

Medicaid and Other Health Care Coverage Information for Juvenile Justice Professionals and Courts



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Michigan has many health care programs available to children, families and adults who meet eligibility requirements. Each program has income limits and some have an asset limit. Medicaid and the Children's Health Insurance Program (CHIP) covers health care for:

- individuals ages 0 to under 19 up to 212% of the Federal Poverty Level (FPL), and
- individuals age 19 to under 21 up to 133% of the FPL,

through the various programs. Limits vary with each program.

Medicaid Coverage

Medicaid is a federal health care program administered through the Michigan Department of Health and Human Services (MDHHS). Children and youth under age 21 may be eligible for Medicaid under one of the following groups:

U-19 is a Medicaid health care program for low-income children who:

- Are under age 19
- Live in Michigan, even for a short time
- Are a U.S. citizen or a qualified immigrant
- Meet the income test

Under 21 Medicaid is available to eligible persons under age 21 who:

- Live in Michigan, even for a short time
- Are a U.S. citizen or a qualified immigrant
- Meet income and asset tests

Supplemental Security Income (SSI) Recipients

- Low-income children with disabilities who medically qualify as disabled through the Social Security Administration can receive a monthly Supplemental Security Income, or SSI.
- SSI recipients who are Michigan residents receive Medicaid for the duration of SSI eligibility.

Other Health Care Coverage

MIChild is a health care program for children who are under age 19. The program is:

- Administered by the Michigan Department of Health and Human Services
- For the low income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid.
- Only based on an income test
- For residents of Michigan

**There is a \$10 per family monthly premium for MIChild.
The \$10 monthly premium is for all of the children in one family.**

Healthy Michigan Plan provides comprehensive health coverage for individuals who:

- Are 19-64 years of age
- Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income (MAGI) methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

What services are covered?

Medicaid covers most medically necessary services, which may include:

- ambulance
- chiropractic
- dental
- doctor visits, including well child and preventive visits
- emergency services
- family planning
- hearing and speech services
- home health care
- hospice care
- inpatient and outpatient hospital care
- lab
- medical supplies
- medicine prescribed by a doctor
- mental health services
- non-emergency medical transportation
- nursing home care
- personal care services
- physical and occupational therapy
- podiatry (foot care)
- pregnancy care (prenatal, delivery, and post-partum)
- private duty nursing
- immunizations
- substance use disorder treatment services
- surgery
- urgent care
- vision
- x-ray

Who is considered a foster care departmental ward?

A departmental ward is any child/youth who:

- Has been referred under MCL 400.55(h), committed to, or placed with, the Department of Health and Human Services by a court order; and
- Does not live with his or her parent(s) or legal guardian.

Department wards are categorically eligible for Medicaid.

Who is considered an inmate of a public institution?

The term 'inmate of a public institution' means "a person who is living in a public institution."¹ A person is an inmate "when serving time for a criminal offense or confined involuntarily in State or Federal prisons, jails, detention facilities, or other penal facilities."² This definition applies to both juvenile and adult inmates. Thus, an individual who is placed in a treatment program within a public institution, and is confined involuntarily in the public institution, meets the definition of an inmate of a public institution. Inmates of public institutions

¹ 42 CFR 435.1010. Under 42 CFR 435.1010, an individual is not considered an inmate if: "(a) He is in a public educational or vocational training institution for purposes of securing education or vocational training; or (b) He is in a public institution for a temporary period pending other arrangements appropriate to his needs."

² Department of Health & Human Services, Chicago Regional State Letter No. 04-98; Clarification of Medicaid Coverage Policy for Inmates of a Public Institution, August 1998.

do not lose their Medicaid eligibility, but their covered services are reduced to include only off-site, medically necessary inpatient services. Juvenile courts are responsible for reporting to local MDHHS offices any and all placements of juveniles who are Medicaid beneficiaries into any and all public institutions. Examples include youth placed in court or county-operated treatment facilities, detention facilities, state-run detention and training/treatment facilities, and jails. Additionally, families receiving Medicaid have a responsibility to report to the local MDHHS office within 10 days whenever a family member is temporarily out of the home (i.e. youth placed in public institutions, child care facilities, etc.).

