

Medicaid, the Affordable Care Act and Violence-Affected Children: The Basics for Advocates

The Affordable Care Act (ACA) will result in major changes in the delivery of health and mental health services for millions of Americans. Among those changes will be a major expansion of Medicaid, the system of health insurance for low-income Americans administered together by states and the federal government.

Medicaid provides medical insurance coverage for qualifying low-income people, including many women, children, seniors, and people with disabilities. It provides a comprehensive benefit package that includes certain acute, preventive, long-term care supports and services, and behavioral health services.

Beginning in 2014, the ACA allows for a dramatic increase in the number of people eligible for Medicaid. States have the option to expand Medicaid to new groups of people beginning in 2014, and more than half of U.S. states have already chosen to do so. For states that choose Medicaid expansion, Medicaid will be available to everyone who makes below a certain income threshold. This means that millions of people will become Medicaid eligible for the first time, such as single, childless adults who may have been uninsured for long periods.

For the most part, children are already eligible for Medicaid or the Children's Health Insurance Program (CHIP) in every state; Medicaid and CHIP currently cover almost 31 million children. We will not see greatly increased *eligibility* for children. But covering parents makes it more likely that the kids will stay enrolled and access other health care services.



Newly eligible beneficiaries will be guaranteed Medicaid coverage; and the coverage will include all of the newly required Essential Health Benefits (a core set of comprehensive health benefits including prevention, acute care, and other services) and comparable mental health services. For children, Medicaid coverage still includes the important guarantee of additional screenings and diagnosis—as well as coverage of all medically necessary treatment.

Medicaid is a federal/state partnership. The federal government sets minimum standards for eligibility as well as the services that must be covered. States have considerable latitude to shape their program to fit its unique population and needs.

Your state's Medicaid department makes eligibility and coverage

determinations for women and children across the state. What is more, they will play a key role in determining how your state will administer the ACA's new requirements—including what benefit packages are available and how they will be administered. The Medicaid Department also will determine the rules by which licensed and non-licensed providers will be eligible to bill Medicaid for providing key preventive services.

Each state program will have to make key decisions to implement provisions of the ACA. These decisions include some that will make the headlines: will they expand the program? Who exactly will get coverage? What will the federal government's role in the state be? These are big and highly politicized decisions.

There are, however, a number of very important decisions that the state will also have to make that will directly impact who can access services, such as which specific services will be included in the benefits package, the amount, duration and scope of those services, and who can be reimbursed for providing such services. Most of these decisions still apply in states that are *not* expanding Medicaid.

All of these decisions will have a profound impact on the number of children and their families who are able access *these critical services*—but absent a strong push by local groups, states will not likely act quickly. There is a strong role for advocacy at every level, and in conjunction with state coalitions and child advocacy groups. Your state's Medicaid Department can be an invaluable resource and partner for advocates.

Understanding Medicaid may seem daunting. Each state is different, and huge variation can take place even within each state. But there are a few core questions that you may ask your Medicaid Directors and their staff to better understand how Medicaid is covering trauma-informed services in your state, and how you can help play a role.

Making Medicaid work for you and your clients:

1. Check to See if You Already Have a Relationship with the Medicaid Department

In some states, Medicaid is called something different—so don't be surprised if you already know someone there. Also, the Medicaid department could be housed in Health and Human Services; Welfare Services; or in the Health Department; each state does it differently.

2. Who is my Medicaid Director? Who administers the children's health portfolio? Is there an appropriate person to talk to about becoming a Medicaid provider?

The first question to ask is "who?" Medicaid departments can be huge and complex. Medicaid Directors are generally political appointees and work for the Governor. They are excellent partners in making

Some of the many decisions facing states include:

- Will your state pursue the Medicaid expansion?
- How will the state be implementing mental health parity?
- What specific new trauma-informed services could be added to the state plan?
- What innovative methods will your state use to appropriately serve children who have experience trauma or have significant behavioral health needs requiring treatment?
- What providers (other than traditional medical providers) are eligible for reimbursement under your Medicaid State Plan? Is there a way to be licensed to receive Medicaid reimbursement? What is the application process?
- States will soon be able to choose whether to reimburse non-licensed providers to administer preventive services *recommended* by a licensed provider under the scope of state law.
- You can influence these decisions – get involved!

things happen but will likely be considering big-picture changes. Detailed technical policy work will take place at the staff level. As a result, there may be many different people with whom you can (and should!) talk to about expanding services for children. A key first task is identifying who the right people are and introducing yourself as a trusted resource in the community.

3. What specific evidenced-based, trauma-informed services does my state Medicaid plan already cover?

Every state develops its own benefit package. The federal government provides a floor of benefits and services that must be covered, but states choose to add additional services. Some states have added specific trauma-informed services to their state plan—but not many. Don't be surprised if the answer is “our state does not cover any trauma-informed services.” Instead, offer to work with the Medicaid Department to explore ways to get those services covered. Changing state plans takes time but begin to build that relationship now. Remind state officials that CMS (the Centers for Medicare and Medicaid Services, the federal agency that runs Medicaid) recently reiterated their support for Medicaid to cover trauma-informed care.



