

Medicaid Policy & School Mental Health:

Part 1

Presenter: Adam S. Wilk, Ph.D.

Moderator: Kellay Chapman

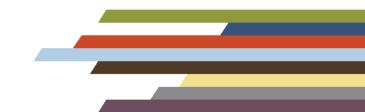
School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

November 8, 2023



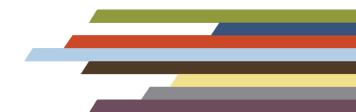


Disclosure/Disclaimer

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Services Administration (SAMHSA)

The opinions expressed herein are the views of the presenters and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.





About the Southeast Mental Health Technology Transfer Center (MHTTC)

The Southeast MHTTC is located at the Rollins School of Public Health, Emory University.

Serve states in HHS Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

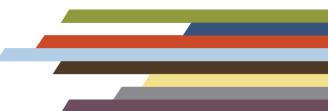
Our Vision: Widespread access to evidence-based mental health services for those in need.











Presenter



Dr. Adam Wilk

Deputy Director & Policy Lead Southeast MHTTC School Mental Health Initiative

Associate Professor

Department of Health Policy and Management,

Rollins School of Public Health, Emory University

Agenda

Learning Objectives

Medicaid
Billing
Requirement
#1: Service

Medicaid
Billing
Requirement
#2: Recipient

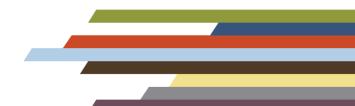
Q & A

Conclusion

Learning Objectives

1 Specify when Medicaid can be billed for school mental health services.

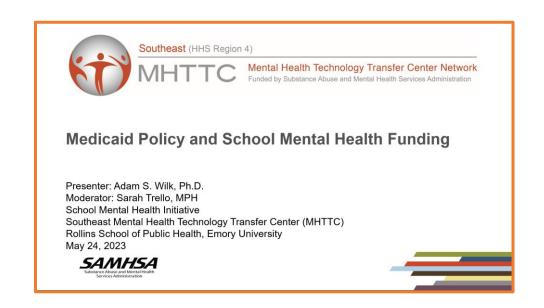
- Discuss how Medicaid policies affect who may be eligible for coverage under Medicaid and what services may be covered by Medicaid.
- Describe and distinguish the two main pathways for reforming state Medicaid eligibility and service coverage policies in support of school mental health.



May webinar & Nov.-Dec. 2-part series

The current two-part webinar series will cover similar content to our May 2023 webinar, but...

- At a slower pace
- In greater depth
- With greater emphasis on relevant contemporary policy developments and reform opportunities





POLL QUESTION #1





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SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER ROLLINS SCHOOL OF PUBLIC HEALTH, EMORY UNIVERSITY, ATLANTA, GEORGIA





Medicaid and School Mental Health Services: FAQs

In this report, we discuss how schools can finance school mental health services through Medicaid by answering some frequently asked questions.

More resources and details on Medicaid financing for school mental health services can be found in this FAQs report.

Service

Medicaid covers the service

Provider

The provider is a Medicaid-certified provider

Recipient

The student-client is enrolled in Medicaid

Setting

School is a Medicaidaccepted setting



^{*}For each requirement, key terms vary by state.

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Medicaid can pay for direct services and associated expenses of some administrative services

Direct Services

- Mandatory Services
 - E.g., EPSDT
- Optional Services
 - E.g., Telehealth

Administrative Services

- Administrative supports for direct services
- Outreach and enrollment services

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

Many school mental health-related services are optional benefits

Mandatory Services	EPSDT, Physician & nurse practitioner services, Rural health clinic & FQHC services, Transportation to medical services
Optional Services	Prescription drugs, Telehealth / telemedicine, Case management, Inpatient psychiatric services for youth (age < 21), Home and community- based services

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment;

FQHC: Federally Qualified Health Center



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EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

New Federal Guidance on Medicaid and Administrative Claiming for LEAs

The Centers for Medicare and Medicaid Services (CMS)

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

2023

"CMS strived to include every school-based services policy and mechanism to allow States and LEAs the greatest flexibilities as far as implementing and expanding school-based services."



Varies by state: Since not all services are mandatory (to be covered), different states cover different services

Where to look: State Medicaid websites usually have a section listing "covered services" or "Medicaid benefits."

