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## Protect Medicaid Coverage for Children with Disabilities and Special Health Care Needs

2019-2020 Cohort of New Hampshire-Maine Leadership Education in Neurodevelopmental and  
Related Disabilities (NH-ME LEND) Program Trainees

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## **Protect Medicaid Coverage for Children with Disabilities and Special Health Care Needs**

Produced by the 2019-2020 Cohort of New Hampshire-Maine Leadership Education in Neurodevelopmental and Related Disabilities (NH-ME LEND) Program Trainees.

Protecting health coverage and access to care for children with disabilities and special needs must be a priority for our nation, states, and communities. Medicaid provides coverage for almost half of all children with disabilities and other special health care needs and is the sole coverage for almost one third of these children.<sup>1</sup> Before the COVID-19 crisis, national policy discussions explored alternate models for health coverage, including Medicaid block grants or waivers, and public options such as “Medicare for All”<sup>2</sup> proposals. Many groups are concerned that shifts in Medicaid will result in many children and families losing coverage, which would be especially detrimental to children with disabilities and special health care needs.<sup>3</sup>

Medicaid was created in 1965 as a federal-state partnership and has been an important source of health coverage for children for more than 50 years.<sup>4,5</sup> It is a primary source of coverage for many and provides wraparound services for others. Research shows that access to Medicaid in childhood leads to improved health outcomes, as well as higher educational achievement and decreased reliance on government support later in life.<sup>6,7</sup> The current benefits under Medicaid are designed to optimize child health and development.<sup>8,9</sup>

Enacted in 1967, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is the child health benefit component of Medicaid.<sup>10</sup> EPSDT aligns with the American Academy of Pediatrics (AAP) Bright Futures Guidelines and ensures that covered children receive appropriate physical, dental, developmental and mental health services.<sup>11</sup> Because the EPSDT benefit is comprehensive and designed to finance the services an individual child needs, Medicaid pays for an array of professional services and family supports, many of which are not covered by private insurance.<sup>12</sup> Medicaid also plays a vital role in financing health services for children in special education.

Since the 1980s, Medicaid has helped children with special health care needs and disabilities to receive services at home, instead of institutions, enabling them to live with their families and remain in their community.<sup>13,14,15</sup> In Maine and New Hampshire, this is through the Katie Beckett state option, a home- and community-based services option that extends services to individuals with disabilities.<sup>16</sup>

Under the Families First Act, federal leaders have given states more resources to improve and sustain Medicaid during the COVID-19 crisis. We hope that states will use the positive potential of Medicaid to help children and families throughout the emergency. The Trump Administration has given states the option to use waivers that would operate like block grants (Healthy Adult Opportunity-HAO<sup>17</sup>); however, such block granting for Medicaid limits spending in the long run.<sup>18</sup> While the Children’s Health Insurance Program (CHIP) was created as a block grant funded program, most states have used their option to CHIP eligible children under Medicaid.

Medicaid funding affects families, children, and communities, and therefore many organizations have positions regarding changes to Medicaid. Most organizations express concerns about the negative impact that cuts or changes to Medicaid funding could have on children with special needs and disabilities.<sup>19</sup> A broad array of professional organizations representing physicians, social workers, nurses, physical therapists, occupational therapists, and other health professionals strongly oppose limits on Medicaid funding.<sup>20</sup>

NH-ME LEND supports protections for current coverage for children with disabilities and special health care needs. Any change to our public health care coverage must protect children with special health care needs and disabilities as the EPSDT benefit is designed. Maintaining coverage for vulnerable children has positive effects on health outcomes and is vital to family and community stability. Maintaining open-ended federal funding allows states to respond to spikes in health coverage needs such as Coronavirus screenings and treatment; care for children born to opioid addicted parents; and suicide prevention/mental health care among youth.

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