



## *Families With Private Insurance*

**The MSY Program is intended to assist caregivers when local resources and other payment sources have been exhausted.** The State MSY Program is the funder of last resort and can only be accessed when local funds, health insurance, post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds.

**A basic tenant of MSY funding is that the youth must be at risk of custody relinquishment.** This means that there is no other funding source available to meet the youth's treatment need and without the requested treatment being funded by MSY, the parent will relinquish custody to receive the treatment. Therefore, the funding plan to include consideration of private insurance must be fully fleshed out and documented *before* the MSY application is submitted. At a minimum, the MSY application and supporting documentation should clearly show what actions have been taken to obtain private insurance coverage of the requested or similar/alternative service, even if it's from another provider.

### **Out of Home Treatment:**

For youth for whom out of home treatment is being requested, documentation of direct email/letter **from the insurance company\*** that addresses all the following is needed:

- The insurance company has been asked to cover services with the requested provider for the youth for whom they are seeking MSY funding. This includes:
  - The facility's Residential Treatment Center licensure information has been shared with the insurance company.

- Will the insurance company cover Room & Board/Accommodation costs for the youth receiving residential treatment in the facility? If the insurance company states it will not cover this, why not?
- If it's not covered because the requested facility is not in network, can the insurance company provide access to the service at an alternate service provider or do a single case agreement with the requested facility for Room & Board/Accommodations for this youth?
- Will the insurance company cover treatment services for the youth receiving residential treatment in the requested facility? If not, why not?
  - If it's not covered because the selected provider is not in network, can the insurance company provide access to the service at an alternate service provider or do a single case agreement with the provider for treatment services provided to this youth?

\* A statement from the requested treatment provider is not sufficient to meet this documentation requirement.

### **In home or Community-based Services:**

For youth seeking coverage for in home or community-based services, documentation of direct email/letter **from the insurance company**\* that addresses all the following is needed:

- Whether the requested service for the youth with the selected provider can be covered? If not, why not?
- If it's not a covered service, is there a comparable covered service that may meet the youth's needs?
- If it's not covered because the selected provider is not in network, can the insurance company provide access to the service at an alternate service provider or do a single case agreement with the provider for treatment services provided to this youth?

\* A statement from the requested treatment provider is not sufficient to meet this documentation requirement.

### **Things to keep in mind:**

- When treatment is being explored, the Care Team/family should first explore those providers that are covered by private insurance.

- Most often the insurance company will only speak with the policy holder unless there is a release of information. Outreach may require collaboration between the parent/legal guardian, provider and MSY application submitter.
- To ensure the MSY program principles are met, if services/supports can be covered by another entity then this must occur. This may require providers to work with insurance companies and to consider changes in billing practices traditionally used. Private insurance must be fully explored and billed.

### Available Resources:

- If the family has difficulty contacting the insurance company to get a coverage determination in writing, the Ohio Department of Insurance's Consumer Services Division (CSD) is a resource.
  - The parent/guardian can fill out a complaint/inquiry form via the link on this page: <https://insurance.ohio.gov/about-us/complaint-center/file-insurance-complaint> or call (800) 686-1526.
  - For general behavioral health benefit insurance questions, the parent/guardian can call the Mental Health Insurance Assistance Office (MHIA) at (855) 438-6442 or email [getmhia@insurance.ohio.gov](mailto:getmhia@insurance.ohio.gov).