What is considered a public institution?

The term 'Public Institution' means:

An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. The term 'public institution' does not include -

- (a) A medical institution as defined in this section;
- (b) An intermediate care facility as defined in §§440.140 and 440.150 of this chapter;
- (c) A publicly operated community residence that serves no more than 16 residents, as defined in this section; or
- (d) A child-care institution as defined in this section with respect to -
 - (1) Children for whom foster care maintenance payments are made under title IV-E of the Act; and

(2) Children receiving AFDC - foster care under title IV-A of the Act."³

A facility may be a public institution if it is "actually an organizational part of a governmental unit," or if "a governmental unit exercises final administrative control" over the facility.⁴

When a person who is Medicaid-eligible is considered an inmate of a public institution, only off-site, medically necessary inpatient services are covered. No other services can be covered by Medicaid for an inmate of a public institution. This applies to any individual who is Medicaid-eligible, including youth who are wards of the state.

If a juvenile is placed in a child caring institution (CCI), does this affect his/her Medicaid coverage?

Under Michigan law, a child caring institution (CCI) means:

[A] child care facility that is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the child caring institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility.

³ 42 CFR 435.1010

⁴ Department of Health & Human Services, Chicago Regional State Letter No. 04-98; Clarification of Medicaid Coverage Policy for Inmates of a Public Institution, August 1998.

Child caring institution includes a maternity home for the care of unmarried mothers who are minors and an agency group home that is described as a small child caring institution, owned, leased, or rented by a licensed agency providing care for more than 4 but less than 13 minor children. Child caring institution also includes institutions for developmentally disabled or emotionally disturbed minor children. Child caring institution does not include a hospital, nursing home, or home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260, a boarding school licensed under section 1335 of the revised school code, 1976 PA 451, MCL 380.1335, a hospital or facility operated by the state or licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, or an adult foster care family home or an adult foster care small group home licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737, in which a child has been placed under section 5(6).⁵

Under federal law, a CCI means:

[A] private child-care institution, or a public child-care institution that accommodates no more than 25 children, which is licensed by the State in which it is situated, or has been approved by the agency of the State responsible for licensing or approval of institutions of this type, as meeting the standards established for licensing. The term does not include detention facilities, forestry camps, training schools or any other facility operated primarily for the detention of children who are determined to be delinquent.⁶

⁵ MCL 722.111(1)(b)

⁶ 42 CFR 435.1010

When a juvenile is placed in a CCI, Medicaid coverage is not reduced, provided that:

- 1. The juvenile is placed in a CCI that meets the federal definition; and**
- 2. The juvenile is not an inmate of a public institution.**

Medicaid may be used for the purpose of transition of juveniles with serious emotional disturbance from a CCI, as well as out of Hawthorn Center, beginning up to 180 days prior to release and includes wraparound planning or case management and assessment. The juvenile's case must be open to the Community Mental Health Services Program (CMHSP) and Prepaid Inpatient Health Plan (PIHP) and services must be initiated by them.

How do I know whether a youth currently has Medicaid or other state health care coverage?

When an individual is found to be eligible for Medicaid or other state health care coverage, they are issued a **mihealth card**. The front of the card contains the individual's name and Medicaid identification number. This card does not guarantee current Medicaid/health care eligibility, but the information is useful to determine whether the youth has current active coverage. Juvenile courts should establish a designated contact at the local MDHHS office to determine whether the juvenile currently has active Medicaid/health care coverage.

If there is no active/open Medicaid for the youth, the parents or legal guardian may apply for Medicaid for a youth that remains in his/her own home. Medicaid eligibility is dependent on many factors based on family financial and other criteria.

For youth removed from his/her home by the court with supervision under the county court probation officer, the Medicaid application is to be completed by the county court probation officer as an authorized representative for the youth.

How do families and individuals apply for Medicaid?

Individuals may apply for health care coverage:

- On-line at www.michigan.gov/mibridges
- By phone at 1-855-789-5610
- In person at their local MDHHS office

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

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1,000 copies printed at 93.0 cents each with a total cost of \$939.05

