




Policy Options to Improve Access to Behavioral Health Services for Adults

Medicaid and CHIP Payment and Access Commission

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Overview

- Background
- Current efforts to address behavioral health crises
 - National guidelines for crisis care
 - Implementation of 988
 - Current Medicaid and CHIP guidance
- Policy options
- Next steps

Background

- In 2018, when compared to privately insured peers, Medicaid beneficiaries age 18–64 with any mental health condition were:
 - nearly four times as likely to receive inpatient treatment for their mental health condition
 - almost twice as likely to report that they had ever been arrested or booked for breaking the law
- Generally, rates were higher among adults with serious mental illness when compared to adults with mild to moderate illness

Source: SHADAC 2020.

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Racial Disparities

- White beneficiaries aged 18 – 64 with mental illness were more likely to receive treatment when compared to their Black peers
- Similar disparities are observed when comparing rates of any mental illness among Hispanic beneficiaries, and beneficiaries that identify as American Indian, Alaskan Native, Native Hawaiian, or Pacific Islander
- Among adolescents aged 12–17, Black beneficiaries who experienced a major depressive episode with severe role impairment were less likely to receive treatment when compared to their white counterparts

Source: SHADAC 2021

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Strategies to Increase Access

- Panelists at prior Commission meetings discussed various strategies states may pursue to address access to mental health treatment
 - Section 1115 demonstrations
 - Certified community behavioral health clinics
- Panelists commented that CMS could do more to support state efforts to improve access to crisis services

Current Efforts to Address Behavioral Health Crises

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National Guidelines for Crisis Care

- In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued *National Guidelines for Behavioral Health Crisis Care Best Practices Toolkit*
- Establishes three core elements of a crisis system:
 - Regional or statewide crisis call centers
 - Mobile crisis response
 - Crisis receiving and stabilizing facilities

Implementation of 988

- SAMHSA funds the National Suicide Prevention Lifeline (National Lifeline), a network of approximately 170 crisis hotlines, linked by a tollfree number
- Federal Communications Commission (FCC) has designated 988 as the three-digit code for the National Lifeline, which goes live July 2022
- Funding for individual crisis hotlines is often a state and local responsibility, and some states have been able to use Medicaid to support a portion of hotline costs
- Stakeholders have expressed concern that the National Lifeline network and crisis systems will not have sufficient capacity and funding to meet increased demand resulting from 988 implementation

Current Federal Guidance

- Identifies some ways Medicaid can pay for crisis services, but lacks necessary detail for states to use various Medicaid authorities and administrative funding to support crisis hotlines
- Identifies Medicaid authorities to pay for crisis stabilization services; however, it notes two components of mobile crisis services – provider costs for outreach and team supervision – may not be covered by the state plan
- CHIP Health Services Initiatives could be used to support the crisis continuum and other suicide prevention activities, but to date there has been little guidance on how to use this authority

Policy Options

Policy Option 1: Improving Coordination Between CMS and SAMHSA

- The Secretary of Health and Human Services should direct the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Centers for Medicare & Medicaid Services to work together to support states in developing and implementing a crisis continuum to support children and adults with behavioral health conditions

Policy Option 1: Rationale

- Increased coordination between CMS and SAMHSA could improve access to behavioral health services
- These two agencies play important, yet different, roles in improving quality and availability of behavioral health services
- Improved coordination is needed to respond to rising rates of depression, suicide, and drug overdose; support implementation of 988; and enhance the crisis continuum
- This policy option could be directed towards either the Secretary of HHS or Congress

Policy Option 2: Improved Guidance for Crisis Services

- The Secretary of Health and Human Services should direct relevant agencies to issue joint subregulatory guidance that addresses how Medicaid and the State Children's Health Insurance Program can be used to fund a crisis continuum for beneficiaries experiencing behavioral health crises

Policy Option 2: Rationale

- Subregulatory guidance could further clarify how Medicaid and CHIP can be used to pay for the three core components of a behavioral health crisis continuum:
 - statewide or regional crisis call centers
 - mobile crisis response
 - crisis receiving and stabilizing facilities
- Guidance could identify Medicaid authorities states could use to pay for these services, offer a road map to design services, and describe how to braid funding to pay for services that cannot be supported by Medicaid
- In developing new guidance, the Secretary should invite participation of all relevant agencies with a role in implementing the National Lifeline and agencies affecting children and families

Policy Option 3: Technical Assistance and Planning for Crisis Care

- The Secretary of Health and Human Services should direct a coordinated effort by relevant agencies to provide education and technical assistance on the implementation of a behavioral health crisis continuum that coordinates and responds to people in crisis in real-time. Additionally, the Secretary should examine options to use existing federal funding to support state-level activities to improve the availability of crisis services.

Policy Option 3: Rationale

- Technical assistance and planning opportunities could assist states in:
 - overcoming delivery system barriers;
 - identifying appropriate Medicaid authorities; and
 - identifying how to braid funding streams to achieve broader objectives
- Congress has increased funding for the Mental Health Services Block Grant. The Secretary of HHS could use this funding, and grant award requirements, to support planning efforts and ensure participation of the state Medicaid agencies.

Next Steps

- Gauge Commissioner interest in making recommendations
- April 2021 meeting
 - Review draft chapter
 - Vote on any recommendations
- Publication of chapter in June 2021 report



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