

# Behavioral Health Care Workforce – Opportunities in Medicaid and CHIP

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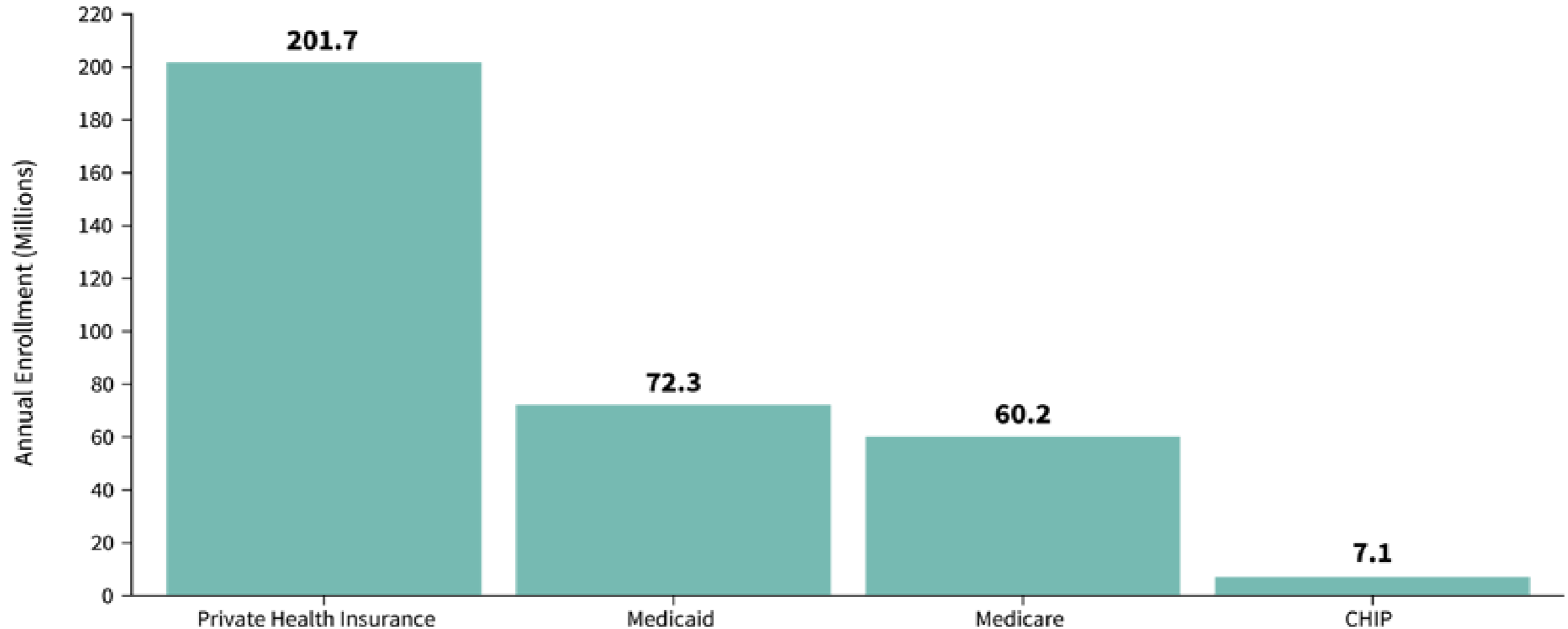
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# Overview

