

AAICAMA Webinar Series

2021



Making Medicaid Happen: From Eligibility to Services

**AAICAMA Webinar Series: Medicaid Training
on Recipients of Non-Title IV-E Adoption Assistance**



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AAICAMA Training: Medicaid, Non-Title IV-E AA

Making Medicaid Happen: Title XIX for Non-Title IV-E Adoption Assistance Cases

Medicaid Presentation Points

- New thinking: Medicaid as a post adoption service
- Healthcare for youth in and adopted from foster care
- Medicaid – eligibility and residency
- Medicaid services – types and **EPSDT**
- Ohio Department of Medicaid: **EPSDT** and inpatient psychiatric services
- Questions and Answers
- Open Discussion – State Practice



The Role of Medicaid

Health care is vital for all children.

**Health care for children in and adopted from foster care
is imperative.**



The Role of Medicaid

Rethinking healthcare:
Medicaid **IS** a post adoption service



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Youth in Foster Care: Trauma and Health

- Early childhood trauma/toxic stress: adverse effect on the neurobiology of the developing brain.
- Early childhood trauma: poor emotional regulation, aggression, hyperactivity, impulsivity, attention and attachment problems, and the inability to associate thought and mood.
- Chaotic, unresponsive caregiving: insecure attachment disorders that may present as indiscriminate friendliness, hypervigilance, or social withdrawal.

Cite: Health Care Issues for Children and Adolescents in Foster Care and Kinship Care (2015). Link: <http://pediatrics.aappublications.org/content/136/4/e1131>

Guiding Questions

- What is Medicaid?
- How are children in and from state, child welfare systems eligible for Medicaid?
- Federal law and state policy— the effect of state practice on the receipt of Medicaid.



Medicaid Eligibility

- Children and youth in and adopted from foster care are, generally, eligible for Medicaid.
- Children and youth in and adopted from foster care who are ineligible for Medicaid *are the exception*.
- The status of youth- as receiving foster or adoption assistance- is the basis for their Medicaid eligibility.



Medicaid Eligibility

- Medicaid eligibility is by category.
- Children eligible for Non-Title IV-E AA are an optional category of eligibility under Medicaid re: “optionally categorically needy.”
- States have the option of extending Medicaid to children receiving Non-Title IV-E AA *without regard to the income of their adoptive parent(s.)*



Medicaid Eligibility

- The option: *The Consolidated Omnibus Reconciliation Act of 1985.*
- Referred to in the adoption assistance field as the COBRA option- or COBRA- regarding Medicaid for Non-Title IV-E AA.
- All states and the District of Columbia have elected the COBRA option.

Cite: 42 U.S.C. 1396a(10)(ii)(VIII)



Medicaid Eligibility Criteria: Non-Title IV-E AA

(aa) for whom there is in effect an adoption assistance agreement (other than an agreement under part E of title IV) between the State and an adoptive parent or parents

(bb) who the State agency responsible for adoption assistance has determined cannot be placed with adoptive parents without medical assistance because such child has special needs for medical or rehabilitative care, and

(cc) who was eligible for medical assistance under the State plan prior to the adoption assistance agreement being entered into, or who would have been eligible for medical assistance at such time if the eligibility standards and methodologies of the State's foster care program under part E of title IV were applied rather than the eligibility standards and methodologies of the State's aid to families with dependent children program under part A of title IV.



Medicaid Eligibility

- All states and DC provide Medicaid to resident youth supported by the state's Non-Title IV-E AA Program.
- Most states provide Medicaid to resident youth supported by *another* state's Non-Title IV-E AA Program. This is known as reciprocity (aka COBRA Reciprocity.)
- Four states do **NOT** provide Medicaid to resident youth supported by another state's Non-Title IV-E AA program: Illinois, Hawaii, Nevada, and New Mexico.



Eligibility, Federal Supremacy, and State Practice

- Federal law supersedes state law, policy, and practice.
- The receipt of Medicaid by otherwise eligible children cannot be delayed or denied due to state law, policy, or practice.
- This is important: State administrative practices cannot interfere with the timely receipt of Medicaid.

Cite: 42 CFR 435.930



Furnishing Medicaid: 24/7

42 CFR § 435.930 Furnishing Medicaid

➤ The agency must:

- (a) Furnish Medicaid promptly to beneficiaries without any delay caused by the agency's administrative procedures;
- (b) Continue to furnish Medicaid regularly to all eligible individuals until they are found to be ineligible; and
- (c) Make arrangements to assist applicants and beneficiaries* to get emergency medical care whenever needed, 24 hours a day and 7 days a week.

