

CHAPTER 18: HEALTH INSURANCE AND OTHER HEALTH CARE FUNDING SOURCES IN THE COMMUNITY

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HEALTH INSURANCE AND OTHER HEALTH CARE FUNDING SOURCES IN THE COMMUNITY

Although the mental health needs of DYS-involved youth are substantial, access to many mental health services ends when youth leave DYS custody. As these services are important for youth trying to succeed in the community, it is important to pursue all health insurance possibilities. This chapter addresses the sources of health care funding for youth under DYS supervision in the community (as opposed to youth who are in DYS's physical custody).

For additional information on ways you can access health care and mental health care, see <http://www.masslegalhelp.org>. Once on the web site, go to the page on health and mental health. The mental health section describes how to get public and private insurers to pay for mental health services.


Public health insurance programs

Through age 18


The primary public health insurance program for Massachusetts children is the Medicaid (MassHealth) program.¹ MassHealth also covers certain adults. For more information on MassHealth, see <http://www.mass.gov/masshealth/>.

There is also a program that provides limited primary care called the Children's Medical Security Plan (CMSP).² Coverage for children ends at age 19, although MassHealth also covers certain adults.


MassHealth covers children through age 18 who meet financial qualifications and are a U.S. Citizen, a "lawful permanent resident," or a "person residing in the U.S. under color of law." MassHealth is administered by the state Office of Medicaid. MassHealth includes different types of coverage for different populations. Lower income children and disabled children are in MassHealth Standard or CommonHealth. Children with somewhat higher incomes and certain non-citizen children are in MassHealth Family Assistance, a program with fewer benefits than MassHealth Standard or CommonHealth.


 **Tip for families:** If you think your child should be eligible for MassHealth, call the MassHealth Enrollment Center at (888) 665-9993.

Currently, MassHealth Standard and Family Assistance recipients with no other private insurance must choose either a managed care organization (MCO) or care managed by a primary care clinician (PCC) with behavioral health services managed by a private company called the Massachusetts Behavioral Health Partnership (“Partnership”).³ Youth in DYS custody, both detained and committed, are automatically enrolled in MassHealth. In addition, children in MassHealth Standard who have private insurance or who are in CommonHealth are not able to participate in managed care.⁴

 **Tip for families:** MCOs are commonly called health maintenance organizations (HMOs).


Thus, youth leaving DYS confinement and returning to the community who are eligible for ongoing MassHealth services and who are required to participate in managed care have the rights described immediately above. They are able to continue receiving behavioral health services through the Partnership by choosing the PCC option.⁵ Alternatively, if the youth (required to participate in managed care) doesn’t want to continue receiving behavioral health services through the Partnership, the youth could choose one of the four managed care organizations (MCOs) instead of the PCC option.⁶ And, as stated above, families that also have private insurance covering their children will not be able to participate in managed care.⁷

 **Tip for families:** There are many issues to consider when making this choice. For additional information, see Disability Law Center, How does MassHealth Managed Care Work?: Medicaid Managed Care in Massachusetts, <http://www.neighborhoodlaw.org/page/66766:catid=665>.


 **Tip for families:** Youth receiving Partnership services are eligible for four levels of administrative case management services by the Partnership. It is important to note that case management services offered by the Partnership are independent of your child’s DYS involvement and the services are completely different from the case management services performed by a DYS caseworker. The Partnership has criteria that they use to determine whether a youth qualifies for these Partnership services. From least intensive to most intensive, these services include: targeted outreach, care coordination, intensive case management, and essential care medical management (for members who have not only psychiatric or behavioral issues, but also have serious medical conditions). Descriptions of these services are available on the Partnership web site, Mass. Behavioral Health Partnership web site, <http://www.masspartnership.com/member/>

(select Services for Members on left bar, then select Specialized Care Management Services). Typically, these services are provided in the community (although they also may be available to individuals in confinement). For example, intensive case management through the Partnership usually is provided as a patient is approaching discharge from a psychiatric hospital and there is a need for intensive follow up. If you want Partnership case management for your child, contact Partnership staff.

There is no upper income limit for youth with disabilities in the CommonHealth program. Families of children with disabilities whose incomes are too high for MassHealth Standard can obtain CommonHealth by paying a monthly premium charge based on income. To be eligible, youth must be under age 19, and meet Supplemental Security Income's (SSI's) disability standard for minors.