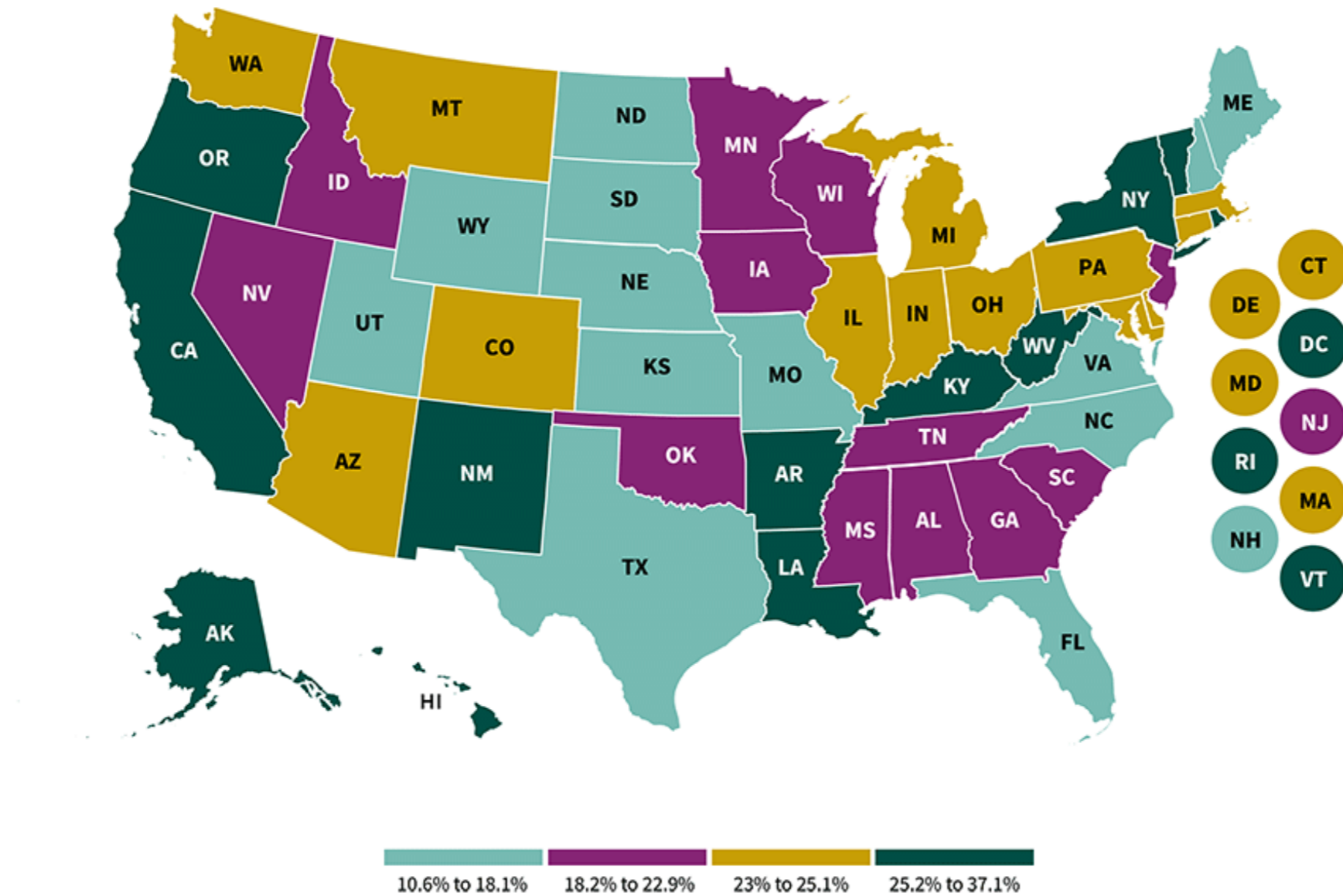
- General Background on Medicaid and CHIP
- Opportunities to Support BH Workforce in Medicaid and CHIP
  - Demonstration to Increase SUD Provider Capacity
  - Peer Supports
  - Telehealth
  - American Rescue Plan Medicaid Funding for Home and Community Based Services (HCBS)
  - Children's Behavioral Health and Support for School-based Services
  - Section 1115 Demonstration Example

