



Policy Options to Improve Access to Behavioral Health Services for Children and Adolescents

Medicaid and CHIP Payment and Access Commission

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March 4, 2021

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Overview

- Background
- Policy options
- Next steps

Background

- In 2018, Medicaid covered one in three adolescents with a past year major depressive episode (MDE) with severe role impairment.
- Children and adolescents with significant mental health conditions are often at risk for out-of-home placements and involvement with the child welfare and juvenile justice systems.
- They are also at elevated risk for substance use disorders (SUD) and death by suicide.

Source: SHADAC 2020, Simon et al. 2018, CMS 2015.

Background, cont.

- Access to home and community-based behavioral health services can prevent children and adolescents from being removed from their homes, schools, and communities.
- Such services improve clinical and functional outcomes, school attendance, and other measures of well-being, and reduce suicide attempts and contacts with law enforcement.
- Home and community-based behavioral health services are often not available to children and adolescents with significant mental health needs and their families.

Multiple Agencies Serve Children and Adolescents with Significant Mental Health Conditions

- Addressing the needs of children and adolescents with mental health conditions requires collaboration with multiple partners:
 - Centers for Medicare & Medicaid Services (CMS)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Administration for Children and Families (ACF)
 - Various state and local authorities, including behavioral health, child welfare, and juvenile justice agencies

Federal Requirements Affect Access to Mental Health Care

- Medicaid must cover medically necessary health services for enrollees under age 21 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- The State Children's Health Insurance Program (CHIP) must cover behavioral health services.
- Services to individuals with disabilities, including those with serious mental health conditions, must be provided in the most integrated setting appropriate to their needs.

Unmet Need for Mental Health Services

- The problem is particularly acute for those with significant mental health conditions.
 - In 2018, only half of adolescents enrolled in Medicaid who experienced a past year MDE received treatment.
 - Among those with MDE with severe role impairment, only 60 percent received treatment.
 - Black beneficiaries with MDE with severe role impairment were less likely to receive treatment than their white counterparts.
- Unmet need has been exacerbated by effects of COVID-19.

Source: SHADAC 2021, SHADAC 2020.

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Access to Home- and Community-Based Services

- Children and adolescents with significant mental health conditions often lack access to services that help prevent hospitalization and the use of residential treatment.
- In several class action lawsuits, courts have ruled that states have not met their obligations under EPSDT.
- In 2018, adolescents with Medicaid coverage received mental health treatment at similar rates as their peers with private coverage, but were more likely to be served in inpatient and residential settings.

Source: SHADAC 2020.

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Challenges Designing Medicaid Benefits

- Panelists noted that states face challenges in using Medicaid authorities to structure benefits for children and adolescents with significant mental health conditions.
 - Section 1915(c) waivers are rarely used for individuals with behavioral health conditions.
 - Section 1915(i) state plan authority can be difficult to use.
- States could benefit from additional guidance and technical assistance to expand access to home and community-based behavioral health services.

Policy Options

Policy Option 1: Additional Guidance

- The Secretary of Health and Human Services should direct the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families to issue joint subregulatory guidance that addresses the design and implementation of benefits for children and adolescents with significant mental health conditions covered by Medicaid and the State Children's Health Insurance Program.

Policy Option 1: Rationale

- Updated guidance could facilitate state adoption of services that permit children and adolescents with significant mental health conditions to live in their communities and avoid institutional placements.
- Guidance issued in 2013 is now out of date.
- New guidance could identify evidence-based services, promote coordination with other child-serving agencies, and detail relevant Medicaid authorities.
- In developing guidance, the Secretary should involve all relevant agencies, including CMS, SAMHSA, and ACF.

Policy Option 2: Technical Assistance and Planning Support

- The Secretary of Health and Human Services should direct a coordinated effort by the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families to provide education and technical assistance to states on improving access to home and community-based behavioral health services for children and adolescents with significant mental health conditions covered by Medicaid and the State Children's Health Insurance Program. Additionally, the Secretary should examine options to use existing federal funding to support state-level activities to improve the availability of these services.

Policy Option 2: Rationale

- Technical assistance and planning support could assist states in:
 - Establishing cross-agency partnerships;
 - Engaging beneficiaries, plans, providers, and other stakeholders;
 - Designing a new Medicaid benefit package; and
 - Addressing needs for additional staff or consultant support.
- Congress has increased funding for the Mental Health Services Block Grant, a portion of which must be used to enhance services for children and adolescents with significant mental health conditions.
 - The Secretary could use this funding, and grant award requirements, to support planning efforts with state Medicaid and other relevant agencies.

Next Steps

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



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