

Medicaid Transformation for Behavioral Health in Youth

Resources for Early Advancement Child Health (REACH)
Department of Health and Human Services
Division of Health Care Financing and Policy

Medicaid's Federal Partners in System Change

- ▶ Nevada is one of three states selected for innovative program design
- ▶ National Governor's Association (NGA)
 - Provide technical assistance
- ▶ United States Health and Human Services
 - Provide Administrative support for project

Medicaid Transformation for Behavioral Health and Youth

- ▶ The current system is **crisis-based**. Patients need a behavioral health diagnosis to access services.
- ▶ Transformation GOAL: **prevention and early intervention**
 - Screen all children as they enter 7th grade
 - Reduce the behavioral health stigma
 - Access services before being diagnosed

1115 Demonstration

- ▶ Why an 1115 Demonstration?
 - A waiver allows Medicaid to “waiver” certain requirements that are different than is offered under the state plan.
 - Amount, duration and scope of services
 - Providing services to youth without a diagnosis
 - Specific services not in state plan
 - Comparability
 - Expanding provider qualifications to non-traditional providers
 - Specific ages of children (10–14 year olds)

Rising Risk Youth

- ▶ Adverse Childhood Experiences Study (ACES)
 - 2–3 Events
- ▶ Who are “Rising Risk” youth
 - Rising Risk: has experienced some trauma, but has not yet escalated to a diagnosis

Behavioral Health Screen

▶ Screening Service

- Target entry into 7th grade (similar to Tdap immunization mandate)
- ALL children screened regardless of payer source
 - reduce stigma of behavioral health
- Traditional (medical and BH) and non-traditional providers
- Tool:
 - Modified Child and Adolescent Needs and Strengths (CANS)
 - Evidence-based tool
 - A modified version used in 37 states
 - Results in a service package recommendation and a “without program prediction”
- Categories based upon screen:
 - No Risk
 - Watchful Wait
 - Rising Risk
 - At-Risk (crisis)

Levels of Program

- ▶ Watchful Wait: rescreen in 6 months

- ▶ Rising Risk:
 - Program Enrollment: REACH
 - Resources for the Early Advancement of Child Health
 - Program is family-focused on the specific needs of each youth
 - Community Interaction Skills: Intrinsic Parenting, Parent Coaching, Safety Skills
 - Program “Graduation”

- ▶ At-Risk: Referral to Behavioral Health services and/or Crisis Intervention

Incentive Payment

- ▶ Reviewing feasibility at incentivize providers for holistic care
 - Appropriate referrals between behavioral and physical health (with follow through)
 - Tracking follow up after EPSDT screen

Demonstration Period

- ▶ 5 year demonstration period
- ▶ Requires self-sustainment by the end of the demonstration
- ▶ Evaluation improvement in targeted population from ages over 5 years
 - Emergency room visits
 - RTCs
 - Inpatient Psychiatric Hospital Stays

High-level Operational matters

1. Statutory language for mandate
 2. Coverage for commercial insurance, uninsured, and undocumented
 3. Training non-traditional providers on CANS and referral process
 4. Enrollment of providers in Medicaid
- ▶ Medicaid system changes
 - ▶ Develop/modify statewide database for screen collection
 - ▶ Staff for program management
 - ▶ Provider billing/procedure education
 - ▶ Approval of waivers

External procedures

Internal procedures

Waiver Program Funding

- ▶ Implementation
 - Without state budget authority, need upfront funding
 - Designated State Health Programs (DSHP)
- ▶ Sustainability Funding
 - Intergovernmental transfers (IGTs)
 - Certified Public Expenditures (CPEs)

Implementation Timeframe

- Early September – Submit 1115 application to CMS
- Negotiations– Ongoing through October
- November– Goal for approval
- Late 2016– Implementation

QUESTIONS or COMMENTS?