



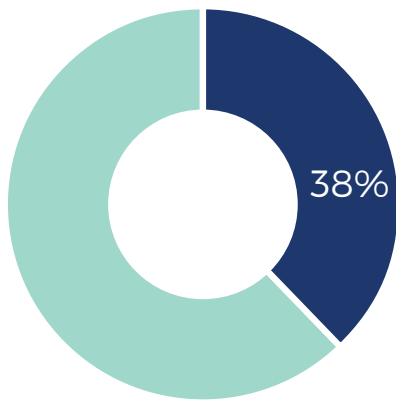
# Addressing Barriers to Behavioral Health Coverage for Low-Income Youth

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## Introduction



Medicaid is the country's most inclusive health care program, providing high quality, affordable coverage to more than 75 million low-income individuals. [Approximately 38% of all children](#) are covered by Medicaid.



Medicaid plays an outsized role in funding behavioral health services – it is the single largest payer for mental health and substance use disorder services.

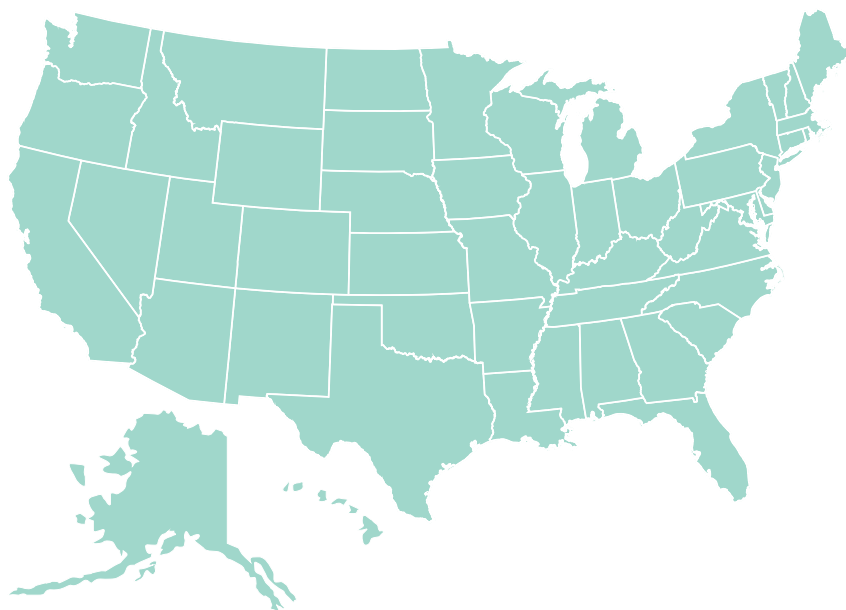


In exchange for federal funding, states must meet a number of requirements governing who is eligible, what health care must be provided, and protections for enrollees.

One of these Medicaid requirements is [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) – a benefit that entitles low-income children under age twenty-one to a myriad of medically necessary behavioral health services. Because of the EPSDT benefit, children in Medicaid are often entitled to an array of community-based behavioral health interventions that children enrolled in private insurance are not.



## How to use the book



This flip chart contains various scenarios and barriers that low-income youth with behavioral health conditions might face when trying to access services, and includes suggested steps an advocate could take to work through those barriers. Because Medicaid is a federal-state partnership, there are certain requirements that all states need to meet and other features that are optional for states. Income and other eligibility limits vary among states. We have linked to general resources that can help discern state-specific eligibility limits, but when in doubt, check with a lawyer in your state.

## Learn More

The [National Health Law Program](#), founded in 1969, protects and advances health rights of low-income and underserved individuals and families. We advocate, educate and litigate at the federal and state levels to advance health and civil rights in the U.S. Our lawyers and policy experts fight every day for the rights of the tens of millions of people struggling to access affordable, quality health care coverage free from discrimination.

For more information generally on behavioral health services for low-income children, see [Children's Mental Health Services: The Right to Community-Based Care](#).

