

Medicaid and Children's Mental Health in the District of Columbia

Medicaid Basics

Over 92,000 children and youth under age 21 are enrolled in the District's Medicaid program.¹ Medicaid offers a comprehensive package of health care benefits including inpatient hospital care, outpatient physician visits, emergency services, prescription drugs, mental health care, rehabilitative services, home health care and dental and vision services. In addition to all listed services, children have an extensive right to any services that are "medically necessary" based on a provision of the federal Medicaid law.²

Children Enrolled in a Managed Care Organization

Currently, 90% of children in the DC Medicaid program are covered by one of three Managed Care Organizations (MCO): MedStar Family Choice, AmeriHealth Mercy Family of Companies and Trusted Health Plan. In all three MCOs, the MCO pays for office-based mental health services for children (such as psychiatry or therapy). If the child needs in-home therapy services, responsibility shifts to the Department of Mental Health (DMH).

Children Enrolled in Fee-For-Service Medicaid

Children in state custody (through the child welfare or juvenile justice system) receive fee-for-service (FFS) Medicaid. Children in the FFS program receive their office-based and in-home mental health services through DMH's provider network.

Department of Mental Health Community-Based Services

DMH primarily provides outpatient services through its Mental Health Rehabilitation Services (MHRS) program, which is a private, community-based care system. To qualify for services, a child must be diagnosed with a serious emotional disturbance that results in a functional impairment that 1) substantially interferes with or limits the child's functioning in family, school or community activities; or 2) limits the consumer from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills.³

MHRS services include:

- Diagnostic/assessment
- Medication/somatic treatment

- Counseling
- Community support
- Crisis emergency
- Rehabilitation/Day Services
- Intensive Day Treatment
- Community-Based Intervention⁴

Many consumers first access MHRS services by calling DMH's Access HelpLine (1-888-793-4357). This telephone-based service center is open 24 hours per day, 7 days per week and provides crisis intervention, information and referrals, service authorizations, and eligibility and enrollment into the DMH system of care. If necessary, the helpline staff can activate mobile crisis teams to respond to individuals experiencing a psychiatric or emotional crisis and who are unable or unwilling to travel to receive mental health services.⁵

Consumers can also directly enroll in MHRS at a Core Service Agency (CSA). A CSA is a provider who offers four core MHRS services (medication/somatic treatment; counseling and psychotherapy; community support; diagnostic/assessment services). Providers who only offer some subset of MHRS services are certified as a sub-provider.⁶

There are 27 CSAs, 16 serving children, although they vary greatly in terms of the type of services they offer and number of clients they serve. A list of MHRS providers, and a Provider Scorecard⁷, can be found on DMH's website.⁸

Inpatient Services

Children can receive inpatient mental health services at Children's National Medical Center (CNMC) or at the Psychiatric Institute of Washington (PIW). CNMC has an acute unit for children and one for adolescents. PIW has an acute care unit for children, an acute unit for adolescents and a sub-acute unit primarily for children transitioning back into the community from the juvenile justice system.⁹

Emergency/Crisis Services

Children's emergency services are available through the Children and Adolescent Mobile Psychiatric Service (ChAMPS). ChAMPS provides immediate access to mental health services for children and youth who are in crisis, but do not meet the medical necessity criteria for inpatient psychiatric hospitalization. ChAMPS staff are available to go to a family's home and other locations in the community (foster homes, group homes, schools, etc) to avert inpatient hospitalization and placement disruptions. Services are geared toward children and youth ages 6 to 18 (or up to 21 if the youth is in the custody of CFSA).¹⁰

¹ 92,720 total individuals are eligible for EPSDT services. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Form 416 Annual EPSDT Participation Report, FY 2011 (most recent available).

² The Early Periodic Screening, Diagnosis and Treatment (EPSDT) provision requires a comprehensive health care benefits package for all Medicaid-eligible children under age 21. 42 USC §1396 (a)(43).

³ D.C.M.R. §22A-1201.1

⁴ D.C.M.R. §22A-3402(4).

⁵ <http://dmh.dc.gov/node/118952>

⁶ Joie Acosta et al, *Working Paper: Guide to the Behavioral Health Care System in the District of Columbia*, RAND Health at 14 (August 2010).

⁷ Department of Mental Health, FY12 MHRS Core Services Agency Provider Scorecard:

<http://dmh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Provider%20Scorecard%20Attach%20%20-%20FY12%20Provider%20Scorecard.pdf>

⁸ <http://dmh.dc.gov/node/119532>

⁹ Joie Acosta et al, *Working Paper: Guide to the Behavioral Health Care System in the District of Columbia*, RAND Health at 21-22 (August 2010).

¹⁰ DMH's response to the DC Council Committee on Health's FY12 Oversight Hearing, Question 44 (February 2013).