



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

Medicaid Basics

As of 2008, 61% of children in the District of Columbia were enrolled in Medicaid and this number has risen the past few years.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).³ Chartered (Beacon manages their behavioral health care) and UnitedHealthCare Community Plan (formerly called Unison) receive a flat rate from the Department of Health Care Finance, DC's Medicaid agency, to provide services. Health Care for Children with Special Needs, a MCO specifically for children with special needs, has a contract where they are paid for the cost of services they actually provide. 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).⁴

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. In theory, it is easier for children to access services through a FFS arrangement rather than going through an MCO. Children in the FFS program receive their office-based and in-home mental health services through DMH's provider network.⁵

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.⁶

MHRS services include:⁷

- Diagnostic/assessment
- Medication/somatic treatment
- Counseling
- Community support
- Crisis emergency
- Rehabilitation/Day Services
- Intensive Day Treatment
- Community –Based Intervention⁸

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 individual's experiencing a psychiatric or emotional crisis and who are unable or unwilling to travel to receive mental health services.⁹

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.¹⁰

There are 27 CSAs, 18 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 can be found on DMH's website.¹¹ Choice Providers are a select group of MHRS providers that work with children referred by the Child and Family Services Agency (CFSA). These providers were selected by DMH based on their expertise in delivering high quality, evidence-based treatment most relevant to this population.

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.¹²

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).¹³

¹ DC Department of Health Care Finance, *Medicaid Annual Report FY2008* at 2. This is the most recent annual report from the Department. But monthly enrollment figures show that Medicaid enrollment has risen during the past three years.

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 DC Behavioral Health Association, *Towards a True System of Care: Improving Children's Behavioral Health Services in the District of Columbia, Part 1 of 2*, 3 (Feb. 2009).

⁴ Id. at 6.

⁵ Id. at 4.

⁶ DCMR 22A-1201.1

⁷ These are the services technically covered by MHRS per DMH regulations; this does not necessarily mean there are enough or any providers who accept Medicaid in each of these categories to serve the children who need the treatment or service.

⁸ DCMR 22A-3402.

⁹ <http://dmh.dc.gov/dmh/cwp/view,A,3,Q,515987,dmhNav,%7C31250%7C.asp>

¹⁰ Joie Acosta et al, *Working Paper: Guide to the Behavioral Health Care System in the District of Columbia*, RAND Health at 14 (Aug. 2010).

¹¹ <http://dmh.dc.gov/dmh/cwp/view,a,3,q,516001.asp>

¹² Joie Acosta et al, *Working Paper: Guide to the Behavioral Health Care System in the District of Columbia*, RAND Health at 21 (Aug. 2010).

¹³ DMH's response to the DC Council Committee on Health's FY10 Oversight Hearing, Question 51 (February 2011).