

# Workgroup Findings on Maximizing Youth Medicaid Claims

(FY 2018 Appropriation Act - Public Act 107 of 2017)

**March 1, 2018**

***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 continued work effort on 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 and any developments to the Medicaid program that could affect foster children and adjudicated youths.***



Michigan Department of  
Health & Human Services

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## Workgroup Findings on Maximizing Youth Medicaid Claims

The Workgroup Action Plan on Maximizing Youth Medicaid Claims was completed with finalization of the guide to assist judges and juvenile court staff with identifying youth who may be eligible for Medicaid. The guide, entitled “*Medicaid and Other Health Care Coverage Information for Juvenile Justice Professionals and Courts*” was developed by Medicaid staff with input from representatives from the juvenile courts, juvenile justice and foster care program offices. The guide was released in May 2017 and is available in the state warehouse and may be ordered on [MSA-Forms@michigan.gov](mailto:MSA-Forms@michigan.gov), form number MDHHS-PUB-1186. It is also available electronically at: [http://www.michigan.gov/documents/mdhhs/Juvenile\\_Court\\_Medicaid\\_Brochure-4-2017-Final\\_568756\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Juvenile_Court_Medicaid_Brochure-4-2017-Final_568756_7.pdf).

Information regarding the guide was distributed to the workgroup and to external stakeholders, juvenile court staff and agencies who serve this population of youth.

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. 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.

Another change that has been made related to foster care children is the County of Financial Responsibility (COFR). It is recognized that children in foster care with behavioral health issues and children with intellectual developmental disabilities (including autism) need to be able to access support, services and treatment in a timely manner. Changes were made via amendment to the department contract with the Community Mental Health Services Programs for Managed Mental Health Supports and Services regarding COFR. These changes indicated that for temporary and permanent wards of the State, or court (including tribal), the county where the child currently resides in the community (i.e., licensed foster care home, relative placement or independent living) is the County of Financial responsibility as long as the foster care case remains open. These changes will assist in obtaining timely access to mental health services and

assist in maintaining and stabilizing children in foster care until they are able to be reunified or achieve permanency.