

PRACTICE KIT 8: A GUIDE TO MEDICAID FOR CHILDREN IN DC

Introduction

Medicaid is a health insurance program for low-income children and adults. Nearly 100,000 children and youth under age 21 are enrolled in the District's Medicaid program. 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 pursuant to the federal Early and Periodic Screening, Screening, Diagnosis and Treatment (EPSDT) provision. *See* 42 U.S.C. §§ 1396a (a)(43), 1396d (r) (2012).

Medicaid is jointly financed by the federal government and the states (or in our case, the District of Columbia); the states administer the program within broad federal guidelines, but there is some variation within states regarding eligibility and services.

The Department of Health Care Finance (DHCF) is DC's Medicaid agency. Ninety percent of children in the District that receive Medicaid are enrolled in a Medicaid Managed Care Organization (MCO) and the other ten percent receive fee-for-service Medicaid. Regardless of whether the child is in an MCO or the fee-for-service program, he or she is legally entitled to the same comprehensive package of health care benefits.

The 2018 revision of this Practice Kit is designed to provide a general overview of the federal and local laws that govern the provision of Medicaid benefits to children in DC and to empower attorneys and advocates to seek services and applicable remedies using this knowledge. This revision is not intended to address any potential changes in Medicaid coverage that would take effect following the passage of any federal legislation currently pending in Congress.

Medicaid in the District of Columbia

A Brief Overview

What is Medicaid?

- Medicaid provides health coverage for low-income children and adults, medical and long-term care coverage for people with disabilities, and assistance with health and long-term care expenses for low-income seniors.

Who is Eligible for Medicaid?

- Low-income children, pregnant women, parents, elderly or disabled individuals are eligible. Under the Affordable Care Act, certain childless adults are now also eligible. Recipients must meet income guidelines and some must meet asset limits.
- Recipients must be U.S. citizens or have been legal permanent residents for more than 5 years.
- In D.C., children (0-18) and pregnant women are eligible up to 319% of the Federal Poverty Level (FPL) –\$66,288 for a family of three (in 2018).¹
- Youth (19-20), parents of enrolled children and childless adults are eligible up to 216% FPL – \$44,885 for a family of three.²

What Does Medicaid Cover?

- Medicaid offers a comprehensive package of 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.³
- Many services that young children (0-3) receive through Early Intervention are also paid for by Medicaid. Services include screenings and assessments, and physical, speech, and occupational therapy.

How is Medicaid Structured?

- Most members select a managed care organization (MCO) through which to receive their benefits. The three traditional Medicaid MCOs in D.C. are AmeriHealth DC, Amerigroup, and Trusted Health Plan. There is also an MCO just for children and young adults with special needs, Health Services for Children with Special Needs.
- Some individuals (children in foster care, elderly, and disabled individuals) receive direct fee-for-service care rather than going through a MCO. The District’s Department of Health Care Finance (DHCF) serves as the payment entity for these individuals.

How is Medicaid Funded?

- Medicaid is jointly funded by the federal government and D.C. The federal government pays 70% of each dollar D.C. spends on Medicaid. Medicaid is the single largest source of federal funding to DC.

Local Statutes and Regulations Governing Medicaid in DC

- District of Columbia medical assistance program, [D.C. Code § 1-307.02](#)
- Expansion provisions, [D.C. Code § 1-307.03](#) and [D.C. Code § 1-307.04](#)
- Children's Health Insurance Program (CHIP) provision, [D.C. Code § 1-307.05](#)
- Applicable rules contained within [Title 29 of the District of Columbia Municipal Regulations](#)

¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2018 Poverty Guidelines, <https://aspe.hhs.gov/poverty-guidelines>.

² *Id.*

³ 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 U.S.C. § 1396a (a)(43).