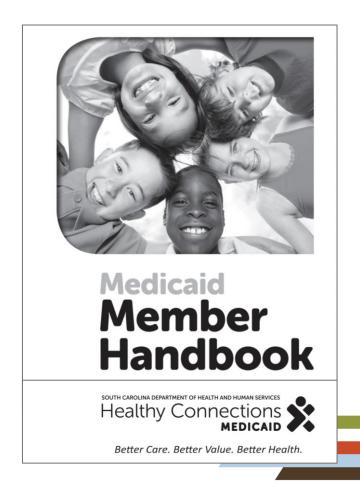
May be a website section intended to inform providers

The fine print: Some services may be covered only...

- When billed with certain diagnosis codes listed
- With prior authorization (Medicaid Managed Care)

Where to look -- Examples: Florida and South Carolina



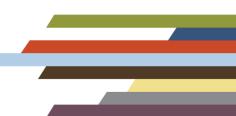




Under Medicaid, school mental health services are covered only for youth with an individualized education plan (under IDEA).



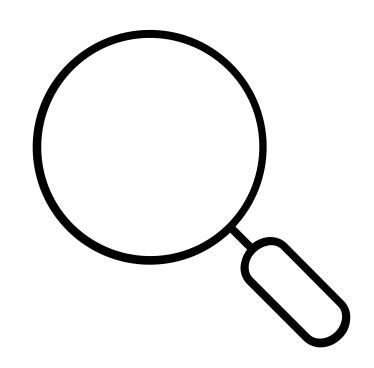
- Medicaid will cover the school-based medical and behavior health services specified in a student's IEP, so long as these services meet all standard requirements for Medicaid reimbursement.
- Whether Medicaid will cover the same services when provided in schools for students without an IEP depends on whether the state has implemented current (2014) guidance under the "Free Care Rule."
 - Tune in for Part 2 (Dec. 13) for additional info.



A Closer Look

Early and Periodic Screening,Diagnostic, and Treatment (EPSDT)

Telehealth





Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- Mandatory benefit for all Medicaid enrollees under age 21
- Covers many screenings, diagnostic services, and associated treatments



See Southeast MHTTC resource "<u>The Early and</u> <u>Periodic Screening, Diagnostic and Treatment (EPSDT)</u> <u>Medicaid Benefit</u>" for more information.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- EPSDT-covered screening services include screenings for mental health and substance use problems
 - Examples: autism screening, depression screening, tobacco, alcohol and drug use assessment
- Medicaid covers <u>ALL</u> diagnostic services and treatments that are needed to treat the conditions identified through an EPSDT screening.
 - Includes treatment services not otherwise covered by Medicaid



EPSDT services are underused because of MH workforce shortages

- LEAs may underutilize EPSDT for screening services if they believe there
 will not be any providers available nearby to treat students with identified
 MH needs (i.e., in shortage areas)
- Cycle: Inadequate screenings → Diminished \$\$ → Worsening shortages



See Southeast MHTTC resource "Why Is The EPSDT Medicaid Benefit Underutilized in Financing Schoolbased Mental Health Services?" for more information.



Efforts to expand use of EPSDT services

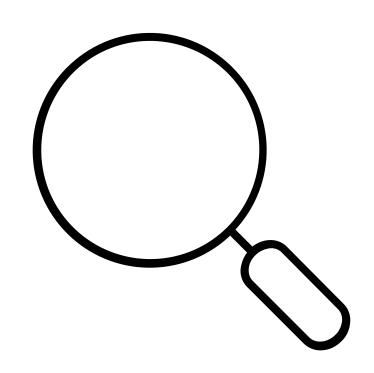
- Fall 2021: In Alabama, 8 county LEAs <u>partnered with a community</u> <u>mental health organization</u> to expand provision of EPSDT preventive mental health services in schools
- Spring 2023: <u>National Governors Association initiative</u> highlighted ongoing struggles in many states to provide preventive MH services under EPSDT alongside several proposals to expand MH workforce



A Closer Look

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Telehealth





Reforming Medicaid to better support financing of telehealth and school mental health broadly: State Plan amendments (SPAs)

State Plan -- a state-federal agreement about how the state administers Medicaid; can be amended with federal approval