# Overview of Enrollment by Payer



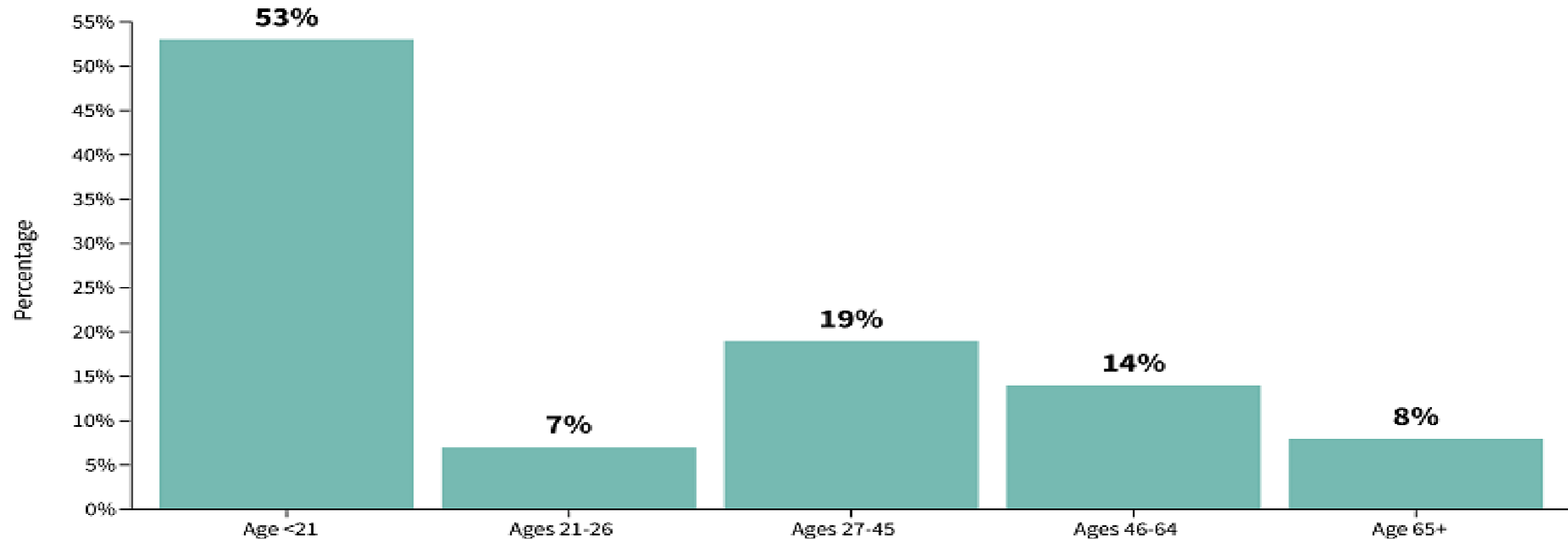
Source: [National Health Expenditures Account Data, Calendar Year 2019](#)

# Percent of Population Enrolled in Medicaid or CHIP



Source: The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing Medicaid and CHIP enrollment by estimates of each state's population. Medicaid & CHIP enrollment data come from [Updated July 2020 Applications, Eligibility, and Enrollment Data](#). Estimates of each state's population come from [U.S. Census Bureau. Estimates of the Total Resident Population and Resident Population for the Nation, States, Counties, and Puerto Rico \(Vintage 2020 population estimate\)](#).<sup>14</sup>

