



Opportunities in Medicaid to Improve Access to Behavioral Health Care for Children and Youth

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Medicaid in Brief

- Partnership between Federal and State governments
- State administered program
- Federal mandates to cover some eligibility groups/services and some overarching rules (e.g., statewideness, comparability, freedom of choice)
- States choose optional eligibility groups & services, payment levels, providers
- Each State develops and operates a State Plan outlining nature and scope of services - must be approved by CMS
- Other authorities for states: use of managed care (e.g., Sec. 1915) and demonstrations (Sec. 1115)

Medicaid Coverage of School-based Services

- Joint Info. Bulletin with SAMHSA: Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools -- July 1, 2019
- Schools can help identify children and adolescents who have or are at risk of mental health and substance use disorders and connect them with treatment.
- No distinct Medicaid state plan benefit for school-based services, but states may submit a state plan amendment to clarify which services may be provided in schools -- must include payment methodology in state plan
- Providers must meet applicable federal and state Medicaid provider qualifications and qualifications must be the same as for providers in other settings

Medicaid Authorities Supporting School-based Services

- **Physicians' Services** – within the scope of practice as defined in state law by or under personal supervision of physician; services can be furnished in schools
- **Federally Qualified and Rural Health Centers** – located at or near a school can provide school-based services by certain core providers, includes MH and SUD services
- **Clinic benefit** – facilities that provide outpatient care by or under direction of physician or dentist – can include school-based health clinic (at or near a school) that furnishes physical health and MH and SUD services

Other Medicaid Authorities for School-based Services

- **Other Licensed Practitioner Services** – any medical or remedial care, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under state law – e.g., licensed clinical social worker providing counseling or licensed nurse administering medication for depression for children in schools
- **Rehabilitative Services** – any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts for reduction of physical or mental disability and restoration of function; states must describe services covered and practitioners – could include individual and group counseling, or peer support services in schools for children with mental illness or SUDs
- **Case Management** – services that assist eligible individuals to gain access to needed medical, social, educational, and other services; must include comprehensive assessment, specific care plan, referral to services, and monitoring; states may target case management to specific beneficiaries, e.g., children with SED

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit

- Provides comprehensive array of prevention, diagnostic, and treatment services for beneficiaries under 21
- Requires states have a schedule for screening services at established times and as needed
- Requires states provide all medically necessary services covered under 1905(a) to correct or ameliorate physical conditions and mental illnesses
- States do not need to amend state plans to add EPSDT coverage for screening and behavioral health services but some states do to clarify which services are covered in schools

Medicaid Payment for Services Without Charge (Free Care)

- State Medicaid Director Letter: Medicaid Payment for Services Provided without Charge (Free Care) (December 2014)
 - Clarifies that Medicaid reimbursement is available when covered services are provided by Medicaid-qualified providers to Medicaid beneficiaries regardless of whether such services are available to other individuals or the community at large free of charge
 - Coverage no longer limited to services included in a child's Individual Education Plan or Individualized Family Service Plan
 - Includes any covered services including covered under EPSDT
 - State plan includes payment methodology consistent with federal requirements
 - Third parity liability, non-duplication, documentation requirements apply and state must conduct appropriate oversight of billing practices

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf>

Sec. 1115 SUD Demonstration Initiative

State Medicaid Directors Letter

“Strategies to Address the Opioid Epidemic” November 1, 2017

Goals for Sec. 1115 Demonstrations Addressing SUD:

- Increased rates of identification, initiation, and engagement in treatment;
- Increased adherence to and retention in treatment;
- Reductions in overdose deaths, particularly due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings through improved access to continuum of care;
- Fewer readmissions to the same or higher level of care for OUD and other SUD treatment; and
- Improved care coordination for co-morbid conditions.

Six Milestones for Sec. 1115 SUD Demonstrations

- Elements of an SUD service delivery system that will help achieve the demonstration goals:
 - Access to critical levels of care;
 - Evidence-based, SUD-specific patient placement;
 - SUD-specific program standards for residential treatment;
 - Sufficient provider capacity at critical levels of care, including medication assisted treatment (MAT);
 - Comprehensive opioid prevention and treatment strategies; and
 - Improved care coordination and care transitions
- Implementation Plan Addressing Milestones
 - Once approved, federal Medicaid match for services in specialty inpatient and residential treatment settings becomes available

Serious Mental Illness/Serious Emotional Disturbance State Medicaid Director Letter

- **Sec. 12003 21st Century Cures Act directed CMS to issue State Medicaid Director Letter (SMDL) on --**
“opportunities to design innovative service delivery systems . . . for adults with serious mental illness or children with a serious emotional disturbance”
including --
 - “systems for providing community-based services”
 - “opportunities for demonstration projects under section 1115(a)”
- **SMDL issued Nov. 13, 2018 has two parts:**
 1. Strategies under Existing Authorities to Support Innovative Service Delivery Systems for Adults with SMI and Children with SED; and
 2. SMI/SED Demonstration Opportunity