By receiving approval for a <u>SPA</u>, states can change:

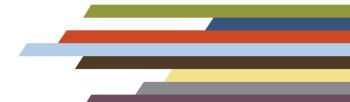
- Which services are covered
- Rules for determining Medicaid eligibility
- > Reimbursement rules (e.g., setting of services)



Reforming Medicaid to better support financing of telehealth and school mental health broadly: Medicaid waivers

State policymakers may also seek a <u>Medicaid waiver</u>: a written approval from the Centers for Medicare and Medicaid Services (CMS) to deviate from federal Medicaid requirements and explore <u>innovative program designs</u>

Different requirements than for state plan amendments (e.g., cost neutrality)



Resource: Medicaid and School Mental Health Services: FAQs

Report section discusses:

- State Plan Amendments
- Medicaid Waivers
- Legislation
- Regulatory Changes
- State Examples: implementing new federal guidance under the "Free Care Rule"



As we've noted throughout this report, every state's Medicaid program has their own requirements for reimbursing school mental health services. State and local leaders in school mental health may consider working with state Medicaid leadership to modify these requirements to improve Medicaid financing for school mental health services. Such modifications could include expanding terms of coverage, changing reimbursement processes, and adjusting fee schedules (i.e., what the state will pay for each service).

In general, state policymakers can reform their Medicaid program by: (1) passing legislation and making regulatory changes within the state, or (2) obtaining approval from the federal government for State Plan Amendments or Medicaid waivers. In some cases, a combination of these strategies may be needed to implement a given reform.

WITHIN-STATE REFORMS: LEGISLATION AND REGULATORY CHANGES
States specify their Medicaid program's covered services and eligible populations in legal statutes,



Telehealth, Telemedicine, & Telemental health

- Optional benefit for all Medicaid enrollees
- Opportunity to extend (youth) mental health provider workforce, which is in widespread shortage
- States may vary in their requirements for:
 - Reimbursement under Medicaid*
 - Reimbursement under other payers (e.g., commercial insurers)
 - Professional requirements

^{*} Different states' Medicaid programs may reimburse for some types of telehealth services but not others.

Resource: State Telehealth Policies

State Telehealth Laws and Reimbursement Policies Report

Center for Connected Health Policy (CCHP)



CCHP has prepared <u>several resources</u> to summarize state telehealth laws and Medicaid program policies. These include:

- Report
- Executive summary

- Infographic
- "Policy Finder" tool



See Mountain Plains MHTTC resources on "<u>Building</u> <u>Telehealth Capacity</u>" and many other <u>MHTTC Network</u> <u>resources on telemental health</u> for more information.



State Medicaid Policies on Telehealth Reimbursement -- States in the Southeast US

State	Live Video	Store-and- Forward	Remote Patient Monitoring	Audio-only	Orignating Site Restrictions**
Alabama	Yes	No	Yes	Yes	Yes
Florida	Yes	Yes	Yes	No	No
Georgia	Yes	Yes	No	Yes	No
Kentucky	Yes	Yes	Yes	Yes	No
Mississippi	Yes	No	Yes	No	Yes
North Carolina	Yes	Yes*	Yes	Yes	No
South Carolina	Yes	Yes*	Yes	Yes	Yes
Tennessee	Yes	No	No	Yes	Yes

^{*} For select services

Source: CCHP State Telehealth Laws and Reimbursement Policies Report, Fall 2023

^{**} May restrict reimbursement for telehealth services specifically when originating at schools

State Medicaid Policies on **Telehealth Delivery of Behavioral** Health Services

Figure 1

Behavioral Health Medicaid Policy Actions Taken to Expand Telehealth in Response to COVID-19.

n = 44 states

Expanded BH provider types eligible to provide Medicaid services via telehealth

28

Expanded categories of Medicaid BH services eligible for telehealth delivery

39

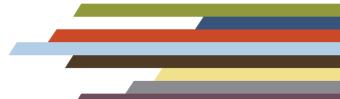
Newly allowed or expanded audio-only delivery of Medicaid BH services

40

NOTE: Findings are from KFF's Behavioral Health Survey of state Medicaid programs, fielded as a supplement to the 22nd annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA).



