



Putting Medicaid to Work for Juvenile Justice

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Overview of Training

- Health needs and juveniles
- Medicaid eligibility
- Medicaid services
- Tips and “how-to” for Defenders

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%

Poor children = poor health

More likely to have:

- Vision, hearing and speech problems
- Untreated tooth decay
- Elevated lead blood levels
- Sickle cell disease
- Behavioral Health problems
- Anemia
- Asthma
- And many more . . .

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

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.

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

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.

Putting Medicaid to Work

Ideas for a Defender



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Putting Medicaid services to use

- When
- What
- How
- Why



Three Phases

1. Pre-adjudication
2. Adjudication
3. Disposition (and post-disposition)



1. Pre-adjudication

- secure custody hearing
- first appearance
- probable cause
- transfer
- pre-trial motions
- discovery



When: Pre-adjudication

- What?
 - adjudication (and disposition) preparation
- How?
 - motion
 - request
- Why?
 - secure custody
 - competency
 - discovery



Transfer

- age
- maturity
- intellectual functioning
- delinquency history record
- prior services
- available services
- aggravators
- offense and the protection of the public



Transfer

- age
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- **available services**
- aggravators
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2. Adjudication

- responsible/ not responsible



3. Disposition

- disposition level
- disposition options
- post-disposition
 - probation violation
 - show cause
 - termination of supervision
 - post-release



When: Disposition

- What
 - disposition preparation
 - disposition hearing
- How
 - motion
 - request
- Why
 - focus court on client
 - improve client's outcome
 - remind court of purpose



DELINQUENCY HISTORY LEVEL

| OFFENSE | | | |
|---------|--------------|--------------|--------------|
| | LOW | MEDIUM | HIGH |
| VIOLENT | Level 2 or 3 | Level 3 | Level 3 |
| SERIOUS | Level 1 or 2 | Level 2 | Level 2 or 3 |
| MINOR | Level 1 | Level 1 or 2 | Level 2 |

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| OFFENSE | | | |
|---------|--------------|-------------------|-------------------|
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| VIOLENT | Level 2 or 3 | Level 3 (or 2) | Level 3 (or 2) |
| SERIOUS | Level 1 or 2 | Level 2 | Level 2 or 3 |
| MINOR | Level 1 | Level 1 or 2 | Level 2 |

Purpose

- consequences
- treatment
- training
- rehabilitation



Hearing

- seriousness of offense
- accountability
- public safety
- culpability
- rehabilitative and treatment needs



Hearing

- seriousness of offense
- accountability
- public safety
- culpability
- **rehabilitative and treatment needs**



Questions?

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