# Share of Medicaid and CHIP Population by Age

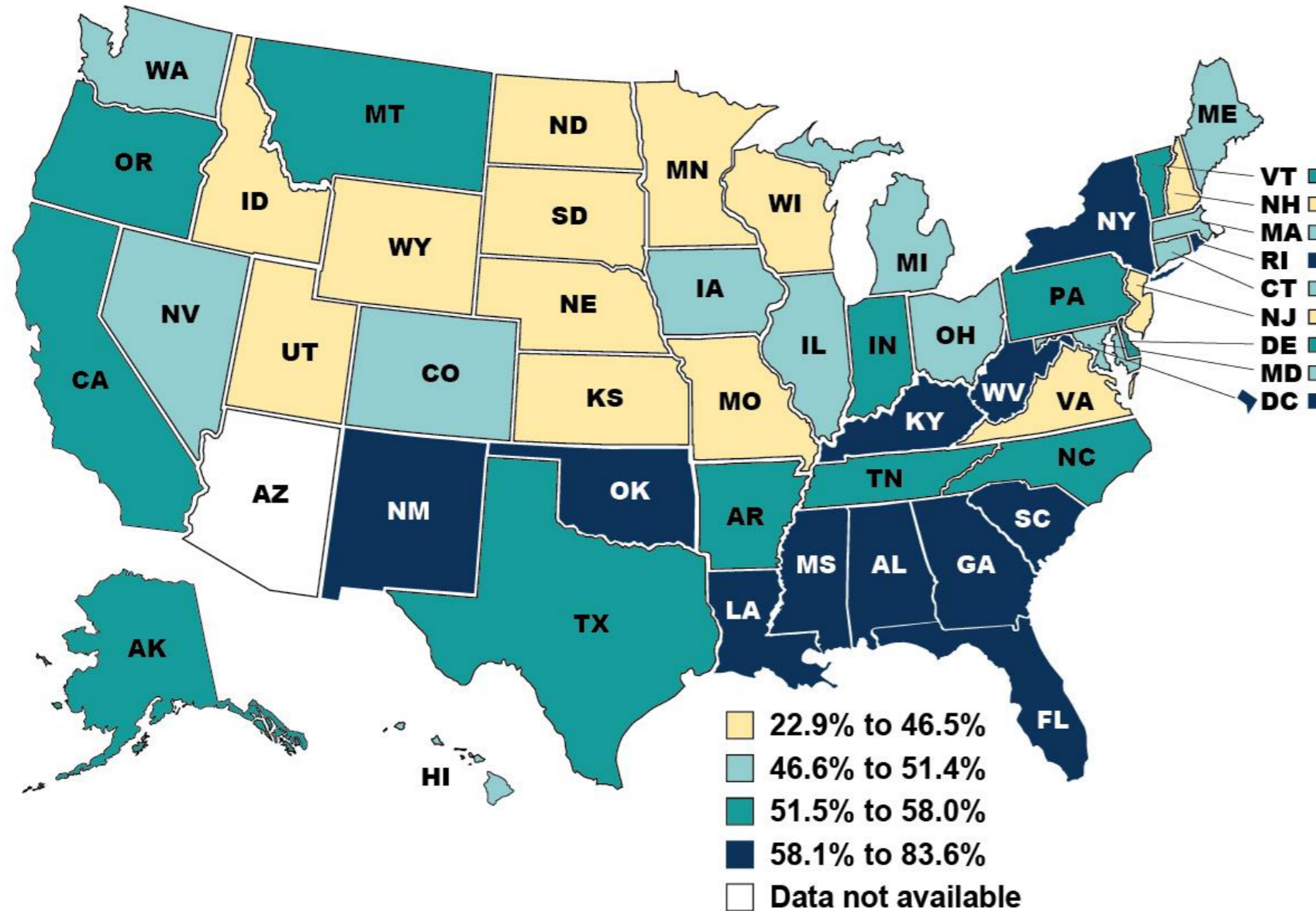


Source: Analysis of calendar year 2020 T-MSIS Analytic Files, v 5.0

Notes: The share of Medicaid & CHIP Population by Age includes individuals who are eligible for full-scope Medicaid or CHIP benefits.

# Percentage of Child Population Enrolled in Medicaid or CHIP, by State, December 2020

Population: Beneficiaries up to age 19 with full Medicaid or CHIP benefits



## Notes:

Enrollment in Medicaid or CHIP represents individuals who are eligible for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning only benefits, and emergency services due to alien status. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP child enrollment by annual estimates of each state's resident population of children. Children enrolled in Medicaid or CHIP in each state include children and adolescents up to age 19. Estimates of each state's resident population include children under age 18. AZ did not report age-specific enrollment data to CMS or the data did not align with CMS's specifications. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

## Sources:

CMS. Updated December 2020 Applications, Eligibility, and Enrollment Data (as of November 10, 2021).

