

Workgroup Findings on Maximizing Youth Medicaid Claims

(FY2017 Appropriation Act - Public Act 268 of 2016)

February 1, 2017

Sec. 603. *By March 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a report on the steps taken to implement the action plan developed by the Medicaid claim workgroup established in section 603 of article X of 2014 PA 252, including the steps taken to implement the action plan developed by the workgroup, and the department's ongoing efforts to maximize Medicaid claims for foster children and adjudicated youths.*



Michigan Department of
Health & Human Services

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Workgroup Findings on Maximizing Youth Medicaid Claims

The workgroup continues to meet quarterly and identifies barriers and proposed solutions to maximizing Medicaid claims for foster children and adjudicated youth. A brochure to assist judges and juvenile court staff with identifying youth who may be eligible for Medicaid has been developed by Medicaid staff with input from representatives from the juvenile courts, juvenile justice and foster care program offices. The brochure is currently in the approval process with an anticipated release in the spring of 2017. Training on the information contained in the brochure will be provided by the Michigan Department of Health and Human Services (MDHHS) to external stakeholders, juvenile court staff and agencies who serve this population of youth.

The identified barrier in the action plan is the coding in the Bridges system that is used when applying for Medicaid for juvenile justice youth. Enhancements are being made in Bridges to integrate appropriate living arrangements. Once the integration is complete policy and training will be revised accordingly.

MDHHS is awaiting approval from the Centers for Medicare and Medicaid Services (CMS) for a §1115 demonstration waiver to combine under a single waiver authority all services and eligible populations served through its §1915(b) and its multiple §1915(c) waivers for persons with Serious Mental Illness (SMI), Substance Use Disorders (SUD), Intellectual & Developmental Disabilities (IDD) and Children with Serious Emotional Disturbances (SED). Under this consolidated waiver authority, Michigan is seeking broad flexibility to develop quality, financing and integrated care (physical and behavioral health care) initiatives for all specialty service populations on a statewide basis. It is anticipated that there will be a CMS approval provided by April 1, 2017.

In addition to aligning and expanding MDHHS integrated care initiatives for all specialty service populations, the services covered under this §1115 waiver include the full array of mandatory and optional state plan services for persons who meet the eligibility criteria for the specialty services system. Michigan is not reducing or limiting any benefits outlined in this waiver application. When CMS approves the §1115 demonstration waiver application, the waiver for children with SED will be expanded from the current 37 counties to statewide availability. The expansion of the SED waiver statewide will provide increased access to intensive community based services for foster care, adopted and adjudicated youth. This is particularly important for adjudicated youth who may not always be eligible for Medicaid. The SED waiver, when combined under the authority of the §1115 waiver, will retain the feature of creating Medicaid eligibility for those youth who meet the eligibility of the SED waiver psychiatric hospital level of care.