EPSDT and Inpatient Psychiatric Care
Federal Mandate for Mental Health Services for Youth Under 21

• EPSDT services: “such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.” 42 USC 1396d(r)

• Such services may include inpatient psychiatric services.
Federal Entitlement Equation

- Medicaid eligible youth +
- Treatment is “medically necessary”
- Service is covered (or coverable) by Medicaid
Inpatient Psychiatric Services

• Inpatient Psychiatric Services under Medicaid = Institutions of Mental Disease (IMDs)
• Generally prohibited under Medicaid for individuals under 65 except for youth under 21 when the services are medically necessary.
Assessing the Need for Inpatient Services

• **Build a Team**
  – An interdisciplinary team with a caring clinician and the needs of the child and family at its center

• **Develop a Care Plan**
  – With specific symptoms and goals as possible
  – Is an institutional setting really necessary? What other community-based serves are possible?
A. Smith is 16 years old and living with his adoptive parents receiving federal IV-E AAP benefits in San Francisco. Recently, Alex has begun to exhibit mental health symptoms, including difficulty in falling asleep, irritability and outbursts of anger, difficulty in concentration, hyper-vigilance, and nightmares.
Hypothetical – First Steps

• Screening → assessment.
• Build the child and family team.
• Develop a care plan.
• Request intensive case manager and/or care coordination.
  – Can be vital to connecting to services and is a Medicaid coverable service.
• Connect to mental health services in the least restrictive environment.
• Leverage other supports and entitlements, including special education under the IDEA or accommodations under Section 504 of the Rehabilitation Act.
Hypothetical

• Despite some services being put in place, including Intensive Case Management (ICM) and weekly therapy, A. Smith continues to decompensate. The family requests Therapeutic Behavioral Services (TBS) and a comprehensive medication assessment. The TBS request is verbally denied because BHCS wants to see if the medication helps A. Smith stabilize first.
Failing Up

- There is no requirement that a youth must fail before they are given appropriate medical services.
- Failing up is bad practice although common.
- Youth should be given the best fit of services in the least restrictive environment.
Hypothetical

• A. Smith then moves with his family to Kansas City.
  – Is he eligible for Medicaid in Kansas City?
  – Does it matter if he is IV-E eligible or is receiving state AAP benefits?
Medicaid – To Travel or Not to Travel

• If a child meets the eligibility requirements of federal IV-E assistance, then the child must receive Medicaid in the state in which the child lives.

• 42 CFR 435.403:
  – (a) Requirement. The agency must provide Medicaid to eligible residents of the State, including residents who are absent from the State.
  – (g) Individuals receiving Title IV-E payments. For individuals of any age who are receiving Federal payments for foster care and adoption assistance under title IV-E of the Social Security Act, the State of residence is the State where the child lives.
Medicaid – To Travel or Not to Travel

• If a child is under a state executed adoption assistance agreement:
  – Most states provide Medicaid to all resident children with state funded AAA
    • But may not extend coverage to 21
  – Placing state is still contractually and legally responsible for receipt of all benefits, including health coverage.
Maintaining the LRE from Afar

• How do you ensure treatment using a child and family team from another state?
  – Intensive care coordination
  – Creation of services
  – Outreach
  – Others?
Hypothetical

• While in Kansas City, A. Smith’s symptoms worsen. The family begins to worry specifically about A. Smith’s homicidal ideation. The treatment team recommends in-patient psychiatric services.
The Team

• Team made up of interdisciplinary professionals who develop certificate of need and plan of care

• Plan of care must be designed to achieve “discharge from inpatient status at the earliest possible time.” 42 CFR 441.154
Facility Requirements

• A psychiatric facility must meet federally-set requirements as a provider of psychiatric services to the under age 21 population in order to be eligible to receive federal funding (FFP).

• Services must be in a state-recognized facility as designated in Medicaid State Plan. 42 CFR 441.151

• May be psychiatric hospital, general hospital, PRTF (Psychiatric Residential Treatment Facility)
Other Services Provided During Residential Stay

• Services authorized by the child’s plan of care and provided under an arrangement with the facility are coverable services.
  – Plan should include care specific to medical, psychological, social, behavioral, and developmental needs.

• Psychiatric facility must arrange for and oversee the provision of all services, must maintain all medical records, and must ensure that all services are furnished under the direction of a physician.
  – Such services do not need to be provided at the psychiatric facility itself.
Medicaid – to Travel or not to Travel

• Title IV-E Adoption Assistance: State in which the inpatient facility is located is responsible for coverage

• State Adoption Assistance: State in which the child is considered a resident (state of origin/state of parent’s residency) is responsible for coverage.
Psychiatric Residential Treatment Facilities

• The definition of residency for IV-E recipients - state where the child lives

• The definition of residency for non IV-E recipients – resident of the state which arranged for/made the placement or the resident state of the adoptive parent but not the state where the PRTF is located.
Hypothetical

• A. Smith destabilizes in his inpatient facility in Kansas City and is then placed in a residential treatment facility in Texas. After he was placed there, the family finds out that the facility is not included in Texas’ state plan.
  – What is the assistance state’s obligation to meet its contractual agreement in this instance?
  – How does EPSDT work?
• 42 CFR § 431.52 Payments for services furnished out of State.

• (a) Statutory basis. Section 1902(a)(16) of the Act authorizes the Secretary to prescribe State plan requirements for furnishing Medicaid to State residents who are absent from the State.

• (b) Payment for services. A State plan must provide that the State will pay for services furnished in another State to the same extent that it would pay for services furnished within its boundaries if the services are furnished to a beneficiary who is a resident of the State, and any of the following conditions is met:
  – (1) Medical services are needed because of a medical emergency;
  – (2) Medical services are needed and the beneficiary's health would be endangered if he were required to travel to his State of residence;
  – (3) The State determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other State;
  – (4) It is general practice for beneficiaries in a particular locality to use medical resources in another State.

• (c) Cooperation among States. The plan must provide that the State will establish procedures to facilitate the furnishing of medical services to individuals who are present in the State and are eligible for Medicaid under another State's plan.
Questions?