 **Tip for families:** If you think your child should be eligible for CommonHealth, call the MassHealth Enrollment Center at (888) 665-9993.

The Children's Medical Security Plan (CMSP) is a state-run health insurance program providing primary and preventive care to children under age 19. Unlike MassHealth, the CMSP is open to uninsured children at any income level, including undocumented immigrants. Children in moderate and higher income families are charged a monthly premium. The CMSP provides only primary and preventive care, not hospitalization, and currently pharmacy services are capped at \$200 per year, and mental health visits are limited to 20 per year.

 **Tip for families:** If you think your child should be eligible for the CMSP, call the MassHealth Enrollment Center at (888) 665-9993.

After age 18

After age 18, MassHealth is available to certain categories of adults who also meet financial eligibility rules and rules related to citizenship and immigration status, including: pregnant women; parents (which can include DYS youth) living with their children under age 19; individuals who are disabled and meet SSI's disability standard for adults; individuals who have been unemployed for at least 12 months; HIV positive individuals; and youth who were in the care and custody of the Department of Children and Families (DCF) on their 18th birthday (until age 21).

 **Tip for families:** If you think your child should be eligible for MassHealth as an adult, call the MassHealth Enrollment Center at (888) 665-9993.

***Rosie D.* and the Children’s Behavioral Health Initiative**

There are ongoing changes to the children’s mental health system in Massachusetts as a result of the implementation of the *Rosie D. et al. v. Patrick* class action lawsuit. The court order in *Rosie D.* requires Massachusetts to provide certain services to youth with serious emotional disturbance (SED) in Massachusetts with serious mental health needs.

For example, pursuant to the order, Massachusetts will provide home-based mental health services to youth who meet the following criteria:


- under age 21;
- reside in Massachusetts;
- eligible for MassHealth;
- diagnosed with a serious emotional, behavioral or psychiatric condition meeting the federal definitions of serious emotional disturbance (SED); and
- are determined through a mental health evaluation to need home-based services.

Pursuant to the order, these new services should be available through MassHealth beginning June 30, 2009. More information is available at <http://www.rosied.org/>.


To implement the *Rosie D.* order, the state Executive Office of Health and Human Services (EOHHS) and MassHealth have created a program called the Children’s Behavioral Health Initiative (CBHI). Information about CBHI and about MassHealth for youth more generally can be found at <http://www.mass.gov/masshealth/childbehavioralhealth>.

Private health insurance programs

If a youth is enrolled in a private health insurance program, it is important for families to make sure that that coverage is available to the youth upon release from DYS custody to the community under DYS supervision as that coverage will allow the youth to access health care in the community.


 **Tip for families:** If your child has access to private health insurance, make sure that your child is enrolled when he leaves DYS custody for a community placement (but is still under DYS supervision). Consult your policy for the provisions regarding coverage for dependents. Pay attention to open enrollment dates so your child is not left without coverage.

Some private health insurance companies “carve out” the mental health care coverage from other types of health care coverage and arrange for such coverage to be managed by a separate company. If your insurance company does this, make sure you have a description of the mental health care coverage provided by the company providing mental health coverage.

 **Tip for families:** Like the Partnership, private insurance companies may also offer their own intensive case management to youth. (These case management services are independent of your child’s DYS involvement and the services are completely different from the case management services performed by a DYS caseworker.) If a parent is interested in receiving such services, the parent should contact the insurance company.

Health plans subject to the Massachusetts mental health parity law may not have annual or lifetime limits, in dollars or number of visits, for the diagnosis and treatment of certain mental disorders, which are lower than the limits on coverage for diagnosis and treatment of physical conditions.⁸

Insurers subject to the Massachusetts mental health parity law must provide full parity in coverage for mental disorders that are “biologically-based,” specifically: schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, affective disorders, eating disorders, post traumatic stress disorders, substance abuse disorders and autism. In addition to full parity coverage of designated biologically-based disorders, insurers cover medically necessary treatment of other mental disorders for a minimum of 60 days inpatient care and 24 outpatient visits per year. Children under age 19 get even broader coverage. For children, the plan must provide parity coverage for the diagnosis and treatment of non-biologically based mental, behavioral or emotional disorder which “substantially interfere with or substantially limit the functioning and social interactions of such a child.” Insurance coverage obtained through “self-funded” plans (often offered by a large employer) are not subject to the Massachusetts parity law but will be covered by a new federal mental health parity law which will take effect July 1, 2009 but, in most cases, will not apply to plan years until 2010.⁹

 **Tip for families:** Assistance with appeals of insurance company denials is available without charge from the Mental Health Legal Advisors Committee, <http://www.mass.gov/mhlac>, (617) 338-2345 ext. 29. In addition, if internal appeals available through a private insurance company are not successful, families can appeal denials of coverage to the Massachusetts Department of Public Health’s Office of Patient Protection, <http://www.mass.gov/dph/opp>, (800) 436-7757.


