Use, ITDC, and the Division of Parole and Probation | To obtain a projected release list to identify eligible incarcerated individuals<br><br>To coordinate incarcerated individual and service provider engagement<br><br>To coordinate program services, ensuring each unit within the facility identifies eligible incarcerated individuals for Medicaid enrollment.<br><br>To exchange information and clarify policies and procedures to ensure proper implementation. | Daily |
| Community-based and other service providers; Private, non-profit organizations | To provide direct service with the coordination and implementation of transition planning DPSCS staff and community-based staff volunteers | Daily |
| Directors: Re-entry and Transition Services; Social Work; and Substance Use Disorders | To exchange information and receive guidance and direction regarding program policy | Occasionally |
| Division of Parole and Probation Reentry Liaison(s) | To coordinate reentry planning and develop continuum of care for tracking and follow-up upon release. | Monthly |

2. DECISIONS AND RECOMMENDATIONS: List the decisions and recommendations that this position makes which are necessary to carry out essential job functions. State to whom recommendations are made.

To the supervisor:

- Recommend and implement the appropriate services for pre-retrial detainees and DOC incarcerated individuals.
- Recommends programs and identifies community partners and businesses that align with the goals and objectives as outlined in the 1115 Demonstration Waiver.
- Recommends programmatic changes which impact the transition planning process and the development for the continuum of care.

3. EQUIPMENT USED - List equipment, machinery and tools used to complete this job, e.g. personal computer, calculator, typewriter, hand tools, measuring devices and lab equipment.

   Intelligent workstation with access to the ITCD data center mainframe systems and access to the local area network software applications for office automation, project management, workload tracking, etc. Uses cellular phone, fax machine, copier, typewriter, paper cutter and calculator.

4. NATURE OF SUPERVISION RECEIVED - Check the type of supervision that is given to this position. See instructions Part II, Item 6 for definition of terms.

   ☐ Close Supervision
   ☐ Moderate Supervision
   ☒ General Supervision
   ☐ Managerial Supervision

5. WORKING CONDITIONS: (Check all that apply)

   ☒ Work involves exposure to uncomfortable or unpleasant surroundings. (Explain)
   Must be comfortable working in carceral settings.
   ☐ Work involves exposure to hazardous conditions which may result in injury. (Explain)

   ☐ Work involves special physical demands such as lifting 50 pounds or more, climbing ladders, etc. (Explain)

   ☐ Work requires use of protective equipment such as goggles, gloves, mask, etc. (Explain)

**PART III.** RESPONSIBILITIES FOR THE WORK OF OTHERS

This section should be completed if this position is responsible for the work of others. This includes full and part-time permanent employees, contractual or emergency

employees, volunteers, reimbursable or loaned employees. If additional space is required, attach a separate sheet.

NATURE AND LEVEL OF RESPONSIBILITY FOR WORK OF OTHERS:

A supervisor assigns and reviews the work of other, trains employees, recommends the selection, promotion and termination of employees, approves leave and signs time cards, signs annual performance evaluations, determines and resolves procedural problems within the unit, serves as spokesperson for subordinates, explains policies and directives from management and issues formal disciplinary reminders, warnings and reprimands.

A lead worker assigns and reviews the work of others, instructs and motivates the worker, is available for immediate assistance or review and performs the work of the classification.

a) Does this position supervise employees? ☐ Yes ☒No

b) Does this position lead employees? ☐ Yes ☒No

If yes, to a or b, list the names and classifications of the employees that this position supervises or leads.

**PART IV.** PERFORMANCE STANDARDS

PERFORMANCE STANDARDS - For each essential job function described in Part II, list the standard(s) necessary for satisfactory performance. If additional space is required, attach a separate sheet.