## Available at:

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>

U.S. Census Bureau. 2020 Census Redistricting Data (Public Law 94-171). Tables P1 and P3. Available at: <https://data.census.gov/cedsci/all?q=&y=2020&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29>



# Demonstration to Increase SUD Provider Capacity



Grantees

\*Grantees Selected for the Post-Planning



# Peer Support Guidance

## State Medicaid Director Letter (SMDL #07-011)

- Issued August 2007
- Responsive to growth of evidence-based models of care utilizing peers
- Acknowledged States' interest in covering peer supports as a distinct provider type for counseling and other support services
- Confirmed states have the option to offer peer support services as part of mental health and substance use service delivery
- Affirmed State Medicaid Agencies have authority to determine critical aspects of how peer supports are covered (e.g., delivery system, medical necessity criteria, and amount, scope, and duration)



# Peer Support Guidance

- **Supervision**

- Must be provided by a competent mental health professional as defined by the State
  - For example, states have identified licensed SUD counselors or senior peer support specialists as supervisors of peers
- Can vary by State depending on State Practice Acts, degree of experience of the peer, and service mix – ranging from direct oversight to periodic care consultation

- **Care coordination**

- Peer services must be coordinated as part of an individualized, goal-oriented plan of care
- States should utilize person-centered planning with engagement and empowerment tools to insure these plans of care reflect the needs and preferences of participants

- **Training and Credentialing**

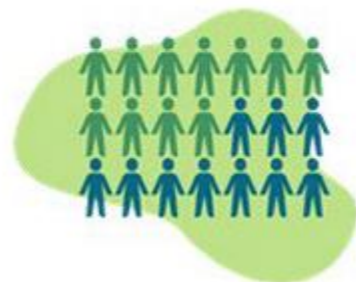
- Peer support providers must complete training and certification defined by the State
- Training must provide basic competencies to perform peer support services
- Peers must have lived experience and demonstrate the ability to support the recovery of others
- Ongoing continuing education requirements for peer support providers must be in place

# Medicaid FFS Payments for Services Via Telehealth

CMCS Guidance on Medicaid.gov page on Telemedicine Page:

- “States may pay a qualified physician or other licensed practitioner at the distant site (the billing provider) and the state’s payment methodology may include costs associated with the time and resources spent facilitating care at the originating site. The billing provider may distribute the payment to the distant and originating sites.”
- “Medicaid guidelines require all providers to practice within the scope of their State Practice Act. States should follow their state plan regarding payment to qualified Medicaid providers for telehealth services.”
- “States may also pay for appropriate ancillary costs, such as technical support, transmission charges, and equipment necessary for the delivery of telehealth services. A state would need an approved State plan payment methodology that specifies the ancillary costs and circumstances when those costs are payable.”

# American Rescue Plan Medicaid Funding for HCBS: Overview of State Spending Plans



## \$2,606 Additional Spending per Beneficiary

On average, states plan to spend an additional **\$2,606** for home and community-based services (HCBS) per beneficiary on activities that enhance, expand, or strengthen HCBS.

