

Mental Health and Substance Use Disorder Initiatives in Medicaid and CHIP

National Association for Behavioral Healthcare
June 2023

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Medicaid.gov/Unwinding: Resource Page for States and Partners

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Home » Resources for States » Coronavirus Disease 2019 (COVID-19) » Unwinding and Returning to Regular Operations after COVID-19

Unwinding and Returning to Regular Operations after COVID-19

Renew Your Medicaid or CHIP Coverage

Guidance (SHOs, CIBs, FAQs)

Section 1902(e)(14)(A) Waiver Approvals

Data Reporting

Policy & Operational Resources

Systems Resources

Communications Resources and Speaking Requests

Medicaid/Marketplace Coordination Resources

Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous enrollment condition authorized by the presents the single largest health coverage transition event since the first As a condition of receiving a temporary 6.2 percentage point Federal Medical Emergency, states were required to maintain enrollment of nearly all Medicaid enrollment for individuals who are no longer eligible.


The Consolidated Appropriations Act, 2023, delinked the end of the FFCRA the end of the COVID-19 Public Health Emergency. As a result, the Medicaid March 31, 2023. States will soon resume normal operations, including re and terminations of coverage for individuals who are no longer eligible. Medicaid enrollment for individuals no longer eligible. States will have u enrollment operations.

CMS will continue to update this page as additional tools and resources

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE



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CMS
CENTER FOR MEDICARE & MEDICAID SERVICES

CMCS Informational Bulletin

DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.¹ Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding.”² The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

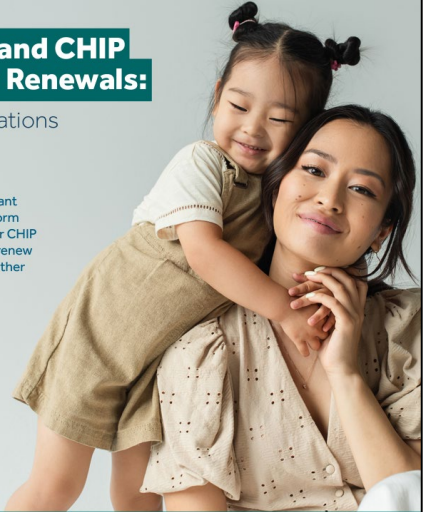
Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

Centers for Medicare & Medicaid Services

Medicaid and CHIP Eligibility Renewals:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid or CHIP about steps to take to renew their coverage or find other health care options.



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 Marketplace⁸, 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 savings⁸](#)

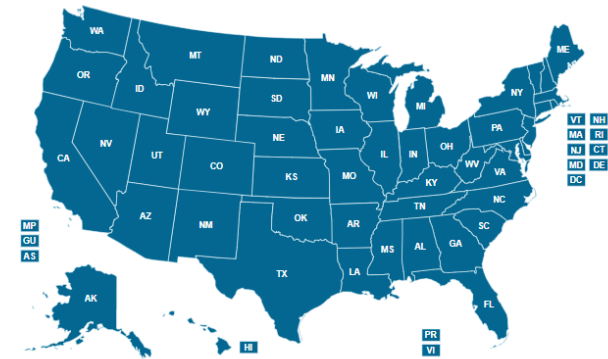
Medicaid or CHIP State Map

Select your state to get Medicaid enrollment information. You can also scroll down to find your state's contact information.

Select State

Select state

Select a State



★ STATE MEDICAID ENROLLMENT LINKS ★

Alabama

- [Enrollment⁹](#)
- 📞 General Questions: [334-242-5000](tel:334-242-5000)

Alaska

- [Enrollment⁹](#)
- 📞 Alaska Recipient Helpline toll free [800-780-9972](tel:800-780-9972)
- 📞 Eligibility helpline: [800-478-7778](tel:800-478-7778)

American Samoa

- 📞 Medicaid Office: [684-699-4777](tel:684-699-4777)
- 📞 Department of Public Health: [684-633-7676](tel:684-633-7676) / [684-633-4606](tel:684-633-4606)

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](#)

CA Sec. 1115 Contingency Management Pilot

- **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

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