



**NC Association of District Court Judges
Summer Conference**

Sarah Somers

June 23, 2010

“Securing Health Rights for Those in Need”

Overview of Training

- Health needs and juveniles
- Medicaid eligibility
- Medicaid services
- Questions

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
 - 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 MH/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
 - In 2014, will cover single, childless adults under 133 % of poverty
- Must have very low income and resources
- Generally, must be a citizen

Medicaid eligibility

- Individuals in juvenile detention (including camps and training schools) are not eligible for Medicaid
BUT
 - Medicaid applications can be accepted
 - Majority of youth adjudicated delinquent serve probation
 - Many others not adjudicated delinquent

NC Family and Children's Medicaid Manual 3360,
<http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/>

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.

Covered 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 treatment
- 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”

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

- DMA, *Basic Medicaid Billing Guide*, available at www.ncdhhs.gov
- Value Options – Contractor
- 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

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 dispositional hearing. N.C. Stat. § 7B-2408.

Questions?

www.healthlaw.org

somers@healthlaw.org