Medicaid for Children who have Complex Medical Conditions
A Vital Support System for Children and Families

Gillette Children's Specialty Healthcare

What is Medicaid?

Medicaid, called Medical Assistance in Minnesota, is most commonly known for its role in providing health care coverage for those who cannot afford health care and do not have insurance. Nationwide, Medicaid covers approximately 65 million people in the U.S., of which more than 43 million are children, and accounts for 17 percent of health care spending. Created in 1965 via title XIX of the Social Security Act, the program is jointly funded by the federal government and states. Because Medicaid is state-administered, specifics such as services covered, eligibility requirements, and program components can vary widely from state to state.

Medicaid also plays a critical role in covering the health care costs of children who have disabilities and medically complex conditions. Nearly 9 million people qualify for Medicaid as a result of their disability, of which approximately 3 million are children.

Why do children who have disabilities rely on Medicaid?

When a child is born with a medically complex condition or experiences a traumatic injury, a family's world is changed forever. An example might include a baby born prematurely and diagnosed with cerebral palsy, a child who has spina bifida or muscular dystrophy, or an adolescent who experiences a traumatic brain or spinal cord injury resulting from an accident. Medicaid exists to give all families support as they face medical situations—and associated costs—they never expected or anticipated; and often incurable medical conditions that will require lifelong care. Medicaid ensures that children and adults who have complex conditions can access and afford needed care.

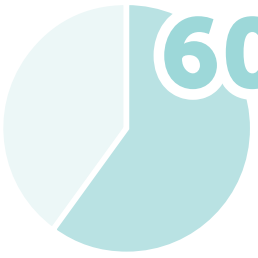
In 2015, nearly 60 percent of all Gillette visits were patients either eligible for or currently covered under Medicaid. **It is essential that we protect access to care for this vulnerable population and champion policies that ease the burden on families and promote coordination of care.**

How is Medicaid eligibility determined?*

As a state administered program, eligibility and the process for enrollment and coverage varies state to state. For instance, in Minnesota, families must first apply based on income, get denied, and then have their application forwarded for disability consideration with the state. Thus for children who have complex conditions, eligibility for Medicaid can occur in one of two ways:

- **Based on family income.** Through this pathway, eligibility is determined according to limits set as a percent of the Federal Poverty Level.
- **Based on the individual child's condition.** If a family does not qualify for Medicaid based on income, a child might be eligible as a result of his or her disability via a pathway authorized in the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982. In general, children who qualify for Medicaid with the TEFRA option, also known as the Katie Beckett Waiver for children, must be under 19, must be certified disabled by the Social Security Administration or a state medical review, and must have home care needs that cost less than care at a medical facility, among other criteria. Through this eligibility pathway, families pay an income based fee to have Medicaid coverage.

** Please reference "The Pathway to Medicaid" flowchart on opposite page for additional detail on this process.*



60% of all Gillette visits in 2015 were patients eligible or covered under Medicaid.

Are Medicaid and private insurance mutually exclusive?

No. Although many children rely on Medicaid exclusively, it can also coexist with a family's private insurance. In these cases, Medicaid acts as secondary coverage—assisting when primary insurance limits are reached and helping with services not covered by primary insurance, such as hygiene equipment, personal care services, and medical transportation.

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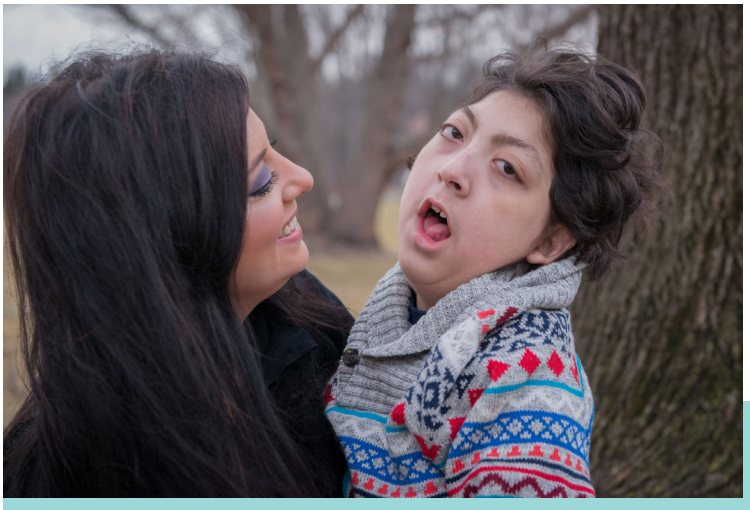
The Pathway to Medicaid for Children who have Complex Medical Conditions

Because the Medicaid enrollment process is not specifically designed for children who have disabilities, the process can be confusing and tedious. This puts additional stress on families facing already-overwhelming circumstances surrounding a child's health care needs.

Step 1	Child is born with, or develops, extensive medical needs.
Step 2	Gillette social worker approaches family about applying for Medicaid.
Step 3	Social worker contacts county for needed paperwork.
Step 4	Family fills out county Medicaid application (application process varies by county).
Step 5	One-month (often longer) waiting period.
Step 6	County accepts or denies application based on income.
Step 7 (route one)	**If accepted,** family begins receiving assistance from Medicaid. **If denied,** see route two.

Step 7	**If denied,** application is forwarded for disability certification at the state level.
Step 8	State may require family to fill out worksheet to prove child's disability.
Step 9	One-month (often longer) waiting period.
Step 10	Family is notified by the state whether or not their child has been deemed certified disabled. If certified, the state determines family's monthly TEFRA* premium based on detailed financial information submitted, including income, tax, and other financial worksheets. Payments are backdated to time of application, meaning family often faces several months' worth of payments.
Step 11	Family must resubmit financial information every six months.
Step 12	Depending on the condition, family must resubmit paperwork to confirm the child's disability and condition for eligibility every 3-5 years.

** The Tax Equity and Fiscal Responsibility Act, or TEFRA, allows Medicaid eligibility for medically complex children whose parents have too much income to qualify for Medicaid.*



Javier Hruza, pictured with his mom, Eleesha Hruza, has spastic quadriplegia cerebral palsy. He is one of many Gillette patients that utilizes Medicaid.