Federal Medicaid Goals for Behavioral Health

• Federal policy supports the offering of effective services and supports
• Improved integration of physical and behavioral health care
• Person-centered, self-directed care that supports recovery, resiliency and successful community integration
• Improved accountability and program integrity to assure Medicaid is a reliable funding option
Key Areas

• Primary Care and Behavioral Health Integration
• Developing Strategies to Implement Parity
• Expanded Opportunities for Home and Community-Based Services
• Children and Youth with Behavioral Health Needs
Major emphasis is the development of Health Home under Section 2703.

- improved quality of care/outcomes for individuals;
- improved experience of care for beneficiaries;
- reduction in hospital admissions and readmissions;
- reduction in ER use;
- less reliance on LTC facilities and
- reduction in overall health care costs.

Working closely with SAMHSA and HRSA
Status of Health Home SPAs

States with Approved SPA as of March 2012:
- Missouri (two Approved SPAs)
- Rhode Island (two Approved SPAs)
- New York
- Oregon

States with SPAs on the Clock:
- North Carolina
- Iowa
- Alabama

Draft Proposals:
Ohio, Oklahoma, West Virginia, Maine, Idaho
Parity

- Developing Guidance regarding the Mental Health Parity and Addictions Equity Act.
  - Benchmark
  - CHIP
  - Medicaid managed care
Section 1915 (i)

- State option to offer waiver-like HCBS under state plan
- Breaks “eligibility link” for HCBS with institutional level of care
- 1915(i) was modified through the ACA, effective October 1, 2010
  - Allows waiver of comparability, expands service definitions
  - Eliminates ability to “cap” enrollment or waive statewideness
- Regulation was posted May 3rd for public comment
Services for Children and Youth

- EPSDT Screening
- Good Behavioral Health Benefits and Payment
- Caregiver Supports
- Focus on Services for Children in Foster Care (ACYF and SAMHSA)
- Psychotropic Medication Use and Children in Foster Care
- Quality Measures
SMD Letters and Regulations

- Medicaid Prescription Drug Rebates: SMD 10006, SMD 10019
- Community Living Initiative (Olmstead Tool Kit): SMD 10008
- Money Follows The Person Extension: SMD 10012
- 1915(i): SMD 10015;
- Concurrent Hospice Care for Children: SMD 10018
- 5yr Approval/Renewal Period: SMD 10022
• Health Homes for Enrollees w/ Chronic Conditions: SMD 10024
• Code of Regulations Rx AMP Withdrawal: CMS-2238-P2
• Final Rule: Community First Choice CMS-2337-F
• Notice of Proposed Rulemaking: Home and Community-Based State Plan Benefit CMS-2249-P2
Additional Information

CMS: Community Services and Long-Term Supports

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Long-Term-Services-and-Support.html

State Medicaid Director Letters


MFP Technical Assistance Website

http://mfp-tac.com/
Additional Information

• Health Homes information on Medicaid.gov
  http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Health-Homes/Health-Homes.html

• Health Homes State Medicaid Director Letter
  http://www.medicaid.gov/SMDL/SMD/list.asp

• Health Homes mailbox for any questions or comments
  healthhomes@cms.hhs.gov

• Health Homes Technical Assistance Website
  http://www.integratedcareresourcecenter.com/healthhomes.asp