

Health Care is Child Welfare

Protect the ACA and Medicaid



The Affordable Care Act (ACA) and Medicaid are vital to child welfare. A comprehensive health care system is a vital part of child welfare and a critical strategy in reducing the number of children in foster care and decreasing the level of child maltreatment. With the Affordable Care Act (ACA), over the past eight years we have made important progress in expanding access to health care, particularly as it applies to mental health and substance use services. The ACA, including its expansion of Medicaid has been a critical part of that expansion.

The ACA continues to cover more than 21 million people who have been able to get health insurance since its enactment. Access to health care is a vital tool to prevent child abuse and foster care placements. *The CWLA National Blueprint for Excellence in Child Welfare states that Children, youth, and Families should have access to health care in their communities, and their health care needs should be met.* Access to health care is a significant factor in whether families come in contact with the child welfare system. Children in foster care are at higher risk for physical and mental health issues, stemming from the maltreatment that led to their placement or from preexisting health conditions and unmet long-term health care needs.

We made significant strides in reducing the nation's foster care numbers in this century. Foster care caseloads stood at 568,000 in 1999.¹ During these past two decades, in part because of congressional support, the number of children and youth in foster care had decreased to 397,000 by 2012.² But that trend has reversed in recent years due in part to increased use of opioids and other substances.

Last year's foster care numbers released by HHS indicated that in 2016, 437,465 children were in foster care, a ten-percent increase since 2012. New data suggests that drug abuse by the parent was the primary reason for the child's removal in 32 percent of cases, and a parent's inability to cope was a factor in a child's removal in 14 percent of cases.³ The reduction or elimination of this expanded behavioral health coverage would no doubt increase these numbers.

According to Dr. Frank and Dr. Glied, a full repeal of the ACA would result in a loss of coverage for 2.8 million people with a substance use disorder, including 220,000 people who have an

¹ House Ways and Means Committee, *the Greenbook*, 2000, Government Printing Office, October 6, 2000, taken from the internet: <https://www.gpo.gov/fdsys/search/pagedetails.action?granuleId=&packageId=GPO-CPRT-106WPRT61710>

² Department of Health and Human Services, Administration for Children and Families, *The AFCARS Report Number 23*, June 2016, taken from the internet: <http://www.acf.hhs.gov/programs/cb>

³ Department of Health and Human Services, Administration for Children and Families, *The AFCARS Report Number 24*, October 2017, taken from the internet: <http://www.acf.hhs.gov/programs/cb>

opioid addiction. Additionally, it would eliminate mental health coverage to 1.2 million people with a serious mental health disorder.⁴

Legislation considered by Congress in 2017 would have converted Medicaid into a version of a block grant called the per capita cap. According to a 2017 analysis by the Center for Health Policy at the Brookings Institution, had this per capita cap been in effect earlier in this decade states would have had to increase their spending on the Medicaid program by 11 percent just to maintain what they had by 2011.⁵ That is why this per capita cap will force a crude competition between health care groups of the elderly, children, the disabled, and other adults. In addition, future Medicaid spending could force a reduction in services or the underfunding of hospitals and other health care providers.

Once the annual cap is set, a state would draw down funding based on the FMAP or Medicaid matching rate (states get a federal match from 50% to 80%) but if a state reached that cap on federal funding, any additional Medicaid costs above the cap would be paid for by the state. Under this recent legislation, states would also have the option to take a Medicaid block grant. The per capita cap formula creates groups. It would calculate a base payment based on 2016 costs and then annually adjust the cap. If any state exceeds their annual cap the state budget would be on the hook for the costs above the cap.

This would in effect end the entitlement structure. Currently state Medicaid must cover certain groups such as pregnant women under a certain poverty level or women with children under 6 with at a certain poverty level, for example. Other groups must be covered such as IV-E foster care children and youth, for example. States also can select coverage for certain optional groups. Regardless every individual covered by Medicaid is reimbursed by the federal government at a federal match referred to as the FMAP.

Medicaid has always been a source of treatment for substance abuse and mental health services. In some instances, a lack of access to such behavioral health services will result in children entering the child protection system. Medicaid helps state and local agencies get treatment to children in foster family homes, children with special needs in residential treatment, children who move from foster care to guardianship, and those with special needs adopted from foster care. Medicaid allows for important therapeutic case management and therapeutic treatment; co-location of health experts in child welfare offices; services and treatment for children in foster care with multiple complex needs; and assistance for their parents, which helps shorten children's stays in foster care and reunite families.

Health care is a fundamental building block to preventing foster care placements and the prevention of child abuse and neglect.

⁴ Frank, R.G., Glied, S.A., *Keep Obamacare to keep progress on treating opioid disorders and mental illnesses opinion contributors*, The Hill, January 11, 2017.

⁵ Adler, L., Fiedler, M., Gronniger, T., *Effects of the Medicaid Per Capita Cap Included in the House-Passed American Health Care Act*, Center for Health Policy at Brookings, May 2017, taken from the internet: https://www.brookings.edu/wp-content/uploads/2017/05/es_chp_medicaidpercapitacap_adlerfiedlergronniger_51017.pdf