**Note: All recipients of adoption assistance are beneficiaries – not applicants.*



Furnishing Medicaid: Out of State

42 CFR §431.52 Payments for services furnished out of 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 recipient who is a resident of the State and any of the following conditions is met:
- (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;
- (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.



Frequently Asked Questions: Interstate Medicaid

- Which state is responsible for the provision of Medicaid to children receiving adoption assistance interstate?
- Which state is responsible for Medicaid when a child is placed interstate in an inpatient, psychiatric facility or boarding school?



Medicaid and Residency

State of residence:

- Residency is the controlling factor in determining responsibility for the provision of Medicaid.
- Medicaid is received through a child's state of residence.

Cite: 42 C.F.R. 435.403 (g.)



Residency

The effect of the federal law:

- Children receiving Non-Title IV-E have a different definition of residency than children receiving Title IV-E.
- For Non-Title IV-E, the definition of residency includes a physical presence, an intent to stay, and follows that of the parent.



Residency

Further clarifications:

- The definition of residency for children receiving Non-Title IV-E Adoption Assistance is the general, residency definition applied under the former Aid to Families with Dependent Children (AFDC) program.
- Youth receiving Title IV-E were given a separate, exceptional definition of residency that is not extended to other populations.
- This distinction has great impact on state practice in securing Medicaid services interstate.



Residency and Inpatient Psychiatric Facilities

- The definition of residency affects the interstate receipt of Medicaid in an inpatient psychiatric facility.
- Inpatient psychiatric facilities: Type and state enrollment/Medicaid provider. *See Ohio Department of Medicaid (ODM.)*
- Boarding schools and other living constructs.
- The Resident State remains responsible for the provision of Medicaid for the length of stay in the facility/school for Non-Title IV-E AA.



Questions

- What is a Medicaid State Plan?
- What Medicaid services must states provide?
- What Medicaid services can states elect to provide?
- How can a placement professional secure a Medicaid service if the service is not included in a state's Medicaid State Plan?



Medicaid: State Plan and Services

Medicaid State Plans and service type

- State Plans
- There are two, broad categories of Medicaid services:
 - Mandatory services
 - Optional services



Mandatory Services

- Certified Pediatric and Family Nurse Practitioner services
- Physician services
- In-patient and out-patient hospital
- Medical and surgical dental
- *EPSDT: See Ohio Department of Medicaid*
- Laboratory and x-ray services
- Rural health clinic services
- Home health services
- Transportation to medical care



Optional Services

- Optometrists' Services
- Psychologists' Services
- Inpatient Psychiatric
- Private Duty Nursing
- Clinic Services
- Dental Services
- Speech, Hearing and Language Therapy
- Occupational and Physical Therapy
- Prescribed Drugs
- Eyeglasses
- Diagnostic Services
- Screening Services
- Preventive Services
- Rehabilitative Services
- Emergency Hospital Services
- Nursing Facilities Services for Under Age 21

Medicaid Coverage

There is scope to the provision of Medicaid.

Cite: 42 U.S.C. 673 (b)(1.)



Medicaid Coverage

The effect of the federal law:

- States must provide Medicaid to eligible children through at least age 18 and states must provide services defined as mandatory. This includes **EPSDT**.
- States can optionally provide Medicaid up to the age of 21 to correspond to the age to which the state's eligibility program(s) is provided and decide which optional services to provide.



EPSDT

- **Early** – Assess health early in life so potential diseases and disabilities can be prevented or detected in the early stages when they can be most effectively treated.
- **Periodic** – Assess health at key points in life to assure continuous, healthy development.
- **Screening** - Test to determine if conditions require closer, medical or dental attention.
- **Diagnosis** - Determine the nature and cause of conditions identified by screenings and those that require further attention.
- **Treatment** - Provide services needed to control, correct, or reduce physical and mental health problems.



EPSDT & the Psych Under 21 Benefit

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EPSDT

- **Early** – Assess health early in life so potential diseases and disabilities can be prevented or detected in the early stages when they can be most effectively treated.
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EPSDT in practice

- **EPSDT** requires states to cover *state plan services* determined to be **medically necessary**, even if a particular service is not included in the state's Medicaid plan. 42 USC § 1396d(r.)
- **EPSDT** may provide an avenue for securing services when the State Plan of the 'resident state' does not provide a necessary service and/or provides different coverage than is available through the resident state.
- While states cannot place hard limits on services, states can require prior authorization and other utilization management.

