Putting Medicaid to Work for Juvenile Justice

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“Securing Health Rights for Those in Need”
Overview of Training

• Health needs and juveniles
• Medicaid eligibility
• Medicaid services
• Questions – for you!
Youth in the juvenile justice system

• More than 70% of involved youth have at least one diagnosable mental health disorder (80% of girls)
• Nearly half have a substance abuse disorder
• Includes children and youth accused of minor or no offense
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
  - avoid 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, DMH/DD/SAS
  - Federal match of state funds (75.59% until 12/10, o/w 65%)
Medicaid

- Covers certain children, elderly, people with disabilities, caretaker relatives
- Must have very low income and resources
- Generally, must be a citizen
Medicaid eligibility

- Individuals in juvenile detention (including camps and training schools) not eligible for Medicaid
  
  BUT

- Medicaid applications can be accepted
- Majority of youth adjudicated delinquent serve probation
- Many others not adjudicated delinquent

Medicaid for children and youth

• Children 6-19 under 100% of FPL; birth through 5 under 200% of FPL
  • 100% FPL = $22,050 for family of four
  • 200% FPL = $44,100 for family of four
• “Dependent” children
• Adopted and foster children
• Some children with disabilities (including children on SSI)
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
North Carolina

- EPSDT is called “Health Check”
Health Check

• “Periodic” and “interperiodic” screenings
  – Set according to age, professional guidelines
• Medical, including psychological
• Dental
• Lab tests, including lead blood levels
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.
Categories of Services

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

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

- Family preservation
- Team-based, in-home therapeutic resources
- Monitor/manage psychiatric or addiction symptoms
- Prevention of out of home placement
EPSDT – Service Limitations

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

• Notice and opportunity for hearing must be provided when:
  – Medicaid eligibility denied or terminated
  – Medicaid services denied, terminated, suspended or reduced
Health Choice

- Children’s Health Insurance Program
Health Choice

- Be under age 19 (or 21 in some cases)
- Be state resident, U.S. citizen
  - Very few immigrants
- Not be eligible for Medicaid and be uninsured
- Generally, under 200% of FPL
- Pay enrollment fee (if applicable)
Health Choice

• Some of the same benefits as are covered by Medicaid
• Additional benefits are available for children with special needs
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
Questions?

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