NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.

www.TheNationalCouncil.org

National Council for Behavioral Health

Medicaid Expansion

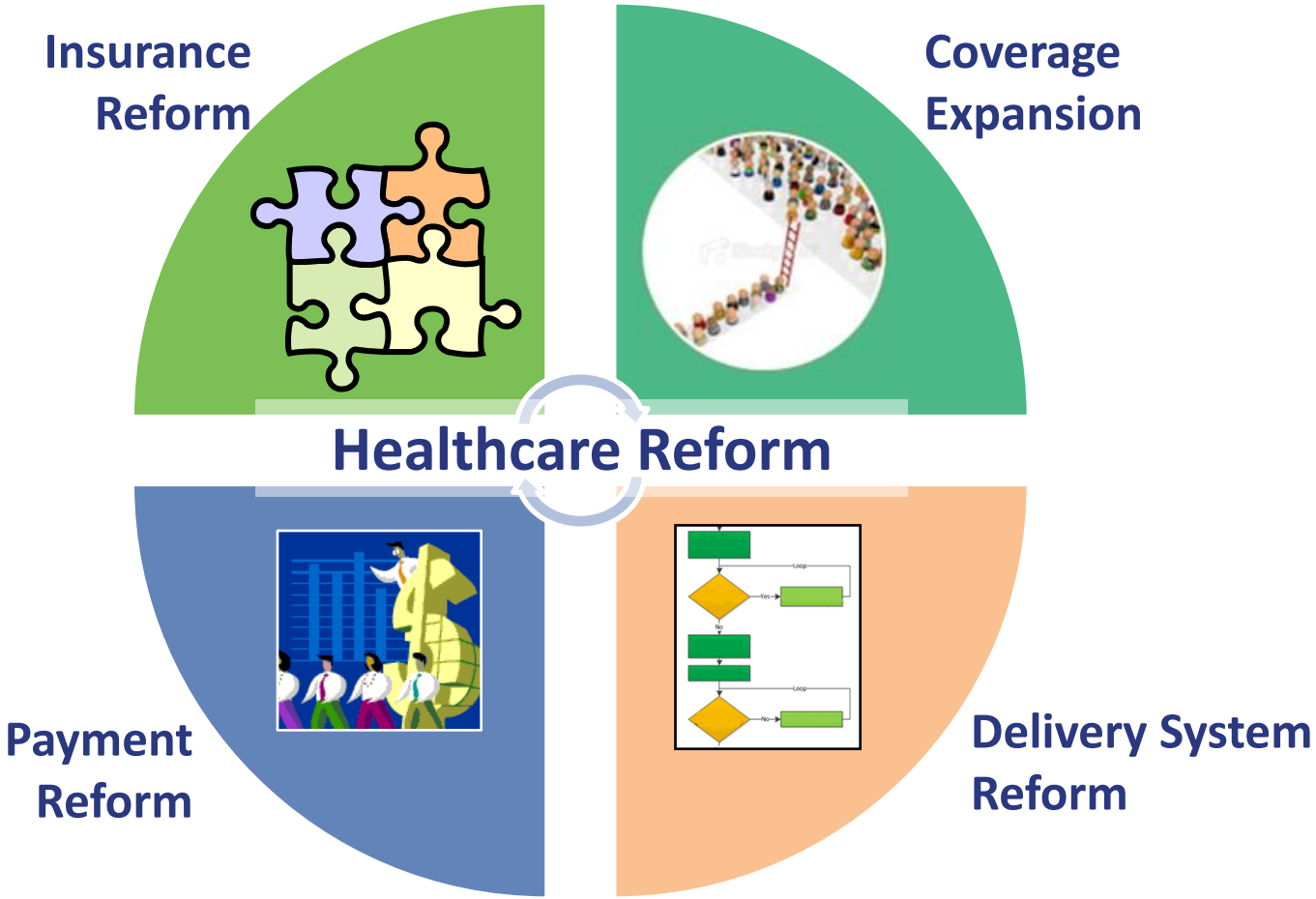
Chuck Ingoglia, Senior Vice President, Public Policy & Practice Improvement