For help in your state, contact [local legal services](#) or the [Protection and Advocacy Program](#). Protection and Advocacy programs provide free legal services to individuals with disabilities, including psychiatric disabilities.

# 1

## Getting Covered

Jayden (16) and Lucinda (5) are siblings who live with their father in the state of “East Virginia.” Their father, who is self-employed and makes \$48,000 a year, wants to know how he can get health insurance for his children.



i) Every state must cover children under Medicaid up to 138% of the [Federal Poverty Level](#) (FPL). States can choose to cover children in families with [more income](#), and can vary the income limit by age group. Because states can vary the income limit for Medicaid by age group, it is important to check eligibility for both children, based on their age.

ii) To determine whether Jayden and Lucinda are eligible, first determine the family’s income in relation to the [FPL](#). For a family of 3, the FPL in 2021 is \$21,950. Jayden and Lucinda’s father’s income is \$48,000, or 219% FPL. (Certain deductions are available when making this calculation for Medicaid purposes. For detailed information, see [An Advocate’s Guide to MAGI](#)).

iii) In “East Virginia,” children ages 1 through 5 are eligible for Medicaid if their family’s income is up to 149% of FPL, and children ages 6 through 18 are eligible up to 138% of FPL. Because Jayden and Lucinda’s family’s income is 219% FPL and above the specific income limit for their ages, neither is eligible for Medicaid.

iv) In addition to Medicaid coverage, some states operate their CHIP (Children’s Health Insurance Program) with separate income limits, currently ranging from approximately 190% FPL to 405% FPL. In “East Virginia,” the income limit is 215% FPL, so neither Jayden nor Lucinda are eligible for CHIP.

v) Jayden and Lucinda are eligible for marketplace coverage. Their father can buy the entire family health insurance via the marketplace, and can find out how to purchase insurance in his state by visiting <https://www.healthcare.gov/get-coverage/>. He will be eligible for premium assistance and cost sharing reductions, to reduce his share of the cost of health insurance.

# 2

## Access to Services

Lijing is a Medicaid enrollee who experienced a significant trauma, resulting in depression and anxiety. About 5 months ago, he began receiving intensive care coordination (ICC) to help him and his family access the various behavioral health services and supports he needs. Last week, Lijing's father received a notice saying that because the state only covers 6 months of ICC, Lijing's services will end in 30 days. Lijing's family and providers believe that Lijing will still need ICC after the next month to support his complex emotional and behavioral needs.

i) Under the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) benefit, state Medicaid agencies are required to provide enrollees under age 21 with access to periodic and preventive screenings, as well as services that are necessary to "correct or ameliorate" medical conditions, including behavioral health conditions. Even if 6 months of ICC is ordinarily sufficient for most children, each child's needs must be evaluated on an individual basis. If a particular child requires more services than average, Medicaid must provide those services.

ii) Lijing and his father can appeal Medicaid's decision to terminate his ICC services. When a state (or its managed care plan) decides that an enrollee is no longer entitled to a medical service, the state must send the family a notice explaining the reasons for the decision and explaining how they can appeal the decision.

iii) A lawyer from the state's [Protection & Advocacy Program](#) helps Lijing's father file a request for an appeal before the date that his services were supposed to be terminated. The lawyer explains that if they file the appeal before the date of termination, they can request that services continue until they get a decision in the appeal (often called "aid paid pending" or "continued benefits.")

iv) At the hearing, Lijing's lawyer and father present evidence from Lijing's psychiatrist that ICC is still medically necessary. A hearing officer reviews the evidence and agrees that Lijing is still entitled to the services. The state agrees to continue Lijing's intensive care coordination for as long as he needs it to correct or ameliorate his condition.



