



Improving Service Delivery to Medicaid Beneficiaries with Serious Mental Illness: Themes from Roundtable Discussion

Medicaid and CHIP Payment and Access Commission

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Past Work on Behavioral Health

- June 2015 Report to Congress found that one in five Medicaid beneficiaries had a behavioral health diagnosis and accounted for half of Medicaid spending
- March 2016 Report to Congress identified various models and levels of behavioral and physical health integration in Medicaid
- State-by-state review of state plan behavioral health benefits, published in July 2016, identified state differences in Medicaid coverage of mental health and substance use disorder services

Roundtable Development

- In late 2015, Commissioners discussed convening an expert panel on the barriers to delivering behavioral health services in Medicaid
- In June 2016, MACPAC conducted an expert roundtable which provided insight on improving service delivery for Medicaid adults with serious mental illness (SMI)

Roundtable Experts

- State Medicaid directors
- CMS, SAMHSA, and ASPE representatives
- Representatives of state behavioral health agencies
- Representatives of managed care organizations
- Providers
- Advocates

Questions to Participants

- What do we know and not know about Medicaid enrollees with SMI?
- What information do we need to improve care for Medicaid adults with SMI?
- What are the barriers to service delivery for Medicaid adults with SMI?
- What are the Medicaid policy solutions for improving service delivery for Medicaid adults with SMI?

Themes from Roundtable Discussion

Roundtable Theme One: More Research Needed

- Limited information available on adult Medicaid beneficiaries with SMI
- Lack of standardized definitions and measures makes it difficult to compare and assess the effects of policies and interventions
- Future analyses should focus on:
 - State coverage of behavioral health services
 - Medicaid spending on behavioral and physical health services
 - Place of care for Medicaid adults with SMI
 - Treatment combinations that improve health status
 - Development of standardized definitions and measures

Roundtable Theme Two: Focus on Early Interventions

- Prevention and early intervention programs designed to identify and treat youth with severe emotional disturbance (SED) and SMI need to be made more available to Medicaid beneficiaries and integrated with the education system
- To improve access to early intervention services, Medicaid programs may consider:
 - Improving coordination with the education system
 - Using the opportunity provided in the CMS guidance on the free care rule to provide and increase access to services

Roundtable Theme Three: Utilize Medicaid Flexibility to Improve Service Delivery

- Medicaid adults with SMI receive services through a complex combination of waivers, initiatives, and authorities
- Medicaid programs can expand and improve service delivery using these opportunities:
 - Section 1905(a) Medicaid state plan amendments
 - The certified community behavioral health clinics demonstration program
 - Medicaid managed care

Roundtable Theme Four: Address Barriers to Access

- Adult beneficiaries with SMI face challenges accessing appropriate behavioral health services
- Improving access to services requires:
 - Increasing the number and improving the distribution of participating behavioral health providers
 - Increasing the availability of Medicaid covered crisis intervention and community-based behavioral health services
 - Improving understanding of federal and state policies on data sharing
 - Conducting additional research on provider networks in Medicaid managed care

Roundtable Theme Five: Consider How Payment Policies Affect Access

- Certain Medicaid payment policies create barriers to the delivery of behavioral health services for adult beneficiaries with SMI
 - Restrictions on same day billing
 - Limitations of certain provider types from billing Medicaid
- Additional research can look at the subpopulations served at institutions for mental diseases (IMD) and the varying types of IMD facilities

Roundtable Theme Six: Strengthen Relationships with Other Programs

- Adult beneficiaries with SMI have multifaceted health and social needs and they utilize many other programs in addition to Medicaid
- Improving the intersection of the programs for Medicaid adults with SMI requires:
 - Better coordination between Medicaid and the housing, criminal justice, and educational systems
 - Better understanding of how these programs work in concert and in conflict
 - Identifying how these programs fill in gaps in service delivery

MACPAC Analyses

Utilizing Medicaid's flexibility to improve service delivery:

- How does Medicaid's coverage of behavioral health services differ across states?
- How do Medicaid managed care organizations integrate behavioral and physical health services for individuals with SMI?

Payment and provider participation:

- Who are the behavioral health providers serving Medicaid beneficiaries and what payment policies affect their participation and provision of care?

Medicaid's intersection with other programs:

- How do Medicaid and other programs work in concert or in conflict to deliver services? What policies promote successful partnerships?

MACPAC Analyses

Access to and quality of care:

- What is behavioral health utilization and spending by diagnosis, place of care, and provider type and how does this vary across Medicaid programs and populations with different sociodemographic characteristics?
- What is behavioral health utilization and spending among dually eligible beneficiaries? How do Medicare and Medicaid pay for and deliver behavioral health services to dually eligible beneficiaries?
- For Medicaid beneficiaries with behavioral health conditions, how much spending is for behavioral health and how much is for physical health conditions?



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