

The Goal of the Mental Health System

...is always to provide the “least restrictive” level of care possible and, frankly, to have enough services in place to minimize the risk of future out-of-home placement. Any form of residential/inpatient care is quite expensive so there is incentive for insurance companies and state government agencies to facilitate access to enough services so as to prevent the situation from escalating, as much as possible, to the point of out-of-home care.

The Relationship Between Medicaid and Private Insurance

Depending on the type of service being considered, there are a few different funding streams that come into play. When looking at the chart on the previous page, you can see where the money typically comes from for each type of service. What wasn’t possible to display in the chart is the relationship between private insurance and Medicaid. Initially, Medicaid is a strictly “need-based” insurance, there for people who are living at or near the “poverty line.” People on Medicaid generally have access to public/not-for-profit community mental health agencies for outpatient care and it can completely fund most of the higher level of care services. (Note: There are private institutions that do not accept Medicaid and some that don’t even accept private insurance.)

However, when a child with psychiatric disabilities needs ongoing services due to the severity and long-term course of their disorders, they can qualify for Medicaid based on the child’s income alone, not the family’s, even if the child is already covered by a

parent’s insurance plan. Some diagnoses that may qualify a child for Medicaid are Autism and ADHD.

This can go a long way to relieve the financial pressures a family can face when their child requires multiple types of interventions. These can range from things like in-home and community based supportive services like social skills groups, case management, speech therapy, occupational therapy, and physical therapy. Additionally, it can significantly defray the cost of hospitalizations and residential care. Typically, what private insurance doesn’t cover, Medicaid picks up the slack.

Contact your county’s local public welfare office for details about how to apply for Medicaid. If your child is awarded Medicaid, the date of coverage begins on the day that you turned in the application. This is a particular advantage when you suddenly find your child needing something like psychiatric hospitalization and you are stressing over how much your private insurance will cover.

A Note About School & Hospitalization/Partial Hospitalization

When a student needs to spend several weeks out of their district school for hospitalization, the focus understandably needs to be on the mental health issues. Because of this, some high schools have the option to allow the student to “take a medical” for the quarter and be exempt from the work, without penalty.

Descriptions of Mental Health Services in alphabetical order

Crisis Residence

This setting provides short-term (usually fewer than 15 days) crisis intervention and treatment. Patients receive 24-hour-per-day supervision.

Day Treatment Program

This intensive treatment program provides psychiatric treatment with “special education.” The child usually attends five days per week. In most cases, children live at home and are bused to school.

Emergency Room/Mobile Crisis Services

24-hr/day services for emergencies (ex, hospital ER, mobile crisis team that goes to you).

Family Support Services

Services to help families care for their child such as parent training, parent support group, etc.

Home-Based Treatment Services

A team of specially trained staff go into a home and develop a treatment program to help the child and family and sometimes provide ongoing therapy in the home.

Hospital Treatment

Patients receive comprehensive psychiatric treatment in a hospital. Treatment programs should be specifically designed for either children or adolescents. Length of treatment depends on many different factors.

Intensive Case Management

Specially trained individuals coordinate or provide psychiatric, financial, legal, and medical services to help the child or adolescent live successfully at home and in the community.

Intensive Outpatient Program (IOP)

Program that provides counseling sessions, typically in the evening, 4-5 times/week. Mostly group counseling with some individual and family sessions.

Office or Outpatient Clinic

Visits are usually 30-60 minutes. The number of visits per month depends on the youngster's needs.

Partial Hospitalization (Day Hospital, “Partial”)

This provides all the treatment services of a psychiatric hospital, but the patients go home each evening. For school-aged kids, busing is often provided.

Residential Treatment Facility (RTF)

Seriously impaired patients receive intensive and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.

Respite Care Services

A patient stays briefly away from home with specially trained individuals.

Therapeutic Group Home or Community Residence

This therapeutic program usually includes 6 to 10 children or adolescents per home, and may be linked with a day treatment program or specialized educational program.