

**MEDICAID**



NATIONAL ASSOCIATION OF MEDICAID DIRECTORS

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***BEHAVIORAL***

***HEALTH***

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# EXECUTIVE SUMMARY



The COVID-19 public health emergency, its economic fallout, and longstanding racial and ethnic inequities are affecting the nation’s mental health and wellbeing. These crises are also destabilizing the behavioral health care system, making it more difficult to meet the increased behavioral health needs of the population. Medicaid and CHIP, as the insurance provider for more than 77 million individuals, including many with complex physical and behavioral health needs, will play a vital role in supporting the recovery of our nation.<sup>2</sup> This framework, crafted by an Executive Working Group of Medicaid leaders and national behavioral health experts convened by the National Association of Medicaid Directors, offers states options to consider to promote the health and wellbeing of members and expand access to behavioral health services. It includes strategies along a continuum of need, ranging from upstream prevention and health promotion for all Medicaid beneficiaries to increasing access to behavioral health treatment for unique subpopulations in Medicaid.

## ALL MEDICAID MEMBERS

	STRATEGIC OPTIONS	ACTION ITEMS
	<p><b>Advance prevention by promoting mental health and wellbeing</b></p> <ol style="list-style-type: none"> <li>1. Support mental health promotion and primary prevention.</li> <li>2. Increase awareness of and linkages to other social services and supports.</li> </ol>	<ul style="list-style-type: none"> <li>• Screen members for social risk factors - or direct plans or providers to conduct this screening - and make referrals to needed supports.</li> </ul>
	<p><b>Streamline eligibility for services</b></p> <ol style="list-style-type: none"> <li>1. Simplify or relax requirements for assessments.</li> <li>2. Move away from diagnostic and utilization criteria for service eligibility.</li> </ol>	<ul style="list-style-type: none"> <li>• Temporarily suspend assessments and/or provide a grace period for them.</li> <li>• Form a workgroup to review policies and assessments.</li> <li>• Eliminate or add flexibility to state requirements for a child to have a diagnosis before accessing behavioral health services.</li> <li>• Check for racial bias in instruments and clinical quality measures.</li> <li>• Incentivize treatment, not just screenings, and align treatment with identified needs and social risk factors.</li> </ul>
	<p><b>Continue to promote integration of physical and behavioral health services</b></p> <ol style="list-style-type: none"> <li>1. Incentivize screening and referrals between primary care and behavioral health providers.</li> <li>2. Advance integrated care delivery models.</li> </ol>	<ul style="list-style-type: none"> <li>• Incentivize plans and providers to advance behavioral health screening and referrals in primary care.</li> <li>• Make sure screening and referrals are bi-directional.</li> <li>• Encourage consultation between behavioral health and primary care providers.</li> <li>• Work in partnership with stakeholders to identify integrated care models.</li> <li>• Remove barriers to co-location and integration of physical and behavioral health care.</li> </ul>

<sup>1</sup>September 2020 Medicaid & CHIP Enrollment Data Highlights. Centers for Medicare and Medicaid Services. January 2021.

# EXECUTIVE SUMMARY



## ALL MEDICAID MEMBERS [CONTINUED]

	STRATEGIC OPTIONS	ACTION ITEMS
	<b>Build a comprehensive approach to addiction treatment</b>	
	1. Prevent addiction by addressing the root causes.	<ul style="list-style-type: none"> <li>Leverage evidence-based early child development and family support.</li> <li>Incentivize trauma-informed care.</li> </ul>
	2. Increase access to community-based care.	<ul style="list-style-type: none"> <li>Expand medication assisted treatment (MAT).</li> <li>Leverage telehealth to increase access to substance use disorder treatment.</li> <li>Create e-consult support for primary care.</li> </ul>
	3. Increase access to specialized inpatient services as one component of comprehensive addiction treatment.	
	4. Provide recovery supports.	<ul style="list-style-type: none"> <li>Cover peers and family peer specialists for all members with an addiction.</li> <li>Provide support or incentivize plans to provide support to help people stay in recovery.</li> </ul>
	<b>Strengthen and broaden crisis response systems</b>	
	1. Connect individuals in crisis with appropriate care.	<ul style="list-style-type: none"> <li>Leverage and support crisis hotlines for Medicaid members.</li> </ul>
	2. Ensure the right responders are dispatched to a crisis.	<ul style="list-style-type: none"> <li>Implement mobile crisis teams (MCTs).</li> <li>Implement co-responder models.</li> </ul>
	3. Develop specialized settings to support individuals in crisis.	


