

Medicaid and IV-E Redetermination Form
Form 226 – DJJ Instructions

Form 226 DJJ is to be completed by JPPS staff for a DJJ youth who is due a Medicaid Redetermination for on-going Medicaid coverage. Form 226 DJJ is also used by Eligibility Specialist to determine on-going IV-E eligibility/reimbursability.

The JPPS will complete the top section of the form by providing the following identifying information for the youth: youth's full name, Medicaid number (the 12-digit GAMMIS Member ID #), youth's date of birth, month the review is due, date youth was detained or placed and whether or not the youth is jointly committed to DJJ and in DFCS custody.

1. Provide the name of the youth's current placement with street address and indicate (check) the type of placement.
2. Indicate (check yes or no) whether or not the youth remains committed to DJJ. Provide the date of the court order committing the youth to DJJ as well as the expiration date of the current commitment. If the youth is not committed to DJJ, please explain (i.e. expedited youth placed in alternative to detention placement, etc.).
3. Provide the youth's monthly income and indicate whether the income is earned or unearned income. Provide the source of the youth's income (child support, SSI, etc.).
4. Indicate (check yes or no) if there are any changes to the youth's resources and indicate the current value of youth's resources.
5. Indicate (check yes or no) if youth is covered by health insurance other than Medicaid or PeachCare. If youth has other health insurance, please provide the name of the insurance company, Group/ID number, name of insured and the relationship of the insured to the youth. Please e-mail or fax a copy of the front and back side of the insurance card to the Eligibility Specialist.

Please sign and date the form prior to e-mailing or faxing the form to the Eligibility Specialist. The ES will also sign the form and indicate the date the form was received.