# 3

## Substance Use Disorder Services

Sally is 17 years old and enrolled in her state's Medicaid program. About 6 months ago, Sally used cocaine for the first time. Initially, her substance use was casual and social, but it is now interrupting her life; in addition to missing shifts at her job, Sally is feeling anxious and depressed. She wants to seek treatment, but she is concerned that it will cost too much.



i) Under the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) benefit, state Medicaid agencies must provide enrollees under age 21 with access to periodic and preventive screenings, as well as services that are necessary to "correct or ameliorate" medical conditions, including behavioral health conditions. This includes screening and treatment for mental health and substance use disorder (SUD).

ii) The EPSDT benefit requires every state to adopt a "periodicity schedule" for screening children. Sally's state of "West Nebraska," like many states, has adopted the ["Bright Futures"](#) periodicity schedule. Following this schedule, Sally's doctor asks her a series of questions about her health every year, including a tobacco, alcohol, and drug use assessment.

iii) The practice of Screening, Brief Intervention, and Referral to Treatment ([SBIRT](#)) is considered the standard of care for screening youth for SUD. Sally's doctor uses a screening tool to assess the severity of drug and alcohol use. Based on her answers, the doctor engages in a brief intervention to increase Sally's awareness and help her readiness and motivation to engage in treatment. Her doctor refers her to treatment and gives her a list of providers.

iv) Sally is still worried that the treatment might not be covered. She has heard about older relatives spending a lot of money on SUD treatment. However, because Sally is under 21, the EPSDT benefit requires states to provide youth with treatment for SUD conditions identified by their providers. Treatment varies depending on the individual's specific circumstances and needs and may include medication assisted treatment (MAT) with buprenorphine and methadone for opioid use disorder, behavioral and family-based interventions, and recovery services and supports.

# 4

## Medicaid During National and Local Emergencies

Imani, age 16, is a Medicaid enrollee who receives [intensive home-based interventions](#) for a mental health condition. A community support worker comes to Imani's home 3 times a week to help her learn how to navigate her emotions. At the beginning of COVID-19, Imani's worker stopped coming and never came back. Now, 10 months later, she still has not returned. Her mother complained to the Medicaid agency, but the agency told her they decided it was unsafe. No other arrangements were made. Imani's anxiety is increasing, and her family wants to know what they can do.

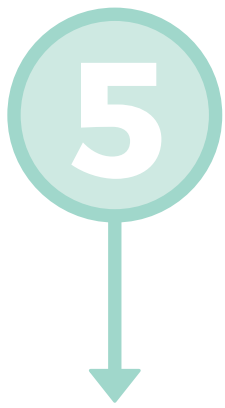
i) Under the [Early and Periodic Screening, Diagnostic and Treatment](#) (EPSDT) benefit, state Medicaid agencies must provide enrollees under age 21 with access to services that are medically necessary to treat mental health conditions. Because Imani is a Medicaid enrollee under age 21, she is entitled to medically necessary intensive home-based services.

ii) If Imani and her doctor have asked for the service and the state is not helping them find anyone who can provide it, the state is not complying with the Medicaid Act. Imani calls her [local legal aid office](#). A lawyer explains that the state's obligation is not simply to pay for services, but rather to arrange for such services. The state must take affirmative steps to ensure that Imani is actually able to access necessary services, even during a public health emergency.

iii) The lawyer helps Imani's family appeal the lack of services with her managed care organization (MCO). An MCO is a company the state contracts with to provide Imani's Medicaid-funded services. The MCO, in turn, contracts with providers that can meet Imani's needs. Because Imani is enrolled in an MCO, she must bring her appeal to her MCO first, before appealing to the state Medicaid agency.

iv) Imani's MCO responds to her appeal by giving Imani a new service provider, and ensuring that this service provider will continue to provide intensive home based services even during the pandemic. The MCO, provider, and Imani agree to provide services outdoors where appropriate, and that everyone in the home will wear masks when they see each other.





