CWLA/AAICAMA CONFERENCE



Conf22: CWLA and AAICAMA

The Fierce Urgency of Now: Collective Action to Ensure Children and Families Flourish



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Child Welfare and Medicaid: Making Medicaid Happen



The Interstate Compact on Adoption and Medical Assistance: The AAICAMA





The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

We are the AAICAMA – the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance.

It's an unwieldy acronym representing a national, state association with a small staff and a big goal- ensuring that permanency matters and Making Medicaid Happen.



The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

AAICAMA is partner with the Child Welfare League of America, helping to meet their goal of making children and families a national priority.

A special welcome to CWLA Members in this, AAICAMA's first, joint conference.

Please- ask questions, request resources, and follow up with AAICAMA Staff and its State Administrators as we partner in permanency.



Child Welfare and Medicaid

OVERVIEW

- Medicaid, its state implementation, and your role in Making Medicaid Happen. What we know:
- ➤ The trauma experienced by children and youth in and from state care increases the need for and importance of medical services- timely, consistent, and comprehensive care.
- Medicaid has a vital role in meeting this need and you as child welfare stakeholders can help secure and ensure Medicaid for youth in foster, adoptive, and guardianship care.
- Knowledge is power. We can all be Medicaid advocates. It's in you!



Presentation Points

- What is Medicaid?
- Why is Medicaid important?
- How does Medicaid work?
- What is a Medicaid State Plan and what role does it play in Medicaid?
- What is the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and what role does it play in Medicaid?

Questions and Answers



QUESTION

What is Medicaid?





DEFINITION

- Medicaid is health insurance.
- Medicaid was established in 1965. Happy 57th, Medicaid!
- There is no single, Medicaid program. Think of Medicaid as 50+ different, health insurance policies.
- The District of Columbia, U.S. Territories, and all, 50 states have a Medicaid program.
- Medicaid operates in U.S. Territories- American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands.

Note: Medicaid does not operate internationally.



IN ACTION

- Implementation and oversight: Medicaid is implemented by the states and overseen by the federal agency known as the Centers for Medicare & Medicaid Services (CMS.)
- Partnership: Medicaid is a financial and operational partnership between the federal government and the states.
- Funding: Medicaid is funded by the federal government at a percentage rate individual to each state and territory (Federal Medical Assistance Percentage/FMAP) based on its poverty rate. States pay the remainder. The FMAP is assessed annually.

Link: https://www.federalregister.gov/documents/2021/11/26/2021-25798/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for. Note: FY2023. Range 50- to 77%.



RESOURCES

- CMS has ten (10) Regional Offices (ROs) throughout the United States to assist states and families in understanding, delivering, and receiving Medicaid benefits.
- Please see the CMS website for Regional Office locations and contacts.

Note: RO's serve to provide T&TA to states, resolve discrepancies, and raise issues at the national level.

Link: https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices



Medicaid Law and Federal Guidance

RESOURCES

- Federal law and regulation
 - Medicaid law is found at 42 U.S.C. §§ 1396 et seq.
 - Medicaid regulation is found at 42 C.F.R. §§ 430 et seq.
- > The Centers for Medicare and Medicaid Services
 - Website: https://www.cms.gov/
 - CMS, Medicaid page: https://www.medicaid.gov/
- The CMS, State Medicaid Manual.

The manual was created to provide state guidance and understanding of the implementtation of state, Medicaid programs. It offers "day to day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models and directives."

Link: https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html



Medicaid Law and Federal Guidance

RESOURCES

The Congressional Research Service (CRS) is part of the legislative branch of the U.S. government and operates within the Library of Congress to provide policy and legal analysis to Congressional committees and Members of both the House and Senate.

Link: https://www.loc.gov/crsinfo/about/

See CRS's Report, Medicaid: An Overview: Link: https://sgp.fas.org/crs/misc/R43357.pdf

- The Kaiser Family Foundation (KFF) focuses on national health issues and the U.S.'s role in global health policy.

 Link: https://www.kff.org and https://www.kff.org/medicaid
- See KFF's report, Medicaid and CHIP Eligibility and Enrollment Polices.