**Program Coordination, Oversight and Reporting**

- Identifies incarcerated individuals at 180 days prerelease and verifies eligibility to participate in the 1115 Demonstration Waiver
- Schedules, facilitates and documents care coordination for each participating individual within the assigned region in the 1115 Demonstration Waiver
- Collects and compiles individual level data for in the 1115 Demonstration Waiver:
  - Submit reports by established due dates to the Regional Supervisor
  - Works with Regional Supervisor to ensure that data submissions are correct
  - Consolidates data into a program data entry form within 30 days following the report submission due date.
- Collaborates with the Management Specialist to develop aggregate reports

Provides Support:

- Informs Regional Supervisor with questions, concerns, and recommendations, that arise from provided care coordination.

Planning and Resource Development:

- Works cooperatively with others to implement the Department's goals.
- Takes into account supervisor's recommendations and adheres to federal, state, and local guidelines.

**General Work Performance**

- Makes effective use of resources and time and appropriately prioritizes work.
- Completes assignments accurately and on time.
- Adheres to supervisor's recommendations and federal, state, and local guidelines.
- Demonstrates reliable and predictable attendance as required for the position.
- Demonstrates reliable and predictable adherence to the call-in and leave as required for the position.
- Demonstrates reliable and predictable punctuality, as required for the position, i.e. attends work as scheduled, obtains written approval for absences or leave from supervisor, completes
- Employees complete consistently and effectively administrative tasks.
- Works cooperatively with others to implement the Department's goals.

**Telework Requirements**

This position is **not** considered eligible for telework.

# Appendix D: Documentation Retention Guidance for Medicaid Reentry Programs

This guidance details the records that Justice Involved (JI) Correctional Facility providers must maintain, in order to comply with state and federal regulations, along with document retention timeframes.

### Documentation Retention Requirements for Medicaid Records

| Record Type | Hardcopy Retention Time | Electronic Record Retention Time | Guidance |
|---|---|---|---|
| Medical records demonstrating compliance with Maryland's EPSDT guidelines | 6 years | 6 years | COMAR 10.09.36.03(A)(9) |
| JI Case Management records detailed below | 6 years | 6 years | COMAR 10.09.36.03(A)(9) |
| Billing demonstrating compliance with the Maryland Medical Assistance Provider Agreement | 1 year | 10 years | Dep of General Services-State Records Center Records Retention and Disposal Schedule Number 2428 |
| Human Resources records demonstrating compliance with the JI Correctional Facilities Provider Addendum | 1 year | 10 years | Dep of General Services-State Records Center Records Retention and Disposal Schedule Number 2428 |

### Required Justice Involved Case Management Records

This section details the case management records that Justice Involved (JI) Correctional Facility providers must maintain in order to comply with state and federal regulations.

JI Correctional Facility providers must maintain the following case records for all individuals receiving case management:[19]

[19] In accordance with 42 CFR 441.18.

1. Name of provider agency;
2. Person providing case management service;
3. Units of case management services received;
4. Nature and content of case management touch, which must encompass the following activities:[20]
    a. Comprehensive assessment and periodic reassessment of individual needs;
    b. Development (and periodic review) of a specific person-centered care plan;
    c. Referral and related activities (such as scheduling appointments); and
    d. Monitoring and follow-up activities;
5. Whether goals specified in care plan have been achieved;
6. Whether the participating individual has declined a service in care plan;
7. Need for, or occurrence of, coordination with other case managers; and
8. Timeline for obtaining needed services.

These records must be retained according to state requirements and made available to the Department for inspection upon request in compliance with Department, state and federal requirements.[21]

[20] In accordance with 42 CFR 440.169.
[21] In accordance with COMAR 10.09.36.03(A)(9).

# Appendix E: Consent to Release Health Records

**Youth Name:** **Date of Birth:** **Age:**

_____ (Jail name) is requesting your permission to release the following health records for the youth listed above to the Maryland Department of Health (MDH) and to the youth's Maryland Medicaid Managed Care Organization (MCO) – if they were assigned to a MCO. These medical records are confidential, will be securely stored, and will be available to Maryland Medicaid health care providers who may care for the youth upon return to the community.[22] Sharing these records will give providers the information they need to give the best care post-release.