4. If my state doesn't offer trauma-informed services, what's the best way to get children coverage of services through Medicaid?

States may already have ideas in mind on how to use their existing state plan to link children with the trauma-informed services they need. Does the state have any special programs for children with severe mental health problems that allow for an earlier intervention? Do they offer family therapy? Prepare a list of the broad type of services that might be needed and ask if there are ways to get those services covered through the state.

Also, by law, states must provide screening and diagnosis to any child under 21 who asks for it. Sometimes you'll hear this called EPSDT, or Early and Periodic Screening, Diagnosis and Treatment. Under this benefit, it should be possible to get kids the services they need. A wide range of physical and mental health providers and specialists can provide these depending on the needs of the child. (See *separate primer on EPSDT for Advocates.*)

5. How does Medicaid cover preventive services?

Medicaid covers a wide range of preventive services and screenings for all beneficiaries. The ACA includes a provision that means Medicaid is now required to cover many more preventive services. In addition, under the EPSDT benefit, children can get preventive screenings between regular visits if there is a reason they need them.

In addition, new regulations have given states the option to include more types of providers who are able to administer preventive services (as long as the services are *recommended* by a physician). Explore with your Medicaid director the types of preventive services that could be provided by other providers under the scope of state law so long as a physician recommends them.



6. What is my state doing to help children receive the necessary treatment?

After the initial screening and diagnosis, states must then provide the treatment to ensure that the child can maintain or be returned to optimal physical or mental health. But sometimes, children don't receive the services they need. That can be due to low rates of provider participation; low levels of state reimbursement; or difficulty for the family in navigating the system—big picture problems that can take time to solve. Ask the state about any initiatives they have to help increase the number of kids who receive the screenings and how advocates can help ensure that families receive treatment. Advocate for sustainable funding for children's health services at the state level to support these initiatives.



7. Can I (or my agency) become a Medicaid provider?

What does it take to become a licensed Medicaid provider in my state? And what type of providers can get reimbursed? In order to get reimbursed by Medicaid for providing services, you'll first need to apply to become licensed by Medicaid. Every state has a list of different types of providers who can become licensed Medicaid providers. Providers are required to practice within the scope of their license within the scope of state law, but providers can be of a wide range of disciplines and educational backgrounds.

8. How can my program become more involved in the state Medicaid program?

What community-based programs are currently involved with my state's Medicaid program? Increasingly, states and localities partner with a wide variety of community-based programs to provide care and to do outreach on eligibility. This network of key partners can be a valuable resource for navigating the system, for further education, and for referrals for children who need services. There may be a role for additional community-based providers to do work, such as providing education about free screening and diagnostic tools available to kids.

9. Are changes to Medicaid coverage of kids being discussed in my state?

States have lots of options available to them to provide a comprehensive package of services for different populations. States are interested in providing more care management for children with chronic conditions and severe mental illness. For example, many states are doing demonstration projects to provide care for children across the autism spectrum. They are providing these children care coordination and a broad package of mental health supports and services that are more expansive than might be offered in traditional Medicaid. It is important to know what your state is already considering or has underway. The process of setting up a waiver or a demonstration project can take a very long time, but there will be opportunities to be involved at every stage. Offer to play an advisory role about the value of trauma-informed services as part of the core benefit package for these vulnerable populations.

10. How does my state provide care coordination and case management so that children and their families are able to navigate the Medicaid maze?

States have various tools available to them to finance case managers and care coordination. It is important to understand who is providing the services and what they are legally allowed to do. Having a good advocate to help with getting needed referrals and providing support services (e.g., transportation) can make a real difference for kids and their families to actually receive services.





Where can I get more information on Medicaid or advocacy tools on Medicaid?

Additional resources and advocacy materials may be found from the following advocacy and research organizations:

**Asian & Pacific Islander
American Health Forum**
www.apiahf.org

**Center on Budget and Policy
Priorities**
www.cbpp.org

Community Catalyst
www.communitycatalyst.org

Enroll America
www.enrollamerica.org

Families USA
www.familiesusa.org

Futures Without Violence
www.futureswithoutviolence.org

Kaiser Family Foundation
www.kff.org

National Council of La Raza
www.nclr.org

**National Disability Rights
Network**
www.napas.org

National Health Law Program
www.healthlaw.org

**National Immigration Law
Center**
www.nilc.org

National Women's Law Center
www.nwlc.org

Planned Parenthood
www.plannedparenthood.org

State Reform
www.statereform.org

Futures Without Violence, formerly Family Violence Prevention Fund, works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

This part of a series of briefs meant to help advocates for women and children exposed to violence navigate the new health care law.

For additional information, please go to: www.healthcaresaboutipv.org or www.futureswithoutviolence.org, or call 202-595-7382.



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