SOURCE: Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs



Payment Parity in Telehealth, Telemedicine, & Telemental health

- Additional variation across states in the ratio of Medicaid payments for the same service if delivered in person versus via telehealth
- Example: In 2023 Tennessee <u>passed a law</u> that will institute coverage for "temporary" (up to 3 sessions) mental health services <u>mandated to have same pay rate if provided in person versus via telehealth</u>
- Trend toward increasing parity (as well as increasing telehealth access overall)
 - > Commonly implemented via state plan amendment



POLL QUESTION #2

Service

Medicaid covers the service

Recipient

The student-client is enrolled in Medicaid

Today

Provider

The provider is a Medicaid-certified provider

Setting

School is a Medicaidaccepted setting Dec. 13



^{*}For each requirement, key terms vary by state.

Requirement 2 | The student-client is enrolled in Medicaid

Medicaid Eligibility

Medicaid is an <u>entitlement program</u>: Whoever meets the <u>eligibility criteria</u> has the right to enroll

- Categorical eligibility: An individual must be in a eligibility group
 - Mandatory categories (required by federal regulations)
 - Optional categories (state decides whether to cover)
- Income limit: The individual's household income must be below a specified income limit that is associated with the eligibility category
 - Federal regulations establish minimum household income limits for each eligibility category.
 - States may choose to set higher income limits.

Varies by state: Since not all eligibility categories are mandatory and income limits are minimums, different states cover different populations at different income levels

• Example of optional eligibility category: "Katie Beckett" waiver

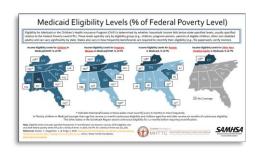
Where to look: State Medicaid websites usually have a section with terms of eligibility and links to apply for coverage

The fine print: Some individuals may be covered only...

- With eligibility re-certification every 12 months (or more often)
- Under the Children's Health Insurance Program (CHIP) higher income eligibility thresholds than Medicaid

Varies by State -- Example: Income Eligibility Levels for Children in Medicaid / CHIP, % of FPL

State	Income Limit (%FPL)	State	Income Limit (%FPL)
Alabama	317	Mississippi	214
Florida	215	North Carolina	216
Georgia	252	South Carolina	213
Kentucky	218	Tennessee	255

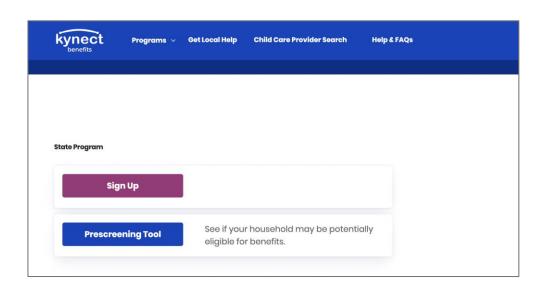


Source / Resource: Medicaid Eligibility and Enrollment: Southeast Region

This infographic outlines the household income limits associated with different Medicaid eligibility groups in the Southeast region.

Where to look -- Examples: Georgia and Kentucky

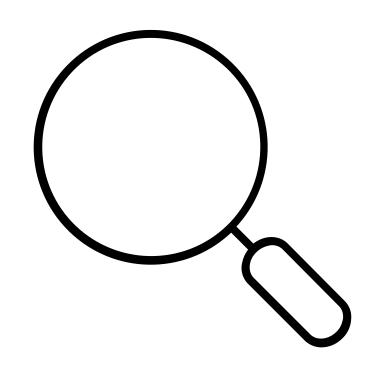




A Closer Look

COVID-19 Era Rule Change on

"Continuous Enrollment"





COVID-19 Era Rule Change

COVID-19 Public Health Emergency: States could not disenroll Medicaid Beneficiaries, even if they no longer qualified

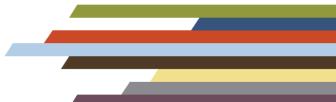
- Eligibility recertification processes halted
- "Continuous Enrollment" provision

End of PHE: As of April 2023, states could resume disenrolling individuals who were no longer eligible ("unwinding cont. enrollment")



As of Nov. 1, 2023...