**Table 1: Consent to Sharing Health Records**

| Health Records | Consent |
|---|---|
| **Medical Records**<br>Full history of care including physical examination, laboratory test results, results of other diagnostic testing like X-rays, immunization records, mental and behavioral health assessments, dental records, vision screening, prescribed medications, chronic disease care, referrals to specialists, and mental health counseling. | ● **YES**: release medical records to MDH and the MCO<br>● **NO:** do not release medical records to MDH and the MCO |
| **Substance Use Disorder Records**<br>Includes screening for substance use, urine drug testing, medication treatment, referral for drug and alcohol use, and counseling notes. | ● **YES:** release SUD records to MDH and the MCO<br>● **NO:** do not release SUD records to MDH and the MCO |

**Future Record Sharing**

- I understand that my records may be re-disclosed for treatment, payment, or health care operations purposes.
- I understand that I may be denied services if I refuse to consent to record sharing for treatment, payment, or healthcare operations. I will not be denied services if I refuse to consent to record sharing for other purposes.
- I understand that I can take back this consent at any time except for records that have already been shared because of my earlier consent. Unless I revoke my consent earlier, this consent will expire automatically after: _____. [date, event, or condition upon which consent will expire]

**Signature**

**Youth Signature:_____** **Date:_____**

[22] Relevant regulations and laws: Consolidated Appropriations Act, 2023 (P.L. 117-328), and Md. Code Ann., Health-Gen II § 20-102(f).

# Appendix F: Consent to Receive Justice Involved Case Management

The Maryland Medicaid Reentry Program for Children and Young Adults offers certain Medicaid services before release from jail.

If you consent, you will get justice involved (JI) case management during the 30 days before you are released from jail and 30 days after release.

JI case management includes:

- An assessment to understand your health and social service needs including education, housing, food etc.;
- Help finding health providers and making needed appointments for after your release;
- Connection with a community-based care coordinator;
- Connection to social services that you can get after your release; and
- Referrals to make your transition into the community easier.

### Consent To Participate

**Youth Name:** **Date of Birth:** **Age:**

- **I AGREE to participate in JI case management and provide accurate information to the best of my knowledge.**

Youth Signature:_____ Date:_____

- **I REFUSE to participate in JI case management.**

Youth Signature:_____ Date:_____

Signature of staff obtaining consent:_____ Date:_____

Additional consent forms to release medical and substance use disorder treatment information to community health providers will be provided to you for review and signature.

# Appendix G: Medicaid Billing Options

1. **Paper**
   a. Fill out a CMS 1500 form and associated coversheet and send it to the state via mail to:

      Maryland Department of Health
      Medicaid Claims Unit
      Room SS 18
      P.O. Box 1935
      Baltimore, MD 21203
2. **eMedicaid**
   a. Create an eMedicaid account, fill out the eClaim; paper CMS 1500 is backup.
   b. This method will require you to assign someone as an administrator on the eMedicaid account.
3. **Electronic Data Interchange (EDI)**
   a. Email mdh.hipaaeditest@maryland.gov to set up a Maryland Medicaid Electronic Exchange (MMEE) account.
      i. Request professional & transactional reports 837/835.
   b. Enter data into your entity's billing system.
   c. Your billing system needs to export the billing information into an .edi file.
   d. Upload the .edi file to the MMEE web portal or through your clearinghouse (this is not the same as eMedicaid).