Psychiatric Treatment for Children Receiving Medicaid

- **EPSDT** applies to behavioral health (BH) services for children, not just physical health
 - » Outpatient care (e.g., counseling, office assessments, BH medications)
 - » Inpatient care
 - Historically, states prohibited from claiming federal Medicaid matching funds for inpatient psychiatric hospital treatment. See, e.g., 42 USC § 1396d(a)(1.)
 - Exception - In patient psychiatric treatment for children under age 21 (“Psych Under 21” benefit)
 - 42 USC § 1396d(a)(16); 42 CFR 441 SubPart D (§§ 441.150-441.156); 42 CFR 483 SubPart G (§§ 483.350-483.376.)
- **EPSDT** also requires coverage of other, non-BH medically necessary services that a child needs while residing in a Medicaid-coverable inpatient psychiatric setting
 - » *21st Century Cures Act*, P.L. 114-255, § 12005(b); 42 USC § 1396d(a)(16)(B.)
 - » This was a big change and clarification in the law!

Psych Under 21 Medicaid Benefit

- Covers treatment *and* room & board for inpatient psychiatric treatment in 3 settings:
 1. Psychiatric hospital
 2. General hospital with psychiatric program/unit that meets applicable conditions of participation
 3. Accredited psychiatric facility that meets certain requirements, known as a Psychiatric Residential Treatment Facility (PRTF)
- Must a state cover all 3 settings?
 - » **EPSDT** requires a state to cover medically necessary treatment services, including inpatient psychiatric treatment.
 - Not clear whether this means all 3 psych under 21 settings, or if 1 of the 3 meets mandate.
 - » Multiple states do not recognize/certify PRTFs in their state. Ohio currently does not. Ohio will cover an out-of-state PRTF placement when eligible for Ohio Medicaid and the PRTF service is determined to be medically necessary.

PRTF vs. Non-PRTF Placement

What is the difference?

- » PRTF is defined in federal, Medicaid regulation under 42 CFR § 483.352. A facility must:
 - Meet all criteria of a PRTF
 - Meet all requirements under 42 CFR §§ 441.151-441.184 *and*
 - Meet restraint and seclusion criteria under 42 CFR § 483 Subpart G, etc.

Why does it matter?

- » Medicaid cannot reimburse room and board in a non-PRTF and may not be able to cover treatment services (both BH and non-BH) either.
- » Doesn't mean a child can't be placed in a non-PRTF residential treatment facility – but a payment source other than Medicaid must be used.

Note: At the end of the day, the Resident State is responsible for providing Medicaid. In instances of contested residency, the state where the child is physically present must provide Medicaid. Also note that the state that holds the AA agreement remains responsible for ensuring that the terms of the AA agreement are met. State options have included Medicaid, “one-off” other insurance, or solutions found through the child welfare agency. 42 CFR § 435.403(m.)

Out-of-State PRTF Placement in Practice – Ohio Approach

- In recent years, Ohio has worked to achieve greater collaboration between its Medicaid and Child Welfare Departments (ODM and ODJFS.)
- If necessary, ODM's Children in Custody section will steward treatment team meetings to make decisions and coordinate the delivery of services.
- ODM's steps to place a child eligible for Ohio Medicaid:
 1. Confirm child's status as IV-E or non-IV-E AA
 2. If IV-E, Resident State must enroll child in the state's Medicaid
 3. If non-IV-E, child will likely remain on Ohio Medicaid
 4. Verify medical necessity and obtain prior authorization when necessary
 5. Confirm facility requirements: To search and confirm PRTF qualifications by state, please see [S&C QCOR \(cms.gov.\)](#) Provider must be an Ohio Medicaid provider or a single-case agreement.
 6. Assessments are made case-by-case.

Receiving Medicaid Services

Between the Resident State, the Assistant State, and the guarantees under **EPSDT**, a plan can be found to meet the medical needs of children and youth eligible for Non-Title IV-E Adoption Assistance.

Please contact the AAICAMA National Office to assist in cases where eligibility or services are denied or delayed for youth under the Compact.

This is the AAICAMA.



Other AAICAMA Trainings

Other training opportunities:

AAICAMA provides training on the ICAMA System and child welfare/Medicaid law and policy.

- ICAMA System training can be scheduled with AAICAMA's IT Program Manager: SBoyle@aaicama.org
- Legal and policy training can be scheduled with AAICAMA's Director: SMcCartney@aaicama.org



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AAICAMA Training: Medicaid 2021

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