June 23, 2014

Contact: Communications@TheNationalCouncil.org

202.684.7457

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID



Contact: Communications@TheNationalCouncil.org
202.684.7457

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Medicaid Expansion Not Mandatory for States

But Federal Subsidy Amounts Depend on Whether States Opt in

Supreme Court Ruling, June 28, 2012

Limits Health and Human Services' authority to enforce Medicaid expansion; if state chooses not to implement expansion, HHS cannot withhold existing federal program funds

States left with choice to opt in or out of Medicaid expansion:

Opt In to Expansion

- Individuals below 133% FPL eligible for Medicaid
- Federal government covers 100% of state's cost of covering newly eligible beneficiaries from 2014-2016
- Federal government phases down its contribution to 90% by 2020 (95% in 2017, 94% in 2018, 93% in 2019, 90% in 2020 and each year after)

Opt Out of Expansion

- Premium subsidies still available for those between 100-400% FPL
- In states that do not participate in expansion, many individuals below 100% FPL would be left without health insurance assistance

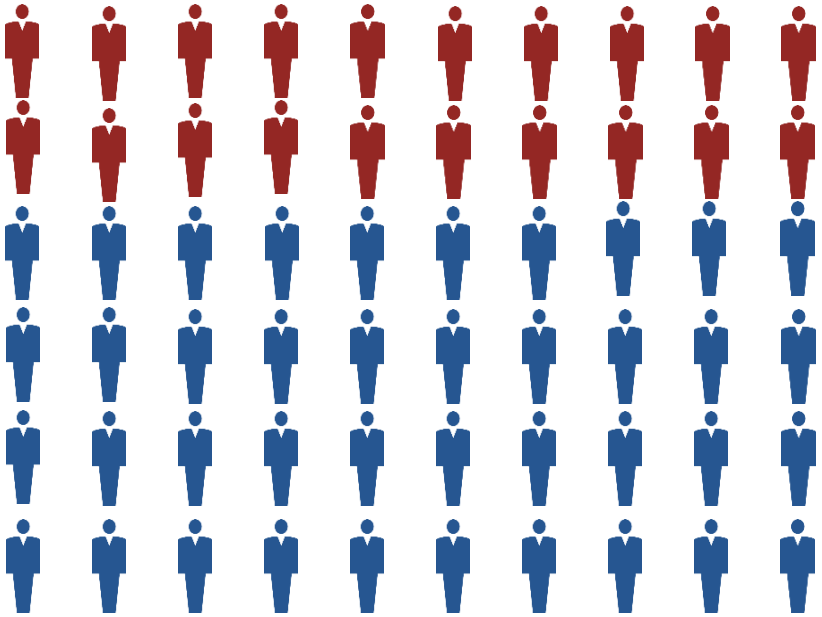
Source: John Holahan, Matthew Buettgens, Caitlin Carroll, and Stan Dorn, "The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis," Kaiser Commission on Medicaid and the Uninsured, November 2012.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Cost of Private Insurance Model May Limit Feasibility

Person Enrolled in Exchanges Costs Estimated 50% More than Medicaid

Number of Individuals Covered by $360K in Federal Spending in 2022, Insurance Exchanges vs. Medicaid Expansion



For every two individuals covered through health insurance exchanges, same cost would cover three individuals under Medicaid

Individuals covered if funding goes towards health insurance exchanges

Additional individuals covered if funding goes towards Medicaid

Analysis

- CBO estimates average person enrolled in insurance exchanges will cost $9K; enrolled in Medicaid will cost $6K in 2022
- Private plans may cover fewer benefits than Medicaid; states would be responsible for paying the difference
- HHS said plan must be shown to be comparable to Medicaid and cost-effective for federal government
- HHS said if states want to make private coverage a requirement rather than option, must apply for waiver

Contact: Communications@TheNationalCouncil.org
202.684.7457

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Essential Health Benefits

- Essential benefits include mental health and substance use treatment
- Applies to Exchanges & new Medicaid enrollees
- MH and SUD must be offered at parity with medical/surgical benefits

