

Mental Health and SUD: Opportunities in Health Reform

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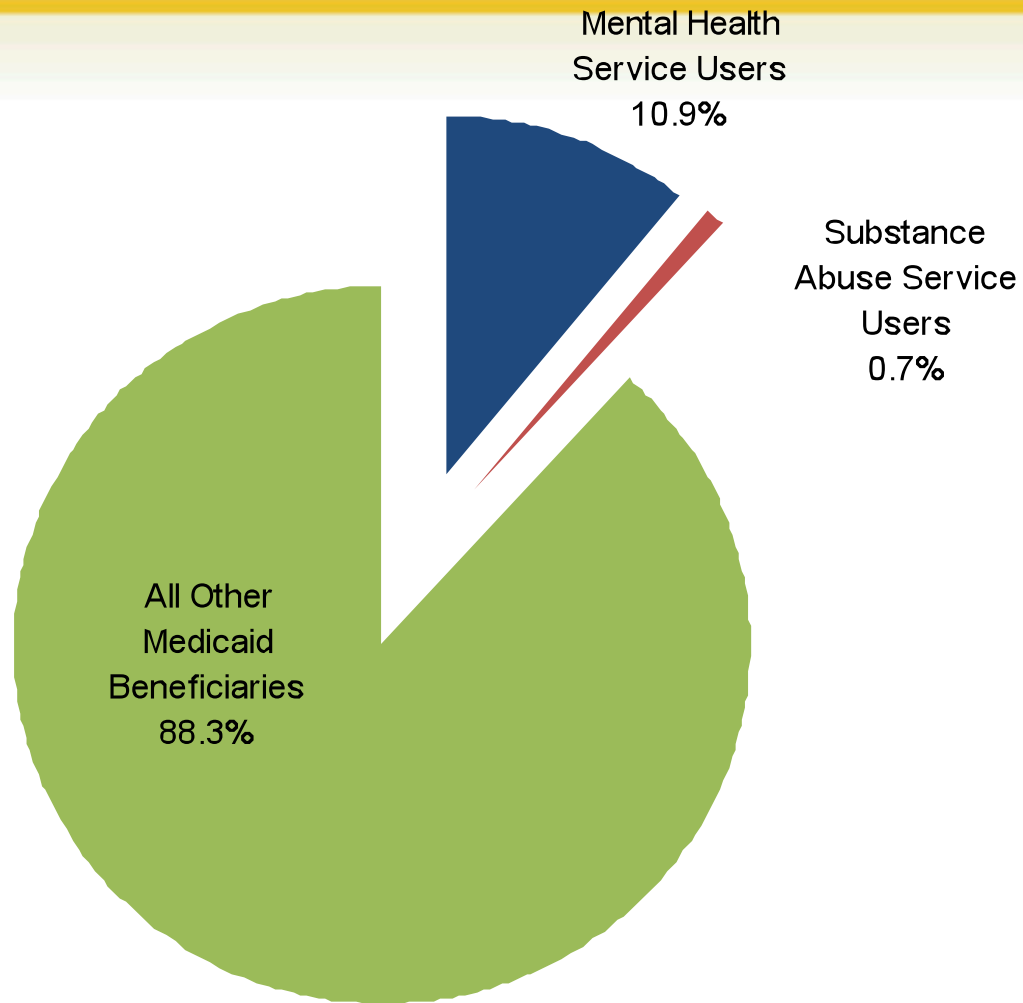
September 30, 2010



CMCS and Behavioral Health

- Medicaid is the largest payer for mental health services in the United States
- In 2007, Medicaid funding comprised 58% of State Mental Health Agency revenues for community mental health services
- Comprehensive services available through Medicaid; many are optional under Medicaid so state's have considerable flexibility in benefit design

