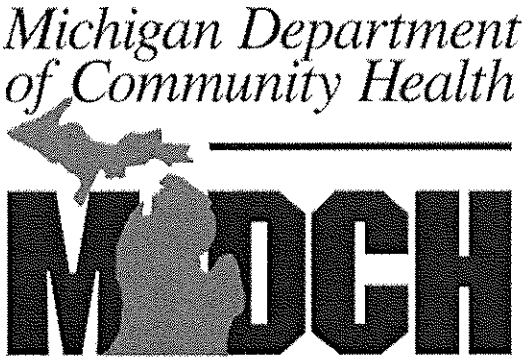
# REPORT ON WORKGROUP FINDINGS ON HOW THE STATE CAN MAXIMIZE MEDICAID CLAIMS FOR COMMUNITY-BASED AND OUT PATIENT TREATMENT SERVICES TO FOSTER CARE CHILDREN AND ADJUDICATED YOUTH

(FY2015 Appropriation Bill - Public Act 252 of 2014)

**March 1, 2015**

**Section 1886:** The department shall work in conjunction with the workgroup established by the department of human services to determine how the state can maximize Medicaid claims for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs. The department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year on the findings of the workgroup.




Rick Snyder, Governor
Nick Lyon, Director

**Report on Maximizing Medicaid Claims for Community-Based and Outpatient Treatment Services to Foster Care and Adjudicated Youths who are Placed in Community-Based Treatment Programs**

Section 1886 requires that MDCH conduct a workgroup in conjunction with the Department of Human Services (DHS) and members from both the Senate and House of Representatives to determine how the State can maximize Medicaid claims for community-based and outpatient treatment programs. Section 1886 further requires MDCH to report on the findings of the workgroup.

The above-referenced workgroup met on October 23, November 24, and December 19 of 2014. The workgroup included representatives from the legislature, DHS, MDCH, private non-profit agencies, family court administrators, and the Juvenile Assessment Center. Most of the workgroup members participated in a similar workgroup required by DHS FY 2014 Appropriations Act, PA 59 of 2013, Article X, Section 603.

In determining how the State can maximize Medicaid claims for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs, the workgroup evaluated a number of key issues. The issues evaluated by the workgroup, and consensus reached by the workgroup as to each issue is as follows:

**(a) Could MDCH change Medicaid Health Plan (MHP) contracts to require the use of the child and adolescent needs and strengths assessment tool?**

MDCH could place a requirement in the MHP contracts requiring the use of a tool. However, there are many distinct tools for screening, assessing and case planning. As a result, the workgroup's opinion is that a better goal would be to come to an understanding of available tools and where they best can be used. MDCH policy follows the American Academy of Pediatrics (AAP) guidelines for screening and assessment.

**(b) Could the thresholds for the screening tools for children with mild to moderate mental health needs be changed?**

Tools are well-researched, and the thresholds are validated by the research. The creators of the tools set the thresholds based on the research. The important part of the process in using validated screening and assessment tools is to ensure that follow-up is secured if a need is indicated. This is the model for integrated care.

**(c) Could the 20-session limit for children and youths not labeled seriously emotionally disturbed be changed to increase coverage?**

There needs to be better coordination between MHPs and the Prepaid Inpatient Health Plans (PIHPs) to offer coordinated care that best meets the needs of the child. Screening or assessment should identify level of care at the onset. The MHP/PIHP Children's Behavioral Health Workgroup is addressing this issue and will be issuing recommendations shortly.

**(d) Could therapeutic interventions such as in-home services or wraparound be substituted for current talk therapy benefits?**

MDCH will continue to collaborate with DHS to evaluate best practices and benefit options for this population. The scope of any potential benefit changes and/or the implementation of such may impact whether a state plan amendment or waiver from the Centers for Medicare and Medicaid Services (CMS) would be required.

**(e) Could the Community Health Services Program (CMHSP) provide the mild to moderate treatment that the MHPs currently provide and does federal law permit this change?**

Michigan could move all behavioral health services to the PIHPs; federal law permits this change. MDCH is considering alternatives to providing behavioral health service in an effort to make sure Medicaid beneficiaries are receiving the care they need.

**(f) Regarding assessment of children with serious emotional disturbance, which assessment takes precedence if more than one tool was used in an evaluation and the conclusions differ?**

The tools are used to provide guidance and are not a finite process. There are different tools for different purposes and if there is disagreement, the parties need to come together to discuss.

**(g) Could the thresholds to determine serious emotional disturbance be changed, and if so, would a change impact Medicaid eligibility and funding?**

The current threshold for serious emotional disturbance is quite low. There must be checks and balances in place to determine when a child's need changes and how to access a more or less intensive service. This would not impact eligibility or funding.

**(h) Is there a cap on the 1915(b) waiver, and if not, in what ways could this state access additional intervention services for children with serious emotional disturbance?**

There is not a cap on the 1915(b) waiver. If a child meets medical necessity criteria and is on Medicaid, then the child is served. The DHS incentive payment was implemented in July 2012 to increase access and array of services for foster children and children in families served by children's protective services, category 1 and 2.

**(i) How can the department, MDCH, and the courts take an active role to ensure that adjudicated youths who remain at home are enrolled in Medicaid, if eligible?**

MDCH and the DHS will provide training including written materials that courts can use to guide parents through the Medicaid application process.

**(j) What are the needed changes to create a clear policy on suspension or termination of Medicaid for adjudicated youths?**

The Bridges Eligibility Manual was updated on October 1, 2014. This policy now provides the correct terminology for youth in detention or secure short term detention that will assist frontline eligibility workers in determining Medicaid eligibility for youth.

(k) **What are the needed changes to update Medicaid system changes?**

The workgroup is not aware of issues that impact systems or what systems need to be updated.

(l) **What can the department do to train the courts on Medicaid eligibility and policy regarding adjudicated youths?**

The department will provide training including written materials.

The workgroup identified existing initiatives that are implementing feasible items while maximizing Medicaid claims for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs. The Mental Health and Wellness Commission issued recommendations and allocated funding to increase the quality and availability of behavioral health services for foster care children and adjudicated youths. The workgroup will meet quarterly during the remainder of FY 2015 to monitor the progress of current efforts, and to initiate action on items that are not moving forward. The meetings for the remainder of FY 2015 are scheduled for March 12, June 4, and September 24.

If you have any questions, please contact Matt Wesorick, Departmental Analyst, Program Policy Division, Medical Services Administration, at 517-241-7903, or via email at WesorickM@michigan.gov.