

Coverage for mental health care under Medicaid can be challenging, just like with private insurance. With Medicaid, there may be additional issues specific to the features and limitations of someone’s specific state Medicaid program, federal Medicaid rules, and the individual insurance plan.

This Quick Guide identifies how the resources of Cover My Mental Health may be helpful. It also shares additional sources of support specific to Medicaid.

NOTE: Medicaid programs are a type of government insurance, though the plans may be administered by a company that looks like an “insurer.” Your point of contact for disputes, complaints, and appeals will be the Medicaid program administrator.

1 CLINICIAN DOCUMENTATION OF APPROPRIATE CARE

A clinician providing a “medical necessity letter” may prove helpful in overcoming certain obstacles. Examples include: (a) denials or delayed approval of care or (b) challenges regarding specialty care or care beyond out-patient therapy. With Medicaid plans, certain limitations may be difficult to overcome, for example with medications not on the plan’s list of approved medications (“formulary”), residential or in-patient care, or when in-network clinicians lack near-term availability.

- [Medical necessity letters - how this resource supports your access to care](#)
- [Medical necessity letter template](#) (provided by a clinician on patient request) [\[download\]](#)
- [Cover letter template to submit a medical necessity letter](#) [\[download\]](#)
- [Article on medical necessity letters to share with your clinician](#)

2 POTENTIAL ACTION WHEN THERE ARE NO IN-NETWORK CLINICIANS

A common obstacle to mental health coverage is the lack of a suitable in-network clinician. “Suitable” means available soon, nearby, and with the required competence. Here are tools to document and request that a suitable clinician be made available if your search of the directory does not succeed. With Medicaid plans, there may be limitations in accessing out-of-network care.

- [Talking with the plan customer service rep when finding no in-network providers](#)
- [Worksheet to document your search for an in-network provider](#) [\[download\]](#)
- [Request for in-network coverage of an out-of-network clinician](#) [\[download\]](#)

3 PERSIST EVEN IF INITIAL EFFORTS FAIL

If at first you don’t succeed, [CoverMyMentalHealth.org](#) offers this additional guidance:

- [Guidance for filing a formal insurer complaint](#) (NOTE: This is NOT an appeal)
- [Potential support from your elected legislator's constituent services](#)
- [Guidance for filing a regulator complaint](#)
- [Appeals and what to do beforehand](#), including requesting a single case agreement

+ POTENTIAL RESOURCES FOR NAVIGATING MEDICAID

- [US Government resources, including patient advocates](#)
- [Directory of state insurance regulatory offices](#)



Remember, patients are the best advocates for their own insurance coverage. Clinicians, family, and friends can also be active advocates for mental health care coverage. Cover My Mental Health is a place to get started, find encouragement, and keep going.