

Medicaid & Children's Behavioral Health: *The View from the States*

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National Association for Children's Behavioral Health



Overview

- Background and context
- Medicaid Directors' strategic priorities
- Medicaid and Family First implementation
- Advice for collaborating with your Medicaid Director

Background and Context

National Association of Medicaid Directors

- Created in 2011 to support state and territorial Medicaid Directors
- Bipartisan and nonprofit
- Core functions:
 - Developing informed Medicaid Directors and their bench;
 - Elevating Directors' perspectives in the federal policy process; and
 - Collecting and sharing data about the Directors and their programs.
- Led by a Board of 14 Medicaid Directors

Medicaid's prominent role in the U.S. health care system

- Funded by states and federal government
- Administered by states under federal rules
- Covers >70 million people, including with complex health care and social needs
- 17% of national health care spending
- Largest payer of long-term care & behavioral health



Medicaid Directors' Strategic Priorities

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1. Improving access to high-quality behavioral health care
2. Social determinants of health
3. Delivery system and payment reform
4. Modernizing IT and data systems

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Medicaid Directors' Strategic Priorities

1. Improving access to high-quality behavioral health care

- Building out full continuum of mental health and substance use disorder treatment
- Improving quality of services is essential
 - Delivering evidence-based interventions
 - Ensuring appropriate levels of care
 - Improving care transitions and handoffs
 - Driving towards care that is integrated with physical health

Medicaid Directors' Strategic Priorities

1. Improving access to high-quality behavioral health care

➤ Key Medicaid levers

- Provider standards and expectations
- Contracts with Medicaid managed care organizations
- Value-based payment
- Delivery system innovations (CCBHCs, health homes, ACOs, etc.)

Medicaid Directors' Strategic Priorities

1. Improving access to high-quality behavioral health care

- Many using 1115 waivers to help advance this work
- Integration happening at three levels of delivery system
 - Agency level
 - Delivery system/health plan level
 - Provider level
- Key linkage to social determinant of health initiatives
 - Justice involved youth
 - Education and employment

Medicaid Directors' Strategic Priorities

2. Social Determinants of Health

- Social factors play a major role in health outcomes
 - Social isolation, food insecurity, housing insecurity, adverse childhood experiences, poverty, etc.
 - Medicaid beneficiaries experience a high incidence of these SDOH
- Addressing social determinants is necessary to get to the triple aim
 - Better health
 - Better healthcare
 - Lower costs

Medicaid Directors' Strategic Priorities

2. Social Determinants of Health

- Medicaid is health care program, not social service provider. Limitations to what it can do.
- Key Medicaid strategies around SDOH
 - Screening beneficiaries for social determinants
 - Connecting enrollees to existing social services and supports
 - Strengthening community-based organizations that provide supports
 - Creating affordable housing opportunities
 - Using value-based payments to incentivize social determinant of health interventions

Medicaid Directors' Strategic Priorities

2. Social Determinants of Health

➤ Examples

- North Carolina: Healthy Opportunities Pilot
- Arizona: MCO Reinvestment
- Massachusetts: ACO Requirements
- Hawaii supportive housing

Medicaid Directors' Strategic Priorities

2. Social Determinants of Health

- What is the appropriate role for Medicaid to play?
- How do we create appropriate “swim lanes”?
- Where can Medicaid have the biggest impact?
- How do we make sure we don't medicalize social services and supports?

Medicaid and Family First Implementation

“Move from a mentality of ‘funding programs and providing grants’ to one of ‘collaborative financing to support a strategic agenda’”

– Center for Health Care Strategies

Family First

- Improving care for children in child welfare is a big focus for Directors

but...

- Family First implementation not necessarily on the radar yet
- Why?
 - Other strategic priorities and limited bandwidth
 - Child welfare likely taking the lead
 - Complexity of work and lack of federal clarity to date

Family First

- Modernizing the foster care system will be a big lift
 - *Time.* Early leaders recognize that they will need more time for implementation.
 - *Resources.* Agency staff, updating authorities, contract changes, systems changes, etc.
 - *Partnership.* Between federal agencies (ACF, CMS), state agencies (child welfare and Medicaid), providers, and other stakeholders.

Collaborating with your Medicaid Director

Collaborating with your Medicaid Director

- Recognize that Family First may not be top priority for Medicaid (and that's okay!)
- Be a resource to Medicaid. Offer your team's time and expertise.
 - Knowledge of Family First and what it means for Medicaid
 - Understanding how foster care must change and what it will take to get there

Collaborating with your Medicaid Director

- Do your homework before meeting with Medicaid
 - Managed care vs. fee-for-service
 - Agency's strategic priorities
 - Key initiatives underway
- Engage around shared goals and don't start with the money
- Seize opportunities to partner with your MCOs
- Appreciate Medicaid's constraints
 - Limited staff and dollars
 - Federal policy parameters
 - IT systems

Discussion

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