



Behavioral Health in Medicaid

Work plan and initial analyses

**Medicaid and CHIP Payment and Access
Commission**

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Overview

- Behavioral health work plan
- Analysis of adults with mental illness
- Next steps

Upcoming Work

- Four projects examining:
 - Access to mental health services for adults
 - Access to behavioral health services for children
 - Electronic health record (EHR) use among behavioral health providers
 - Mental health parity implementation

Mental Health Services for Adults

Policy Questions

- What services do states cover?
- What Medicaid authorities are states using?
- Are federal policy changes needed?

Analytic Plan

- Examine prevalence and treatment rates
- Develop 50-state coverage inventory
- Assess provider participation
- Convene stakeholder panel

Children's Behavioral Health

Policy Questions

- Are services accessible?
- In addition to EPSDT, what Medicaid authorities are states using?
- Are federal policy changes needed?

Analytic Plan

- Examine prevalence and treatment rates
- Assess provider availability
- Convene stakeholder panel

Behavioral Health and EHRs

Policy Questions

- How did the HITECH Act increase use of certified EHR technology?
- What federal mechanisms can behavioral health facilities use to promote EHR interoperability?

Analytic Plan

- Examine federal policies to strengthen adoption
- Analyze EHR trends
- Identify state policy levers to expand adoption

Mental Health Parity

Policy Questions

- What are barriers to implementation?
- How is compliance assessed?
- How has parity affected access?
- Are federal policy changes needed?

Analytic Plan

- Stakeholder interviews in three states
- Interviews with CMS officials and national organizations

Questions for Commissioners

- Do you have any comments on the proposed approach?
- Are there particular experts/stakeholders we should consult?
- Are there particular nuances or issues of concern?

Findings: Non-Institutionalized Adults with Mental Illness

Prevalence of Mental Illness in the Past Year Among Non-Institutionalized Adults, 2018

Categorical mental illness indicator	Percentage of adults age 18–64	Percentage of adults age 18–64		
		Medicaid	Private coverage	Uninsured
Any mental illness	21.0%	27.6%	18.7%	21.3%
Mild or moderate mental illness	15.6	19.4	14.5	15.3
Serious mental illness	5.4	8.2	4.3	6.0

Notes: Estimates for any mental illness are based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on: distress, using the Kessler-6 scale; impairment, which is assessed through an abbreviated version of the World Health Organization Disability Assessment Schedule; past year major depressive episode; past year suicidal thoughts; and age. Mental illnesses in this category can vary in severity, ranging from no impairment, to mild or moderate, or even severe impairment. Within the 2018 NSDUH survey, a diagnosable mental, behavioral, or emotional disorder is defined based on the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* and excludes developmental and substance use disorders (SAMHSA 2019). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview. Tables do not sum due to rounding.

Source: SHADAC 2020.

Lifetime Rates of Co-Occurring Conditions Among Adults with Past Year Mental Illness, 2018

Categorical mental illness indicator	Percentage of adults age 18–64	Percentage of adults age 18–64		
		Medicaid	Private coverage	Uninsured
Any mental illness	44.1%	48.2%	40.6%*	37.5%*
Mild or moderate mental illness	42.1	45.1	39.0*	35.8*
Serious mental illness	49.9	55.3	46.0*	41.8*

Notes: Co-occurring condition include HIV or AIDS, heart conditions, diabetes, chronic bronchitis, cirrhosis of the liver, Hepatitis B or C, kidney disease, asthma, cancer, high blood pressure, and sexually transmitted diseases. Estimates for any mental illness, mild to moderate mental illness, and serious mental illness are based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on: distress, using the Kessler-6 scale; impairment, which is assessed through an abbreviated version of the World Health Organization Disability Assessment Schedule; past year major depressive episode; past year suicidal thoughts; and age. Mental illnesses in this category can vary in severity, ranging from no impairment, to mild or moderate, or even severe impairment. Within the 2018 NSDUH survey, a diagnosable mental, behavioral, or emotional disorder is defined based on the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* and excludes developmental and substance use disorders (SAMHSA 2019). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

*Difference from Medicaid is statistically significant at the 0.05 level.

- Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: SHADAC 2020.

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Mental Health Treatment Among Adults with Past Year Mental Illness, 2018

- When compared to privately insured peers, Medicaid beneficiaries with any mental health condition:
 - received treatment at similar rates, but treatment locations varied
 - were nearly three times more likely to receive treatment in an outpatient mental health center or a day treatment program
 - were less likely to receive treatment in a private therapist's office
- Despite receiving treatment at similar rates as those with private insurance, Medicaid beneficiaries with any mental illness were more likely to report that they needed but did not receive mental health treatment in the past year

Source: SHADAC 2020.

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Receipt of Inpatient Mental Health Treatment Among Adults with Past Year Mental Illness, 2018

Categorical mental illness indicator	Percentage of adults age 18–64	Percentage of adults age 18–64		
		Medicaid	Private coverage	Uninsured
Any mental illness	3.6%	7.1%	1.9%*	4.4%
Mild or moderate mental illness	2.3	5.3	1.1*	2.8*
Serious mental illness	7.5	11.3	4.7*	8.5

Notes: Inpatient treatment settings for mental health include a public or private psychiatric hospital, a psychiatric unit or medical unit of an acute care hospital, a residential treatment facility, or some other inpatient setting. Estimates for any mental illness, mild to moderate mental illness, and serious mental illness are based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on: distress, using the Kessler-6 scale; impairment, which is assessed through an abbreviated version of the World Health Organization Disability Assessment Schedule; past year major depressive episode; past year suicidal thoughts; and age. Mental illnesses in this category can vary in severity, ranging from no impairment, to mild or moderate, or even severe impairment. Within the 2018 NSDUH survey, a diagnosable mental, behavioral, or emotional disorder is defined based on the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* and excludes developmental and substance use disorders (SAMHSA 2019). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

*Difference from Medicaid is statistically significant at the 0.05 level.

- Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: SHADAC 2020.

Involvement with the Criminal Justice System among Adults with Past Year Mental Illness, 2018

- When compared to their privately insured peers, adults with any mental illness enrolled in Medicaid were:
 - almost twice as likely to report that they had ever been arrested or booked for breaking the law
 - more than three times as likely to report that they were on probation or parole in the past year
- Rates of involvement with the criminal justice system were higher among adults with past year serious mental illness when compared to adults with mild to moderate mental illness

Source: SHADAC 2020.

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Next Steps

- Percentage of beneficiaries reporting unmet need for mental health treatment, coupled with a higher percent of beneficiaries accessing inpatient care, suggests need to identify coverage gaps and other barriers that may limit access
- Co-occurring health needs of adult beneficiaries and higher rates of treatment in specialty mental health facilities highlights the value of improving care coordination for this population
- Prevalence of mental health conditions and treatment rates among justice-involved populations may warrant further analysis

Source: SHADAC 2020.

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