- Approx. 10 million individuals have been disenrolled from Medicaid since April, including about 4 million children
- > Certain groups are at greater risk of disenrollment
- More disenrollment is expected: as of October, only 5 states had processed renewals for at least half of their enrollees so far



States are taking different approaches to re-introduce eligibility recertification processes following the rule change:

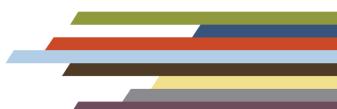
- ➤ Timeline disenrollment start date, pace of processing renewals; most states expect process to last 12-14 months
- Enrollee contact updates to enrollee mailing addresses, extent of follow-up when action is required
- Waivers to facilitate renewals ex parte renewals, enrollee supports, or renewals after procedural terminations



To combat "churn," by 2024, all states will have implemented 12-mo. continuous eligibility for children (typically via SPA).

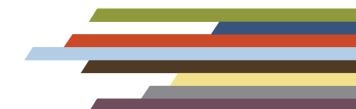
- Significant reduction in "churning" enrollment versus shorter eligibility recertification intervals (e.g., every 6 months)
- ➤ Still, ~10% of children lose coverage at annual enrollment time

State option: waiver to extend continuous eligibility for children to 24 months or longer (e.g., Oregon: continuous until age 6, and 24 months for older children)



Additional Resources about Medicaid and School Mental Health

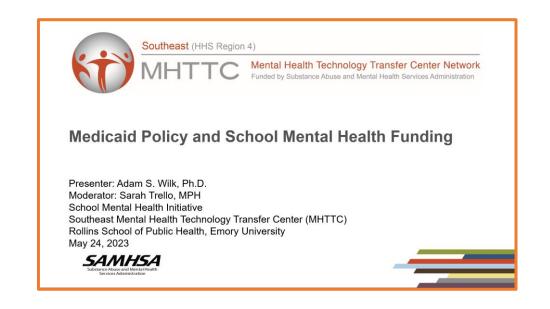




May Webinar: Medicaid Policy and School Mental Health Funding

Condensed coverage of Medicaid policy and how it affects funding for school mental health services

- Slides and webinar recording available
- Also includes discussion of mechanisms of Medicaid reforms

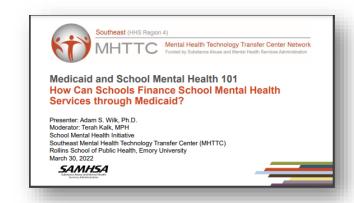


Additional resource about Medicaid and School Mental Health Financing

- Overview of Medicaid
- Introduction to how Medicaid finances school mental health services

Resource | Medicaid and School Mental Health 101: How Can Schools Finance School Mental Health Services through Medicaid? (Webinar)

This webinar provides an overview of Medicaid and an introduction to how Medicaid finances school mental health services.





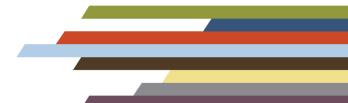
Other Relevant Resources

- Webinar: Medicaid and School Mental Health 101: How Can Schools Finance School Mental Health Services through Medicaid?
- Webinar: Financing School-Based Mental Health Services in Medicaid Managed Care
- Infographic: Financing School-Based Services through Medicaid: Reimbursement for Administrative Expenses



Medicaid and School Mental Health A Guided Tour Through Available Resources

This webinar oriented attendees to nearly 20 resources that help to explain the role of Medicaid in school mental health financing and how to use it to pay for mental health services in schools.







THE SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

The Southeast Mental Health Technology Transfer Center (MHTTC) is funded by the Substance Abuse and Mental Health Services Administration. The mission of our center is to disseminate evidence-based mental health programs and practices to the eight states in Health and Human Services Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) through the provision of trainings and technical assistance as well as the development of resources. Our center is housed in the Department of Health Policy and Management at the Emory University Rollins School of Public Health.

The Southeast MHTTC School Mental Health Initiative is led by Dr. Janet Cummings, a mental health services researcher and national expert on mental health care access and quality among children and adolescents. Our team includes faculty and staff with expertise in public health, mental health systems, health economics, policy, finance, equity, and implementation science. As the regional MHTTC center that specializes in school mental health policy, finance, and workforce, many of the trainings and resources that we have developed address topics related to funding and sustainability of comprehensive school mental health systems.





School Mental Health Resource Catalogue

You can find the links to all Southeast MHTTC's resources (including the resources we introduce in today's webinar) in this resource catalogue.



Q&A