This means…

- …Most members of the safety net will be eligible for insurance coverage that includes MH/SUD

Contact: Communications@TheNationalCouncil.org
202.684.7457

New Sources of Payment for MH/SA

Type of Plan	Before ACA	After ACA
Traditional Medicaid, managed care	State option	Yes
Traditional Medicaid, fee-for-service	State option	State option
Large group market	No	Yes
Small group market	No	Yes
Individual market (not sold in the Exchanges)	N/A	Yes
Plans sold in Exchanges	N/A	Yes
Benchmark Medicaid for newly eligible, FFS	N/A	Yes
Benchmark Medicaid for newly eligible, mgd care	N/A	Yes

Contact: Communications@TheNationalCouncil.org
202.684.7457

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Medicaid Benefits: Benchmark vs. Traditional

- **Most newly eligible people will be enrolled in benchmark plans**
- **Exemptions for:**
  - ✓ Blind or disabled individuals, **regardless of SSI eligibility**
  - ✓ Dual eligibles
  - ✓ Inpatients in a hospital, nursing facility, or ICF-MR
  - ✓ Medically frail and special needs individuals (includes people with disabling mental disorders, children with serious emotional disturbances, and individuals with substance use disorders)
- **Health reform also includes important improvements to benchmark benefits (e.g. parity, minimum required benefits)**
- **Consumers & advocates will have to decide whether benchmark or traditional coverage best meets their needs**
- **States will need to develop processes to identify individuals who have a disabling mental disorder or functional impairment**

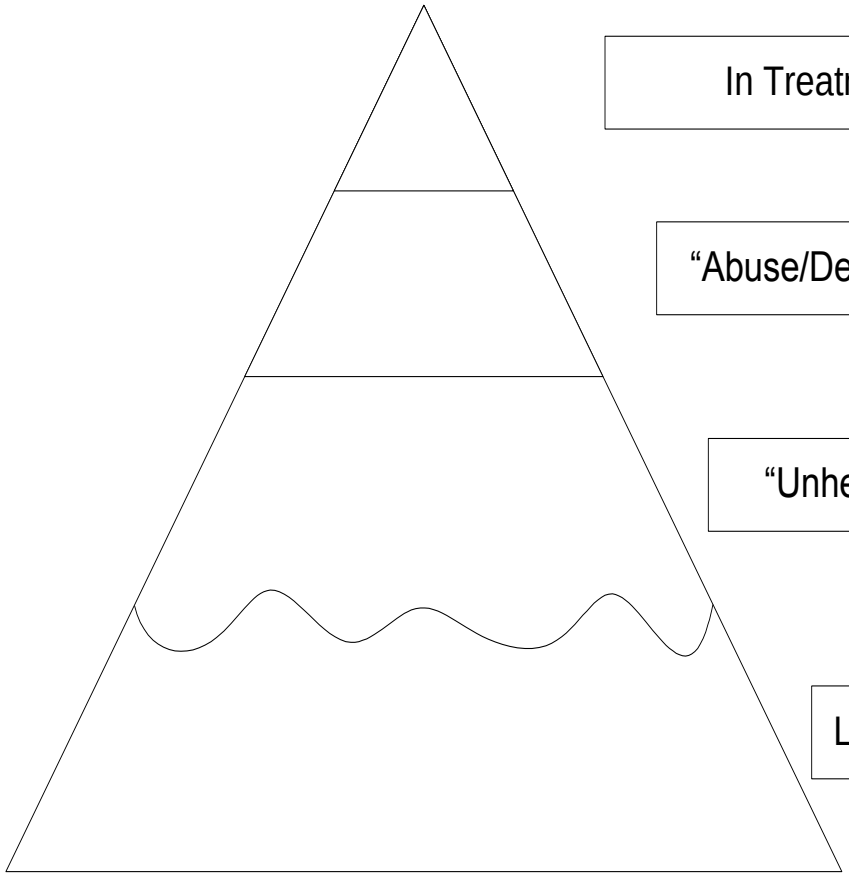
Contact: Communications@TheNationalCouncil.org
202.684.7457