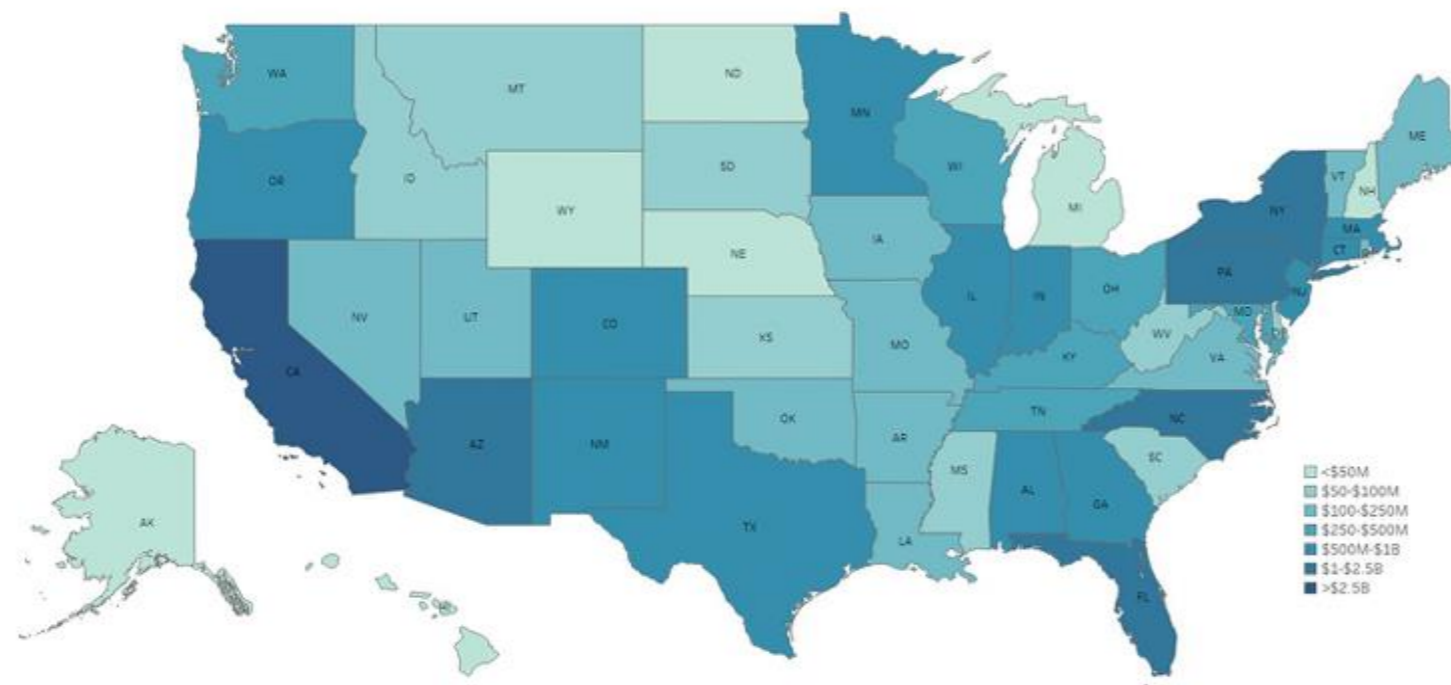


## CMS Has Approved All States' Spending Plans

All states can claim the 10 percentage point HCBS FMAP increase from April 1, 2021 to March 31, 2022<sup>1</sup>

## Total of \$25B in Planned Spending Across States

According to states' spending plans submitted to CMS, each state plans to spend between **\$31.6 million** and **\$4.63 billion** in state and federal funds on activities that enhance, expand, or strengthen HCBS under Medicaid. These amounts will change as states further plan and implement their activities under ARP section 9817.



<sup>1</sup> For some states, CMS has asked the state to provide additional information before one or more proposed activities to enhance, expand, or strengthen HCBS in the state's spending plan and narrative can be approved, and/or has identified an activity that is not approvable under ARP section 9817. For all states, the approval to claim the FMAP increase is based upon the state's continued compliance with program requirements as stated in State Medicaid Director Letter #21-003 - <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

# Recent CMS Guidance on Children's BH

## CMCS Informational Bulletin: “ **Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth**”(August 18, 2022)

“States have broad flexibility to utilize a provider network with a range of different qualifications that can best meet the disparate needs of children and youth”

“Recognize an array of providers who together can maximize beneficiary access to needed behavioral health services, including school-based providers.”

“Eliminate administrative barriers to providers enrolling in Medicaid and CHIP”

“Support Project ECHO (Extension for Community Healthcare Outcomes) training to build capacity to address children and youth behavioral health care needs by pediatricians, as well as other health care providers”

“Increase Integration of Behavioral Health and Primary Care - Participate in the Pediatric Mental Health Care Access program”

# School-Based Services and Medicaid

- CMCS Informational Bulletin: “**Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services**” (August 18, 2022)
- Bipartisan Safer Communities Act calls for development of –
  - **Updated guidance on Medicaid claiming for school-based administrative and services costs**
  - **A technical assistance center** in collaboration with the Department of Education to help states advance Medicaid coverage of school-based health services including mental health and substance use disorder services
  - **\$50 million in grants states to help improve Medicaid coverage of school-based services**

# Section 1115 Demonstration Example

## Massachusetts Sec. 1115 Demo (approved Sept. 28, 2022)

- “provider workforce recruitment and retention activities, specifically primary care and behavioral health provider student loan repayment programs “
- “increase . . . network provider payment rates by at least two percentage points [for behavioral health, primary care and obstetrics]. . . if the average Medicaid to Medicare provider payment rate ratio . . . is below 80 percent.”

# Discussion

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