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# EXECUTIVE SUMMARY




## INDIVIDUALS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

	STRATEGIC OPTIONS	ACTION ITEMS
	<ol style="list-style-type: none"> <li>1. Use crisis services to prevent incarceration.</li> <li>2. Eliminate gaps in care that occur during the transition out of the criminal justice system.</li> </ol>	<ul style="list-style-type: none"> <li>• Ensure individuals who encounter the criminal justice system stay connected to Medicaid.</li> <li>• Direct health plans or providers to conduct in-reach.</li> <li>• Explore opportunities for Medicaid to cover services pre-release.</li> </ul>

## CHILDREN

	STRATEGIC OPTIONS	ACTION ITEMS
	<ol style="list-style-type: none"> <li>1. Remove barriers to behavioral health services for children and their caregivers.</li> <li>2. Develop a comprehensive strategy to support family emotional health and stability.</li> </ol>	<ul style="list-style-type: none"> <li>• Eliminate or add flexibility to requirements that children have a behavioral health diagnosis before they can access behavioral health services.</li> <li>• Address any policy barriers that prevent children and caregivers from receiving services together.</li> <li>• Remove or modify cumbersome prior authorization, service location requirements, or service limitations for behavioral health services.</li> </ul>

## OLDER ADULTS

	STRATEGIC OPTIONS	ACTION ITEMS
	<ol style="list-style-type: none"> <li>1. Respond to the immediate health needs of older adults.</li> <li>2. Transform behavioral health care for older adults.</li> </ol>	<ul style="list-style-type: none"> <li>• Ensure access to care.</li> <li>• Support resilience of older adults.</li> <li>• Assess and respond to immediate resource needs.</li> <li>• Incentivize evidence-based approaches to improved care.</li> <li>• Develop quality expectations and value-based payment arrangements for providers and health plans.</li> </ul>



# EXECUTIVE SUMMARY



## INDIVIDUALS WITH INTELLECTUAL & DEVELOPMENTAL DISABILITIES

	STRATEGIC OPTIONS	ACTION ITEMS
	1. Understand the needs of the population.	<ul style="list-style-type: none"> <li>• Leverage data from providers, plans, and other state agencies.</li> <li>• Engage stakeholders to identify challenges and potential solutions.</li> </ul>
	2. Ensure primary supports for stability.	<ul style="list-style-type: none"> <li>• Enhance direct care workforce capacity.</li> <li>• Expand respite care coverage.</li> <li>• Enhance case management.</li> </ul>
	3. Enhance behavioral health treatment for individuals with ID/DD.	<ul style="list-style-type: none"> <li>• Incentivize collaboration between ID/DD and behavioral health providers.</li> <li>• Support specialized crisis services that can be tailored to those with ID/DD.</li> </ul>

## INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY

	STRATEGIC OPTIONS	ACTION ITEMS
	1. Connect individuals and families experiencing homelessness or housing instability to Medicaid coverage.	<ul style="list-style-type: none"> <li>• Perform a review of all enrollment processes.</li> <li>• Connect data across agencies.</li> </ul>
	2. Identify members who may be experiencing homelessness or housing instability.	<ul style="list-style-type: none"> <li>• Identify and use address markers in enrollment and encounter data that may indicate an individual or family is homeless.</li> <li>• Regularly match Medicaid enrollment or claims data with other data sources, like state homeless management information systems.</li> <li>• Encourage or require plans or providers to screen members for their risk of housing instability.</li> </ul>
	3. Help members achieve and maintain housing through supportive housing.	
	4. Tailor services to the unique health care needs of this population.	<ul style="list-style-type: none"> <li>• Work closely with Health Care for the Homeless Health Centers.</li> <li>• Implement care management services for individuals or families experiencing homelessness.</li> </ul>