Mental Health and Substance Use Disorder Initiatives in Medicaid and CHIP

National Association for Behavioral Healthcare
June 2023
Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous enrollment condition, authorized by the SCRA, presents the single largest health insurance transition event since the first stimulus package passed. As a condition of receiving a temporary 5.5 percentage point reduction in the FFTA, states were required to maintain enrollment of nearly all eligible Medicaid enrollees for 12 months, March 1, 2013, States will soon resume normal operations, including all of the enrollees. The Consolidated Appropriations Act, 2013, defined the end of the FFTA as the end of the COVID-19 Public Health Emergency. As a result, the March 1, 2013, States will soon resume normal operations, including all of the enrollees. Medicaid enrollees no longer eligible. Medicaid enrollees no longer eligible. States will soon resume normal operations.
Medicaid.gov/Renewals: Resources for Medicaid and CHIP Enrollees

Get ready to renew now

Here are some things you can do to prepare for the renewal process:

1. **Update your contact information** - Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they’ll be able to contact you about your Medicaid or CHIP coverage.
2. **Check your mail** - Your state will mail you a letter about your coverage. This letter will let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. **Complete your renewal form (if you get one)** - Fill out the form and return it to your state right away to help avoid a gap in your coverage.

If you no longer qualify for Medicaid or CHIP

You may be able to buy a health plan through the Health Insurance Marketplace*, and get help paying for it. Marketplace plans are:

- 4 out of 5 enrollees can find plans that cost less than $10 a month.
- Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

Explore Marketplace plans and savings*
Overview

- Substance Use Disorder (SUD) Section 1115 Demonstration Initiative
- CA Section 1115 Contingency Management Pilot
- Transitions from Jails and Prisons
- Crisis Response Services
- Certified Community Behavioral Health Clinic (CCBHC) Demonstration
- School-Based Services
- Interprofessional Consultation
- Demonstration to Increase SUD Treatment Provider Capacity
SUD Section 1115 Demonstration Initiative

- State Medicaid Director Letter #17-003: “Strategies to Address the Opioid Epidemic”

- Demonstration Milestones – focused on improving following key elements of a SUD service delivery system:
  1. Access to critical levels of care;
  2. Evidence-based, SUD-specific patient placement criteria;
  3. SUD-specific program standards for residential treatment;
  4. Sufficient provider capacity at critical levels of care, including medication assisted treatment;
  5. Comprehensive opioid prevention and treatment strategies; and
  6. Improved care coordination and care transitions
SUD Section 1115 Demonstration Initiative Impact

- **35 States Approved:**
  
  AK, CA, CO, CT, DC, DE, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, UT, VA, VT, WA, WI, WV

- **5 States Pending:**
  
  AZ, MA, MO, NY, WA

- **Implementation:**
  
  - States submit implementation plans demonstration addressing milestones. Once approved, federal Medicaid match for services in specialty inpatient and residential treatment settings becomes available
  
  - Monitoring Protocol and Metrics and Reporting Requirements
  
  - Recent Findings from Rapid-Cycle Reports are posted [online](#)
Part of a five-year extension of California’s Section 1115 Demonstration:

– Dec 2021 Approval letter: “California Advancing and Innovating Medi-Cal (CalAIM)”
– Dec 2022 Implementation Plan Details
Improving Transitions from Jails/Prisons to Communities

- The **SUPPORT Act** requires HHS to:
  - **Convene a stakeholder group** for input regarding health care transitions for individuals leaving jails and prisons
  - **Submit a Report to Congress** on best practices for ensuring continuity of health care coverage (Jan 2023)
  - **Release CMS guidance** to announce a section 1115 demonstration:
    - State Medicaid Director Letter #23-003: “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated”
- **CA Reentry Demonstration Initiative** - amendment to Sec. 1115 Demo (Jan 2023)
Mobile Crisis Team Funding

- The **American Rescue Plan Act** authorized increased Medicaid support for community-based mobile crisis services
  - **85% federal match for expenditures on qualifying services for 12 fiscal quarters** (April 1, 2022 through March 31, 2027)
  - **$15 million in planning grants** awarded to 20 states in September 2021*