 Link: https://files.kff.org/attachment/REPORT-Medicaid-and-CHIP-Eligibility-and-Enrollment-Policies-as-of-January-2022.pdf

RESOURCES

- The National Academy for State Health Policy (NASHP) develops and advances state health policy innovations and solutions.
 - Link: https://www.nashp.org
- The National Health Law Program (NHeLP) protects and advances health rights of low-income and underserved individuals and families.
 - Link: https://www.healthlaw.org
- The Center for Healthcare Strategies, Inc. (CHCS) partners in the design and implementation of policy to improve outcomes for people enrolled in Medicaid. Link: http://www.chcs.org
- See the CHCS's resource: Making Medicaid Work for Children in Child Welfare: Examples from the Field (June 2013) for Medicaid strategies specifically relevant to state, child welfare populations with case studies to illustrate these strategies. Link: http://www.chcs.org/media/Making_Medicaid_Work.pdf.



Understanding Medicaid





IMPORTANCE

- The health needs of youth in and from state care are significant and persistent.
- Quote: "...children who enter foster care have been exposed to conditions that undermine their chances for healthy development. Research indicates that children and youth in foster care are in worse health than those who are homeless or those living in the poorest sections of our inner cities. They have a higher likelihood of chronic medical problems, lifelong psychiatric and behavioral issues, as well as permanent physical, cognitive and developmental disabilities than children in the general population."
- A Case for Action for Children and Youth with Disabilities in Foster Care, A Project of United Cerebral Palsy and Children's Rights (2006.)



IMPORTANCE

- Childhood trauma: Children in and from foster care have experienced multiple traumas. Traumas can include:
 - The neglect/abuse that necessitated the state entering their lives.
 - Entering the child welfare system.
 - Separation from family, friends, home, and/or school.
 - Loss of what is known and familiar.



SIGNIFICANCE

- "Trauma results from an individual's experience or multiple experiences that are physically or emotionally harmful. Recent studies have found that trauma experienced by children and youth directly impacts their brain development, resulting in response mechanisms and coping strategies that can potentially lead to long-term harmful effects.
- These 'Adverse Childhood Experiences' (ACEs) can cause such profound physical harm that may materialize in chronic disease, mental illness, behavioral issues, and substance abuse all of which can have negative effects on a child's academic and life success. Youth involved in the juvenile justice and foster care systems may have more adverse reactions; however, no groups of children and youth are immune to ACEs and their effects."
- Focus on Michigan Communities: Innovative community strategies to improve outcomes for children, youth, and families in Michigan. A Trauma-Informed Approach to Education at the Clara B. Ford Academy (October 2016.)

 Link: http://www.michiganschildren.org

SIGNIFICANCE

Studies have found the following estimates:

- 90% physical health problems
- > 50-80% mental and behavioral problems
 - 30-80% with at least one chronic medical condition
 - 25% with three or more chronic health problems
 - 20% fully handicapped
 - 30-60% with developmental delays
 - 30-40% receiving special education services

A Case for Action for Children and Youth with Disabilities in Foster Care, A Project of United Cerebral Palsy and Children's Rights (2006.)



SIGNIFICANCE

- Symptoms of childhood trauma can include:
 - Intense, ongoing emotional upset
 - Depression, anxiety, behavioral changes
 - Difficulties in school, problems maintaining relationships
 - Difficulty eating and sleeping, aches and pains
 - Withdrawal
- Source: Understanding Child Traumatic Stress. The National Child Traumatic Stress Network.
- Retrieved from:

http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf



QUESTION



How Does Medicaid Work?



ELIGIBILITY

Medicaid eligibility is by "category."

Note: Think of Medicaid as a house and the category of eligibility as the door through which you enter the house.

- Medicaid has three, core eligibility categories:
 - 1. Mandatory Categorically Needy
 - 2. Optionally Categorically Needy
 - 3. Medically Needy



ELIGIBILITY

Mandatory examples:

 Children eligible for Title IV-E Foster Care, Adoption or Guardianship and Low-Income Families (26 groups)

Optional examples:

- Children with Non-Title IV-E Adoption Assistance and
- Independent Foster Care Adolescents (32 groups)

Medically Needy examples:

- Medically Needy Children under 18 and
- Medically Needy Pregnant Women (9 groups)



FACTS

Some dizzying facts:

- The three Medicaid, eligibility categories have 67 different subsets of eligibility groups between them.
- Each group category and group subset has its own federal, eligibility criteria and is sometimes overlaid with state, eligibility criteria.
- Operation of these criteria are sometimes affected interstate.
- Medicaid law and Medicaid administration is complex. It can be confusing for anyone- including state, child welfare practitioners.
- No one is immune to the confusion- but take heart.

There is A Plan.



ELIGIBILITY

Medicaid State Plans

- Medicaid State Plans (MSPs) are a blueprint of the populations served and services available under a state's Medicaid program.
- MSPs outline each state's Medicaid coverage and are available online through CMS.
- Federal law provides a framework for MSPs by stipulating mandatory services and offering optional services.



