Medicaid Eligibility and Services for Children

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Overview of Session
• Medicaid eligibility
• Medicaid services
• Questions

NHeLP
• Non-profit law firm working to improve health access and quality for low-income individuals and individuals with disabilities
• Activities: Administrative advocacy, litigation, education, research, training
• Offices: Washington D.C., Los Angeles, CA, Carrboro, NC
• Website: www.healthlaw.org
Youth in the juvenile justice system

• Majority are low-income and qualify for Medicaid
  • Estimates: up to 75%

Health Needs

Studies confirm importance of
• community-based services
• best practices and ADA
• early treatment and prevention
• avoidance of use of emergency departments

Medicaid

• Cooperative federal-state program
  • U.S. Dep’t Health & Human Servs., Centers for Medicare & Medicaid Servs. (CMS)
  • N.C. Dep’t Health & Human Servs., Division of Med. Assistance (DMA), Division of MHDD/SAS
  • Federal match of state funds (65%)
Medicaid

- Covers certain children, elderly, people with disabilities, caretaker relatives
  - At state option, covers single, childless adults under 138% of federal poverty level (FPL)
  - Option not taken in NC – so far!
- Must have very low income and resources
- Generally, must be a citizen
  - Very few immigrants eligible (e.g. certain refugees) and are subject to limitations
  - Undocumented immigrants eligible only for coverage of emergency services

Medicaid Eligibility and Services for Children

Medicaid Eligibility

- Children with low family incomes
  - Birth through 5 – 210% of FPL (about $50,000 for family of four)
  - 6-19 – 133% of FPL (about $31,000 for family of four)
- Foster and many adopted children
- Children with disabilities
  - Children qualifying for SSI
  - Children on the CAP waiver programs
- Children in long-term care (out of home more than 12 months)

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Medicaid Eligibility

- Individuals in juvenile detention (including camps and training schools) are not eligible for Medicaid
  - Medicaid applications can be accepted
  - Majority of youth adjudicated delinquent serve probation
  - Many others not adjudicated delinquent
  - http://info.dhhs.state.nc.us/crm/manuals/dma/fcm/man/
Medicaid

- Early and Periodic Screening, Diagnosis and Treatment
- Comprehensive program of screening and treatment
- Must be covered for Medicaid-eligible children and youth up to age 21
- Reasons for EPSDT
  - Children are not little adults
  - Adolescents are not big children

Health Check

- “Periodic” and “interperiodic” screenings
  - Set according to age, professional guidelines
- Medical, including psychological
- Dental
- Lab tests, including lead blood levels

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Medicaid

- EPSDT is called “Health Check” in North Carolina
  - “Health Choice” is a different program, NC CHIP
Services

All treatment that fits in the categories described in the federal Medicaid Act (42 U.S.C. § 1396d(a))

Necessary to “correct or ameliorate physical and mental illnesses and conditions,” even if the service is not covered under the state plan.

Covered Services, e.g.

- Physician services
- In- and outpatient hospital
- Services provided by licensed professionals (e.g., psychologists)
- Psychiatric residential treatment facilities (PRTF)
- “Rehabilitation” services

List of covered services from statute
Mental health services covered in NC

- Multi-systemic therapy
- Intensive in-home supports
- Assertive community treatment team
- In- and outpatient substance abuse treatment
- Case management
- Community support team

Multi-systemic therapy

- Intensive, in-home treatment
- Designed for youth 7 to 17
  - With antisocial/aggressive behavior
  - At risk of out-of-home placement due to delinquency OR
  - Returning from out-of-home placement
  - Can be used to address substance abuse, sexual abuse, sex offending
- Involves families and other systems
  - School, probation officers, extended families, and community connections

Intensive in-home supports

- Family preservation
- Team-based, in-home therapeutic resources
  - Medical and non-medical on CFT
- Monitor/manage psychiatric or addiction symptoms
- Prevention of out of home placement
  - Time limited
  - Crisis response
NC EPSDT Policy

- A model for the U.S.
- Restates and explains EPSDT federal requirements
  - No waiting list for services
  - No monetary cap on total costs (except CAP)
  - No upper limit on hours or units
  - No limit on number of visits to provider
  - No set list specifying when EPSDT services or equipment may be covered
  - No co-payment or other costs


EPSDT – Service Limitations

- Equally effective, less costly alternative
- Must be service listed in 1396d(a)
- Not “experimental”

Medicaid

- 1915(c) waiver
  - Innovations waiver for ID/DD
    - Limited number, long waiting list
  - CAP-C (Community Alternatives Program for Children)
  - For children who need institutional level of care
  - Services not otherwise covered by Medicaid
    - e.g. respite, home modifications
The “Medical Home”

- Community Care of North Carolina
  - Very successful
  - Being phased out

Medicaid Reform – Coming Soon

- Transforming system to capitated managed care
  - Prepaid Health Plans
  - Provider-led Entities
- Eligibility categories and services to remain the same
- Application to U.S. D.H.H.S. for 1115 Demonstration Waiver
  - Draft is public, final to be filed with HHS by June 1, 2016
  - Estimated completion – July 1, 2019 at the earliest
Prior authorization

• To control costs, prevent fraud
• Authorized by federal and state law and regulations
• Per caselaw, should not excessively delay delivery of services

Prior Authorization

• NC Tracks, Provider Claims and Billing Assistance Guide
• EPSDT Policy Instructions
• “covered” v. “non-covered”
• Use of contractors
• Requests should be acted on with “reasonable promptness” usually w/in 15 business days
  • A loose requirement
  • Issues with incomplete information

Provider availability

• Federal Medicaid law requires
  • Rates sufficient to ensure provider supply comparable to private market (42 U.S.C. § 1396a(a)(30)(A))
  • Providing or arranging for corrective treatment (42 U.S.C. § 1396a(a)(43))
Due process
• Notice and opportunity for hearing must be provided when:
  • Medicaid eligibility denied or terminated
  • Medicaid services denied, terminated, suspended or reduced
  • Prior authorization denied

Issues for discussion
• Variation between counties
  – LMEs/DSS offices
  – Juvenile court counselors
• Self-Incrimination
  – No statement made to a juvenile court counselor are admissible prior to the dispositional hearing. N.C. Stat. § 7B-2408.

Litigation
• D.T.M. v. Cansler, No. 7:08-CV-57-H (E.D. N.C.) (settlement agreement)
• K.C. v. Cansler and Piedmont Behavioral Health, No. 5:11-cv-354-FL (settlement agreement)

Questions?
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