**Contact Information for Further Questions**

| Topics | Email Address | Example Questions |
|---|---|---|
| EDI Support | mdh.ediops@maryland.gov | Submitting EDI claims |
| eMedicaid | mdh.eMedicaidMD@maryland.gov | Password reset/admin set up |
| ePREP Support | mdh.providerenrollment@maryland.gov | Provider enrollment questions |
| MMEE | mdh.hipaaeditest@maryland.gov | Setting up an MMEE account |
| MDH Provider Relations | mdh.providerrelations@maryland.gov | Claim denial questions |

# Appendix H: Justice Involved Case Management Billing Cheat Sheet

- **Justice involved (JI) case management is billed Fee for Service**
  - Providers should not bill Managed Care Organizations (MCOs) for these services.
- **Billable code is T2023**

**Billing Code**
Use the billing code as described in the Table 1 below for JI case management.

**Table 1. Medicaid JI Case Management Methodology for Payment**

| Timing of service | Billing Code and Description | Payment (per unit rate) | Place of Service Description | Place of Service Code | Date of Service | Modifiers |
|---|---|---|---|---|---|---|
| **Pre-release** | **T2023** | $561.05 | Prison/ Correctional Facility | **09**<br>Prison or Correctional Facility | Date of 3rd contact with individual | **GT** - for audio-visual telehealth<br>**UB** - for audio-only telehealth |
| **Post-release** | **T2023** | $561.05 | Enter the appropriate place of service, based on where the individual was when they received the service | Select the appropriate code from the list in Table 2 | Date of 3rd contact with individual | **GT** - for audio-visual telehealth<br>**UB** - for audio-only telehealth |

**Providers may bill T2023 only once per 30 day period per individual served**

- Minimum requirement: Providers must meet with the participating individual at least *three times* within that 30 day period in order to bill.

**Requirements and Limitations**

(1) The minimum three contacts may be made by multiple, different members of the care coordinator team;
(2) Providers are allowed to provide more than one service per day based on the participant's need;

(3) Of the minimum three contacts provided in a 30 day period immediately prior to release, one must include a warm handoff to the post-release case manager, if different from the pre-release case manager;[23]
(4) Of the minimum three contacts provided in a 30 day period, MDH encourages providers to have at least one contact in-person; however, services can be delivered via telehealth at the request of the participant; and
(5) If at least one service is delivered via telehealth, providers must include the GT or UB modifier, as appropriate.

For more information regarding billing for JI case management, please refer to the JI Correctional Facility Provider webpage. **Note that JI Correctional Facility providers must use the billing guidance posted on the MDH webpage to properly bill for JI case management.**

For more information regarding Maryland Medicaid's Reentry work, please contact the Maryland Department of Health Medicaid Reentry team at mdh.medicaidreentry@maryland.gov.

**Table 2. Place of Service Codes for Post-release Services**

| Code | Name | Description |
|---|---|---|
| 02 | Telehealth Provided Other than in Patient's Home | The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.<br>(Effective January 1, 2017)<br>(Description change effective January 1, 2022, and applicable for Medicare April 1, 2022.)<br><br>**Special Considerations:**<br>Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant. |
| 03 | School | A facility whose primary purpose is education. |
| 04 | Homeless Shelter | A facility or location whose primary purpose is to |

[23] For the DJS at least one of the three contacts provided in the 30 day post-release period must include a warm hand off to the juvenile's MCO.

| | | |
|---|---|---|
| | | provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). |
| 10 | Telehealth Provided in Patient's Home | The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.<br>(This code is effective January 1, 2022, and available to Medicare April 1, 2022.)<br><br>**Special Considerations:**<br>Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant. |
| 11 | Office | Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. |
| 12 | Home | Location, other than a hospital or other facility, where the patient receives care in a private residence. |
| 13 | Assisted Living Facility | Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. |
| 14 | Group Home | A residence, with shared living areas, where clients |

| | | |
|---|---|---|
| | | receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).<br>(Revised, effective April 1, 2004.) |
| 16 | Temporary Lodging | A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. |
| 18 | Place of Employment-Worksite | A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual.<br>(This code is available for use effective January 1, 2013 but no later than May 1, 2013) |
| 25 | Birthing Center | A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants. |
| 27 | Outreach Site/ Street | A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals. |
| 33 | Custodial Care Facility | A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component. |
| 54 | Intermediate Care Facility/ Individuals with Intellectual Disabilities | A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF. |
| 99 | Other Place of Service | Other place of service not identified above. |