

Court Decision Requires Massachusetts to Provide Medicaid Services for Children with Mental Illnesses

A district court in Massachusetts has just issued a landmark decision in children's mental health. The court decided that the state had violated the Medicaid Act's requirements to provide early and periodic screening, diagnostic, and treatment services (EPSDT) to children with serious emotional disturbance (SED) and to provide such services with reasonable promptness.

The court's decision is remarkable because it shows such a thorough understanding of the needs of children with serious mental illnesses and the state's glaring failure to meet these needs. The court found that children with SED are in need of a comprehensive assessment, care coordination and case management, a thorough plan for treatment which includes crisis services and in home behavioral management programs. The court also decided that Massachusetts has failed to provide these services to all but a few children and the majority of services provided were uncoordinated, short-term and insufficiently intense.

Specifically, the court found that assessments are haphazard and superficial. Case management is difficult to obtain and inadequate. In home support programs have arbitrary cut-offs that fail to recognize the long term nature of the children's illnesses. Crisis services are in short supply and are almost never coordinated with a treatment plan even though the system knows that acute episodes are inevitable for children with these diagnoses. The plaintiffs in the case, which represented a class of all current and future Medicaid-eligible children in Massachusetts under 21 years of age, failed to receive many of these services, leading to placements in facilities far from home and away from their families.

While the case technically only impacts those living in Massachusetts, it documents national problems with a children's mental health service system that refuses to adequately assess and plan for children. The stories of Medicaid-eligible children in MA are repeated throughout the United States as children are hospitalized and placed in residential treatment facilities because the necessary array of home and community-based services are not available to them. This court decision is a clear indictment of these systems. If a judge who is not a mental health expert can "get" it so well, why can't our mental health systems?

Here are 2 things that NAMI advocacy leaders can do to hold states accountable for delivering the EPSDT services that the Medicaid law requires:

1. Review the Court decision and contact your state's offices of mental health and Medicaid to share the information included in the court's decision and to demand that Medicaid-eligible children in your state receive the EPSDT services that they are entitled to. You can read the court's decision at <http://pacер.mad.uscourts.gov/dc/cgi-bin/recentops.pl?filename=ponsor/pdf/rosie%20mo.pdf> and
2. Contact your state's protection and advocacy office (to find your state's office, visit the National Disability Rights Network at www.ndrn.org – choose your state for contact information) or other disability rights organizations in your state or local community to talk with an attorney about the feasibility of bringing a similar lawsuit in your state, given the facts and courts in your area.