Innovative Service Delivery Systems and Evidence-Based Care Models

Earlier identification and engagement in treatment

Strategies to address long delays before accessing treatment for serious mental health conditions and improved engagement in treatment:

- Supporting provider outreach activities to engage individuals in treatment, e.g., by developing relationships between outpatient MH providers and hospitals/ERs, primary care, schools, jails/prisons;
- Enabling data-sharing between schools, hospitals, primary care, criminal justice, and specialized mental health providers; and
- Supporting team-based models of care (e.g., Coordinated Specialty Care) and recovery supports (e.g., Supported Employment/Education)

Other Innovative Service Delivery Systems and Evidence-Based Care Models

Integration of mental health care and primary care

Strategies to facilitate earlier identification of treatment needs, connections with treatment, and access to treatment for co-morbid conditions:

- Encouraging screening for mental health disorders in primary care and other health care settings;
- Supporting consultations with MH specialists and care coordinators by primary care providers (e.g., Collaborative Care); and
- Implementing telehealth technologies to support primary care provider consultation with mental health specialists and care coordination

SMI/SED Demonstration Opportunity Expectations

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.
- This SMI/SED demo opportunity allows Federal Financial Participation (FFP), upon CMS approval, for services for beneficiaries who are short-term residents in an Institution for Mental Diseases (IMD) primarily to receive mental health treatment if a state also takes action to –
 - Ensure good quality of care in IMDs; and
 - Improve access to community-based care
- For beneficiaries aged 21 and under, existing exception to IMD exclusion and rules for that exception continue to apply
- Existing rules on covering room and board in residential settings

Four Milestone Categories for SMI/SED 1115 Demonstrations

- Participating states expected to achieve specific milestones in the following categories:
 1. Ensuring good quality of care in IMDs:
 2. Improving care coordination and connections to community-based care following inpatient or residential treatment;
 3. Ensuring access to a continuum of care including crisis stabilization services; and
 4. Engaging beneficiaries with SMI or SED in treatment as soon as possible
 - Including through establishment of specialized settings and services, including crisis stabilization, for young people experiencing SED/SMI
- Implementation Plan required for FFP to be available to IMDs

SUPPORT Act Overview

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Community (SUPPORT) Act - enacted on 10/24/18
- New law includes many Medicaid provisions, e.g., Medicaid benefit changes, required guidance, and other significant provisions
- CMCS implementation will be integrated into our ongoing efforts to tackle the opioid epidemic, including the SUD 1115 demonstration opportunity

SUPPORT Act Provisions Focused on Medicaid Benefits for Children and Youth

- **New CHIP MH and SUD Benefit Mandate** - Cover services necessary to prevent, diagnose, and treat a broad range of symptoms and disorders (Sec. 5022)
- **Prohibition on Termination of Eligibility While Incarcerated** - For individuals under age 21 or former foster care youth up to age 26 (Sec. 1001)
- **Coverage of Former Foster Care Youth to Age 26** –Coverage until age 26 of foster care youth enrolled at age 18 and guidance on best practices (Sec. 1002)
- **Coverage of Residential Pediatric Recovery Centers** - New optional provider type for inpatient or outpatient treatment for infants with neonatal abstinence syndrome (Sec. 1007)
- **Guidance** –
 - **Opportunities to Support Family-Focused Residential Treatment** (Sec. 8081)
 - **Improving Care for Infants with Neonatal Abstinence Syndrome** (Sec.1005)

Other Significant Medicaid Provisions

- **Coverage of Medication Assisted Treatment (Sec. 1006(b))**
 - New time-limited mandatory benefit (10/1/20 up to 10/1/25)
 - Requires states to cover all FDA-approved medications to treat opioid use disorders as well as counseling and behavioral therapy
 - Exception for states that certify statewide access is not feasible due to provider shortage
- **Demo to Increase SUD Provider Capacity in Medicaid (Sec. 1003)**
 - To start 180 days after enactment (April 22, 2019)
 - \$50 million for planning grants to 10 states (for 1.5 years)
 - 5 states selected eligible for additional federal funding
 - Three CMS Reports to Congress - 10/1/20, 10/1/2022, 10/1/2024

For Further Information

- Joint Informational Bulletin On Addressing Mental Health and Substance Use Issues in Schools is posted here:
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib20190701.pdf>
- The SUD SMD Letter is posted here:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>
- The SMI/SED SMD Letter is posted here:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>
- For more information about this presentation, please email Kirsten.Beronio@cms.hhs.gov

Questions