STATE PLANS

Medicaid State Plans

- States must cover mandatory populations (eligibility groups) and can elect to cover optional populations.
- States must provide mandatory services and can elect to provide optional services.
- States must provide all services so that they are "sufficient in amount, duration, and scope to reasonably achieve (their) purpose" and provide these services throughout the state.



SERVICES

Medicaid Services

There are two, broad categories of Medicaid services:

- Mandatory services
- Optional services



SERVICES

Mandatory services, examples:

- Physician services
- In-patient and out-patient hospital
- Medical or surgical services by a dentist
- > EPSDT
- Laboratory and x-ray
- Rural health clinic services



SERVICES

Optional services, examples:

- Prescription drugs
- Inpatient, psychiatric services for under age 21
- Physical and occupational therapy
- Speech, hearing and language therapy
- Clinic services

- Dental services/routine
- Eyeglasses and prosthetic devices
- Rehabilitative and hospice services
- Emergency hospital services
- Diagnostic, screening and preventive services



RESOURCES

For a complete listing of Medicaid mandatory and optional services, please see the CMS Medicaid.gov website.

Link: https://www.medicaid.gov/medicaid/benefits/index.html



OBLIGATIONS

State obligations to provide Medicaid:

- Medicaid is received through the state of residency.
- The state of residence is responsible for the provision of Medicaid to Medicaid-eligible children and youth.
- Residency is defined differently for the two, most frequent categories of children who receive state, child welfare benefits re: Title IV-E and Non-Title IV-E (aka State-Funded.)



OBLIGATIONS

State obligations to provide Medicaid:

- ➤ **Title IV-E:** Residency is defined as the state where the child lives, i.e., where s/he is physically located. This includes interstate placement in residential schools and treatment facilities. *Note: Temporary absences*
- Non-Title IV-E: Residency is defined as a physical presence, intent to stay, and follows that of the parent/guardian.



EPSDT

DEFINITION

Early and Periodic Screening, Diagnostic and Treatment:

> A mandatory Medicaid service for youth to age 21



EPSDT

DEFINITION

- Early Assessing a child's 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 Assessing a child's health at key points in life to assure continued, healthy development.
- Screening Using tests and procedures to determine if children being examined have conditions requiring closer medical, dental, or health attention.
- **Diagnostic** Determining the nature and cause of conditions identified by screenings and identifying those that require follow-up.
- Treatment Providing services needed to control, correct, or reduce physical, mental health, and other conditions- including relief of pain and infections.

 Note: Ameliorate

EPSDT

DEFINITION

- **EPSDT** provides a mechanism for children to receive Medicaid services, even if the service is not included in a state's Medicaid Plan.
- ➤ EPSDT provides an avenue for securing a service not included in the Medicaid State Plan when the service is determined to be "medically necessary" or when provided at a different level, scope, or duration of coverage than a child requires.
- EPSDT helps equalize the discrepancy between services offered under Medicaid State Plans for youth under age 21.
- States must inform families of the availability of EPSDT services and treat any request for a service not include in a Medicaid State Plan as a request for EPSDT services.

Note: "Medically necessary" is state-defined and varies by state.

Please see AAICAMA's Practice Bulletin on EPSDT for more information.



Interstate

THE ICAMA

The Interstate Compact on Adoption and Medical Assistance

The I C Y M A

Securing Medicaid interstate for youth in Foster / Adoptive / Guardianship



Interstate

AA/ICAMA

Federal, Title IV-E Adoption Assistance law directs states to protect the interests of youth with special needs adopted interstate.

Cite: 42 U.S.C. 675 (3)(B)

- ➤ This protection became the Interstate Compact on Adoption and Medical Assistance (ICAMA, the Compact.)
- Compact is administered by the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance. (AAICAMA, the Association.)



Interstate

THE ICAMA

- The mechanisms of the ICAMA and the uniform processes of the AAICAMA work to ensure the uninterrupted receipt of Medicaid to eligible children in interstate cases. Communicate, coordinate, collaborate.
- All states and the District of Columbia are Members of the AAICAMA and/or willingly participate in its processes. (* Wyoming)
- Special Note: Puerto Rico is in process to become ICAMA's newest Member!

Together, we Make Medicaid Happen.



Q & A

QUESTIONS & ANSWERS

Now it's Your Turn!





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AAICAMA: Interstate. Permanency. Thank you for your role!