## Foster Care

**Maria is a 17-year-old who was recently placed with a foster care family by her state of “East Georgia.” Like many children in the child welfare system, Maria needs mental health treatment related to trauma. In “East Georgia,” foster youth “age out” of the foster care system at age 18. Maria and her advocates want to know whether Maria can keep Medicaid once she turns 18 on July 1, 2022.**

i) For practically all youth in foster care, Medicaid coverage is mandatory. A child may be eligible because the child receives federal foster care payments (“Title IV-E” eligibility), has a disability and is otherwise eligible for Supplemental Security Income (SSI), or was removed from a family with a very low income. Maria receives Title IV-E foster care maintenance payments and therefore is eligible for Medicaid.



ii) Once Maria turns 18, she will remain eligible for Medicaid until age 26, as long as she remains in “East Georgia.” State Medicaid agencies must provide Medicaid to individuals who (1) are under 26, (2) are not eligible or enrolled in mandatory coverage under other Medicaid programs, (3) were in foster care and the responsibility of the state upon turning either 18 or a higher age at which foster care assistance ends, and (4) were enrolled in Medicaid when they aged out of the foster care system.



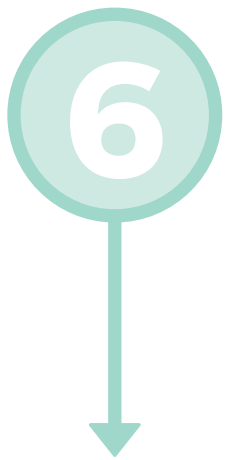
iii) If Maria moves to “West Georgia,” she will keep her coverage as a “former foster youth” because “West Georgia” has chosen to cover former foster youth from a different state. Many states [choose to cover](#) former foster youth that move from another state.



iv) If Maria instead moves to “South Georgia,” she will lose her coverage as a “former foster youth,” because “South Georgia” chose not to cover foster youth from a different state. Maria may still be eligible in a different eligibility category. For former foster youth who turn 18 after January 1, 2023, all state Medicaid programs must provide coverage to former foster youth even if they move states. Until then, state coverage of youth who age out of foster care in a different state remains optional.







## Transition to Adulthood

Eva is an 18-year-old college student in “North Montana.” She works part time, earning approximately \$6,500 a year, and lives on campus. She is also a Medicaid enrollee who receives medication, weekly therapy, and peer support at school, to help her manage her bipolar disorder. “North Montana” has not expanded Medicaid.

Eva heard that when she turns 19, she will no longer be eligible for Medicaid. Eva is worried that she will not be able to continue in school and in her part time job without the services she is receiving.

i) All states provide Medicaid coverage for low-income youth up to age 19, and many states continue coverage for low-income youth up to age 21. While a state may choose not to cover youth between the ages of 19 and 21, if the state does so, the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) benefit](#) still applies to any under age 21. The eligibility threshold varies from state to state, but is generally around 200% of the [Federal Poverty Level](#) (FPL). The \$6,500 Eva earns a year is about 50% of the FPL for a single person and would be under this eligibility threshold. Because “North Montana” continues coverage for low-income youth up to age 21, Eva should be able to stay on Medicaid for another two years after she turns 19.

ii) In states that have expanded Medicaid, adults between the ages of 18-64 are eligible for Medicaid if their income is under 138% FPL. “North Montana” is not a Medicaid Expansion state, and therefore Eva will lose her Medicaid coverage at age 21.

iii) If Eva stays in “North Montana,” once Eva ages out of Medicaid coverage, she may apply for private insurance coverage through the [marketplace](#). Because her income is under 100% FPL, she will not get financial assistance to help her pay for that coverage. Marketplace coverage may not cover all the services covered in Medicaid, and she may also have to switch to new providers that accept her new insurance.

iv) If Eva transfers to a college in the neighboring state of “South Montana,” which is an expansion state, she should remain eligible for Medicaid as a household of one with income at 50% FPL, even after she turns 21. However, Medicaid programs may provide different services for adults ages 21 and over than they provide for youth under age 21. Eva may not be able to receive the same scope of services she currently receives once she turns 21.





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