Treatment Needs

In Treatment: 2.3 million

Not in Treatment:
Tens of millions (McClellan)
21%+ (Willenbring)

The potentially unidentified in need of treatment



Tom McClellan, Treatment Research Institute (TRI)

Service Delivery Changes

Substance Use Treatment and prevention services are a key component of the future of health care…

Recommended screens from USPSTF

- Alcohol Misuse Screening and Behavioral Counseling Interventions (B rating for adults)
- Tobacco Use and Tobacco-Caused Disease, Counseling and Intervention (A rating)
- HIV screening (A rating for those at increased risk and pregnant women)

Medicaid options for SUD conditions?

- **Targeted Case Management**
- **Intensive Outpatient Treatment**
- **Supported Employment**
- **Crisis Stabilization**
- **Other?**

Assessing the Evidence Base Series

Assessing the Evidence Base for Behavioral Health Services: Introduction to the Series

May 2014

PSYCHIATRIC SERVICES
A Journal of the American Psychiatric Association

- Behavioral Management for Children and Adolescents: Assessing the Evidence Base
- Trauma-Focused CBT for Children and Adolescents: A Review of the Literature

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Assessing the Evidence Base: What works?

Service	Evidence	Effectiveness Findings
Consumer and Family Psychoeducation	High	Higher medication adherence, fewer relapses, and reduced hospitalization rates compared with control groups. Some studies found improvements in social and global functioning, consumer satisfaction, and quality of life. Multifamily psychoeducation groups were associated with significantly improved problem-solving ability and a reduced burden on families
Skill Building	High	Skill building for adults demonstrates mixed but relatively positive evidence for the following outcomes: improved cognitive functioning (attention and memory), improved social and daily living skills and associated functioning in the community, reduced symptomatology and improved illness management, and reduced relapses.
Supported Employment	High	Supported employment consistently demonstrated positive outcomes for individuals with mental disorders, including higher rates of competitive employment, fewer days to the first competitive job, more hours and weeks worked, and higher wages.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Assessing the Evidence Base: What works?

Service	Evidence	Effectiveness Findings
Medication-Assisted Treatment (MAT) Buprenorphine	High	Evidence clearly shows that Buprenorphine has a positive impact compared with placebo on retention in treatment and illicit opioid use. Evidence is mixed for its impact on nonopioid illicit drug use.
Medication-Assisted Treatment with Methadone	High	Evidence clearly shows that Methadone has a positive impact on retention in treatment and illicit opioid use. Evidence is less clear but suggestive that MMT has a positive impact on mortality, nonopioid illicit drug use, drug-related HIV risk behaviors, and criminal activity. Evidence suggests that MMT has little impact on sex-related HIV risk behaviors.
Recovery Housing	Moderate	Studies consistently showed positive outcomes, but results were tempered by research design limitations. Results on the effectiveness of recovery housing suggested positive substance use outcomes and improvements in functioning, including employment and criminal activity.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Assessing the Evidence Base: What works?

Service	Evidence	Effectiveness Findings
Residential Treatment for Individuals with Substance Use Disorders	Moderate	Results for the effectiveness of residential treatment compared with other types of treatment for substance use disorders were mixed. Findings suggested either an improvement or no difference in outcomes, such as drug and alcohol use, employment, medical and social problems, psychiatric symptoms, and social support.
Substance Abuse Intensive Outpatient	High	Substance abuse IOPs demonstrate consistent evidence for the following outcomes: • Reduced drug or alcohol use from baseline to follow-up • Few differences between IOPs and inpatient programs
Permanent Supportive Housing	Moderate	Components of the model reduced homelessness, increased housing tenure, and decreased emergency room visits and hospitalization. Consumers consistently rated this model more positively than other housing models. Methodological flaws limited the ability to draw firm conclusions. Results were stronger in comparing permanent supportive housing with treatment as usual or no housing rather than w/other models.

Questions?

Chuck Ingoglia, MSW

Senior Vice President, Public Policy & Practice Improvement

ChuckI@thenationalcouncil.org

- 202-684-7457, ext. 249