- **State Health Official Letter #21-008**: “Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services”
  - Including how to implement mobile crisis intervention services to qualify for the increased federal match

*The mobile crisis grantee states are AL, CA, CO, DE, KY, MA, MD, ME, MO, MT, NC, NM, NV, OK, OR, PA, UT, VT, WI, & WV.
Medicaid/CHIP and Crisis Stabilization
Consolidated Appropriations Act 2023

Sec. 5124 directs CMS and SAMHSA to coordinate on:

- **Issuing guidance to States** regarding Medicaid & CHIP financing for a range of crisis services

- **Establishing a technical assistance center** to help State Medicaid & CHIP programs design, implement, or enhance a continuum of crisis response services for children, youth, and adults

- **Developing and updating a publicly available compendium of best practices** for the successful operation of a Medicaid and CHIP continuum of crisis response services

- **Deadline:** July 2025
Certified Community Behavioral Health Clinic Demonstration

- Demonstration to improve access to coordinated, comprehensive ambulatory care – authorized originally in Protecting Access to Medicare Act of 2014
- Managed through partnership among SAMHSA, CMS, and ASPE
- Focus on improving care for adults with serious mental illness, children/adolescents with serious emotional disturbance, those with long term and serious substance use disorders
- Requires participating states to pay clinics certified as meeting criteria a prospective payment system rate that reimburses for the clinic’s expected cost of providing required services
- States receive enhanced federal Medicaid matching funds for eligible demonstration expenditures for Medicaid enrollees
- Congress has extended and expanded the demonstration several times
Most Recent CCBHC Demonstration Expansion

Bipartisan Safe Communities Act (BSCA)

- Extends existing Certified Behavioral Health Clinic (CCBHC) Demonstrations in original eight states (MN, MO, NV, NJ, NY, OK, OR, PA) by two years to Sept. 30, 2025

- Extends the two most recent Demonstration states (MI, KY) by four years which takes MI to October 2027 and KY to January 2028

- Expands Demonstrations to 10 additional states every two years; each demonstration is four years

- Appropriates $40 million for planning grants, TA to grant applicants, and implementation
Support for School-Based Services

- CMCS Informational Bulletin (August 2022): “Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services”

- Comprehensive Claiming Guide and Overview (May 2023): Part of CMS implementation of the Bipartisan Safer Communities Act (BSCA); updates 2003 Claiming Guide providing strategies to reduce administrative burden and simplify billing

- Additional Actions:
  - Establishing technical assistance center in collaboration with the Dept of Ed. to help states advance Medicaid coverage of school-based health services including mental health and SUD services
  - Planning $50 million in grants for states to help improve Medicaid and CHIP coverage of school-based services
Interprofessional Consultation

- **State Health Official Letter #23-001**: “Coverage and Payment of Interprofessional Consultation in Medicaid and the Children’s Health Insurance Program”

- CMS is defining interprofessional consultation as a distinct, coverable service in the Medicaid program and in CHIP, for which payment can be made directly to the consulting provider.

- Broad flexibility for states to utilize telehealth technology to deliver covered services extends to interprofessional consultations.
Demonstration to Increase SUD Treatment Provider Capacity

- To increase capacity of Medicaid providers to deliver SUD treatment - authorized in SUPPORT Act, Sec. 1003

- CMS awarded $50 million in planning grants to 15 states* in Sept 2019

- **Purpose of planning grants** to support states efforts to--
  - **Assess the need** for SUD treatment in their state
  - **Recruit, train, and provide technical assistance** for Medicaid SUD treatment providers
  - **Improve Medicaid payment rates** for SUD services

- CT, DE, IL, NV, and WV selected in Sept. 2021 for 36-month long demo.
  - Selected states receive enhanced federal match for increases in Medicaid expenditures for SUD treatment during the demonstration period

* AL, CT, DE, DC, IL, IN, KY, ME, MI, NV, NM, RI, VA, WA, WV
Thank You