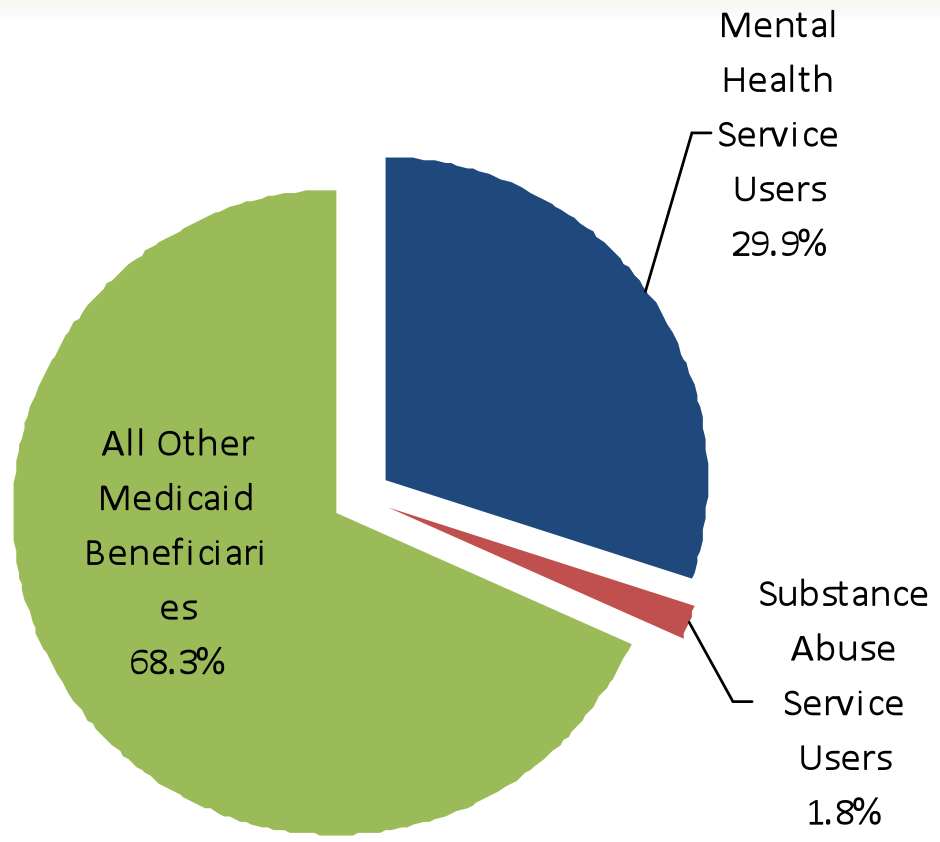
Medicaid MH/SA Service Users



Source: SAMHSA



Medicaid Expenditures for MH/SA Service Users



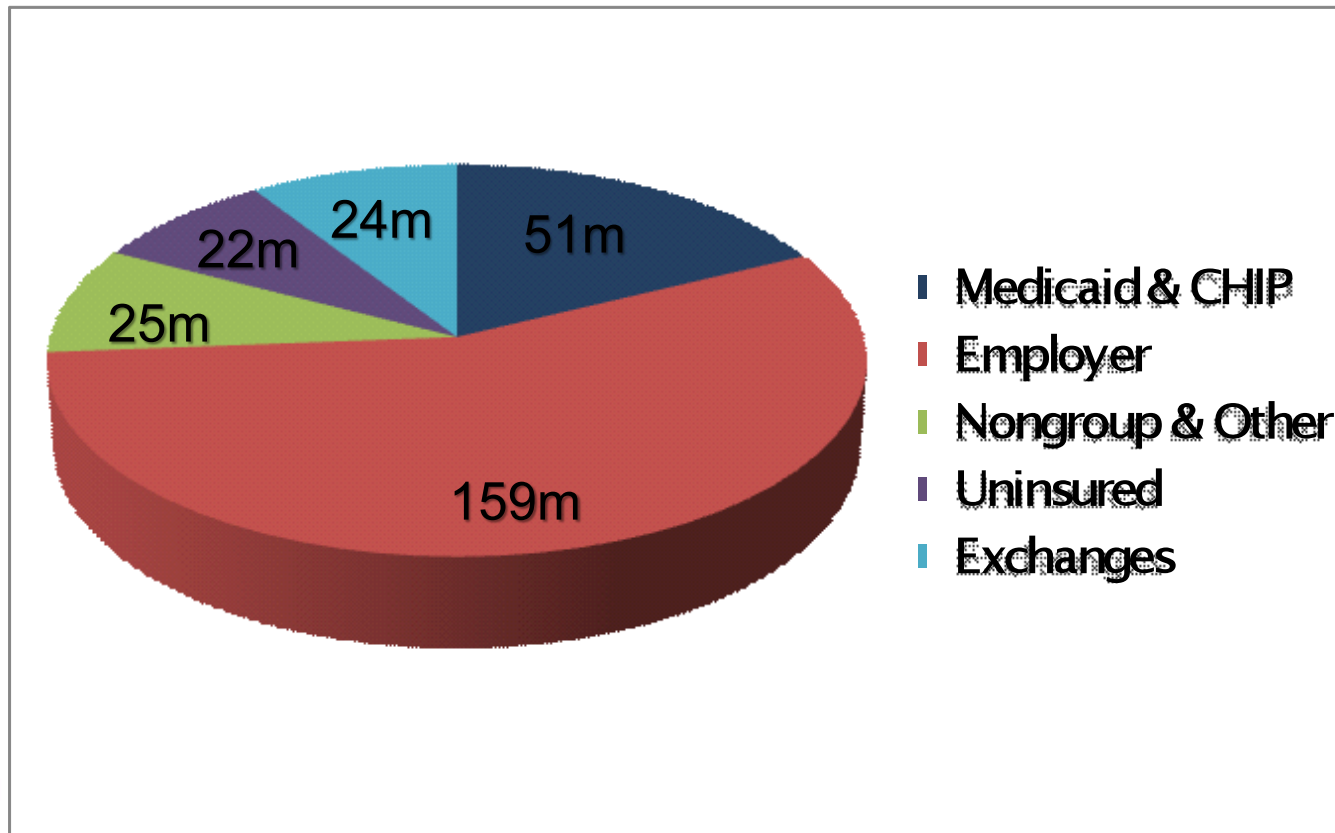
Source: SAMHSA



MH/SUD: DEHPG Goals

- Federal policy supports the offer of effective services and supports
- Improved integration of physical and behavioral health care
- Person-centered, consumer-directed care that supports successful community integration
- Improved accountability and program integrity to assure Medicaid is a reliable funding option

Affordable Care Act: Sources of Coverage Under Age 65 (2019)



Source: Congressional Budget Office, March 2010

Benefit Design Issues

- The new Medicaid expansion population must receive benchmark or benchmark-equivalent coverage
 - Benchmark plans: comparable to Federal Employee Blue Cross/Blue Shield Health Benefits, State's employee health insurance plan, or State's largest commercial HMO plan
 - Benchmark equivalent: Actuarially equivalent to above plans

ACA and Benchmark Plans

- In 2014, benchmark and benchmark equivalent plans must begin providing at least “essential health benefits” (section 1302 (b))
- “Mental health and substance use disorder services, including behavioral health treatment” are included as a category within “essential health benefits”
- MHPAEA/MH Parity applies
- Secretary will issue guidance

ACA: Medicaid Behavioral Health

- Provides new state plan and grant opportunities that include opportunities to address mental health and/or substance use disorder
- Implementation teams within CMCS seek to engage stakeholders
- Engagement strategies vary, based on topic, timetable

ACA: Medicaid Behavioral Health

- 1915 (i) – waiver-like services offered under State Plan Option (10-1-2010)
 - Can target populations
 - Adds additional service, income options
- Extends and expands Money Follow the Person
 - Enhanced FMAP available through 2016
 - Enables a new solicitation

ACA: Medicaid Behavioral Health

- Health home, chronic conditions (1-1-2011)
 - MH, SUD are conditions that are eligible
 - Enhanced FMAP for 8 quarters
 - State/SAMHSA collaboration
- Community First Choice (10-1-2011)
 - Enhanced FMAP for Community attendant services
- Balancing Incentives Program (10-1-2011)
 - Enhanced FMAP for HCBS for 5 years

Non-ACA Priority Provisions

- MHPAEA/Mental Health Parity - applies to Medicaid managed care plans (MCOs), CHIP State Plans, and benchmark plans
- Targeted Case Management option – final regulations
- Rehabilitation option