The Commonwealth Health Insurance Connector Authority


The Commonwealth Health Insurance Connector Authority (“the Connector”) is a public agency that helps qualified Massachusetts adult residents purchase health care coverage. More information about the Connector can be found at <http://www.mass.gov/connector>. The Connector was created to implement a 2006 law which requires that uninsured adults in Massachusetts buy health insurance.¹⁰ The Connector administers two programs: Commonwealth Care and Commonwealth Choice.

- Commonwealth Care offers subsidized health insurance to low income residents of Massachusetts who do not qualify for other public health insurance programs. Commonwealth Care provides a choice of private health insurance plans. Such a plan may be available for an adult child if he or she cannot work on a regular basis, but does not qualify as disabled.¹¹ For more information on Commonwealth Care, contact (877) MA-ENROLL or <http://www.macommonwealthcare.com>.
- Commonwealth Choice will provide commercial health insurance plans to uninsured individuals and small businesses. One plan will be for people ages 19-26.¹²

Accessing free care

If a youth is ineligible for the above types of health insurance (or sometimes even if he is work eligible), he may have to rely on the “Uncompensated Care Pool” (also called “Free Care”).¹³ The program reimburses hospitals and community health centers for providing free or partially free care to uninsured or underinsured patients who live in Massachusetts and meet financial eligibility rules. Citizenship or immigration status does not affect eligibility for the free care pool.

 **Tip for families:** If you think your child should be eligible for the Uncompensated Care Pool, call the MassHealth Enrollment Center at (888) 665-9993.

 **Tip for families:** Do not fail to pursue community-based mental health services for your child because of payment concerns. Instead, talk to the mental health service providers about coverage options. A community health center is a good source of information and services.

Endnotes

- 1 42 U.S.C. § 1396 *et seq.*, Title XIX of the Social Security Act; 42 CFR §§ 430–45; Mass. Gen. L. ch. 118E; 130 CMR §§ 401–42, 456, 484–85 (covered services), § 450 (administrative and billing), §§ 501–08 (health reform), §§ 515–21 (traditional Medicaid), § 522 (other programs), § 610 (fair hearings), and § 650 (insurance partnership).
- 2 Mass. Gen. L. ch. 118E, § 10F; 130 CMR 522.004.
- 3 130 CMR 508.001(A).
- 4 130 CMR 508.004.
- 5 130 CMR 508.001(A).
- 6 130 CMR 508.001(A).
- 7 130 CMR 508.004.
- 8 Mass. Gen. L. ch. 32A, § 22; ch. 175, § 157, § 47B; ch. 176A, § 8A; ch. 176 B, § 4A, ch. 176G, § 4M (originally enacted by Chapter 80 of the Acts of 2000 and amended, most recently, by Chapter 256 of the Acts of 2008). Chapter 256 of the Acts of 2008 takes effect on July 1, 2009.
- 9 Mass. Gen. L. ch. 32A, § 22; ch. 175, § 157, § 47B; ch. 176A, § 8A; ch. 176 B, § 4A, ch. 176G, § 4M (originally enacted by Chapter 80 of the Acts of 2000 and amended, most recently, by Chapter 256 of the Acts of 2008). Chapter 256 of the Acts of 2008 takes effect on July 1, 2009.
- 10 Mass. Gen. L. ch. 118G, § 18(d), (i); 114.6 CMR § 12.00 *et seq.*
- 11 Chapter 58 of the Acts of 2006, An Act Providing Access to Affordable Quality, Accountable Health Care.
- 12 Boston Bar Association, *The Parents' How-to Guide to Children's Mental Health Services in Massachusetts*, Chapter 7, at 10 (2007).
- 13 Boston Bar Association, *The Parents' How-to Guide to Children's Mental Health Services in Massachusetts*, Chapter 7, at 10 (2007).