

September 20, 2024

Introduction to Work on Residential Services for Youth with Behavioral Health Needs

Background and Introduction

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Overview

- Context and work plan
- Background
- Types of residential treatment facilities
- Use of residential treatment by Medicaid-enrolled youth
- Next steps



Context

- In 2003, the President's New Freedom Commission outlined challenges states faced in provided home- and community-based services (HCBS), including to youth
- In 2005, the Community-Based Alternatives to Psychiatric Residential Treatment Facilities (PRTFs) Demonstration was created
 - An evaluation of the time-limited demonstration found clinical and fiscal benefits in providing HCBS to youth
- In 2013, the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance to assist states in designing HCBS

Context

- States report challenges in designing, implementing, and sustaining a continuum of care for youth
- Over the last decade, rates of mental health challenges among youth have risen, with sharp increases during the COVID-19 public health emergency
- MACPAC's prior work led to recommendations on HCBS for youth which are reflected in this current cycle and future work plans to further explore children's behavioral health
- Media reports, federal studies, and congressional hearings have highlighted delays or denials in accessing medically necessary residential treatment services

Work Plan for Residential Services for Youth with Behavioral Health Needs

- Do states have the tools they need to provide appropriate access to residential treatment for children and youth with behavioral health needs?
- 2024-2025 analytic cycle:
 - Literature review, federal policy review, interviews with state officials and stakeholders
 - Expert panel
- Future cycles:
 - Examine the safety, quality, and outcomes associated with residential treatment services
 - Examine how states leverage federal flexibilities to design and implement intensive HCBS and any policy barriers that may impede use by Medicaid-enrolled youth

Background

- Behavioral health disorders usually emerge in childhood or adolescence
 - Rates of childhood mental health concerns and suicide increased between 2010 and 2020
- Residential facilities are intended to provide 24-hour, supervised, medically necessary active treatment only to those youth with behavioral health conditions who cannot have their needs safely met in a less restrictive setting

Background

Federal Medicaid requirements

- Early periodic and screening, diagnostic, and treatment (EPSDT) mandatory benefit
- Institutions for Mental Disease (IMD) exclusion
- Exceptions to the IMD exclusion
 - “Psych Under 21”
 - 1115 Demonstration

Types of Residential Treatment Facilities

Types of residential treatment facilities

- Psychiatric residential treatment facilities (PRTFs)
 - Accredited, non-hospital-based facilities that have an agreement with a state Medicaid agency to provide the psych under 21 benefit
 - Federal regulations require certification of need, an individualized plan of care, an interdisciplinary treatment team, and limits the use of seclusion or restraint
- Qualified residential treatment providers (QRTPs)
 - Established by the Family First Prevention Services Act (FFPSA, P.L. 115-123)
 - Accredited group placement setting that is required to use a trauma-informed treatment model to address the needs of children in child welfare with serious emotional or behavioral disorders

Types of residential treatment facilities

- Other residential treatment facilities
 - Public or private congregate or group care settings that do not meet the requirements of a PRTF or QRTP
 - May be state licensed
 - Facilities licensed as child care institutions may not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of delinquent children
 - May receive federal financial participation (FFP) for clinical, therapeutic, or rehabilitative services

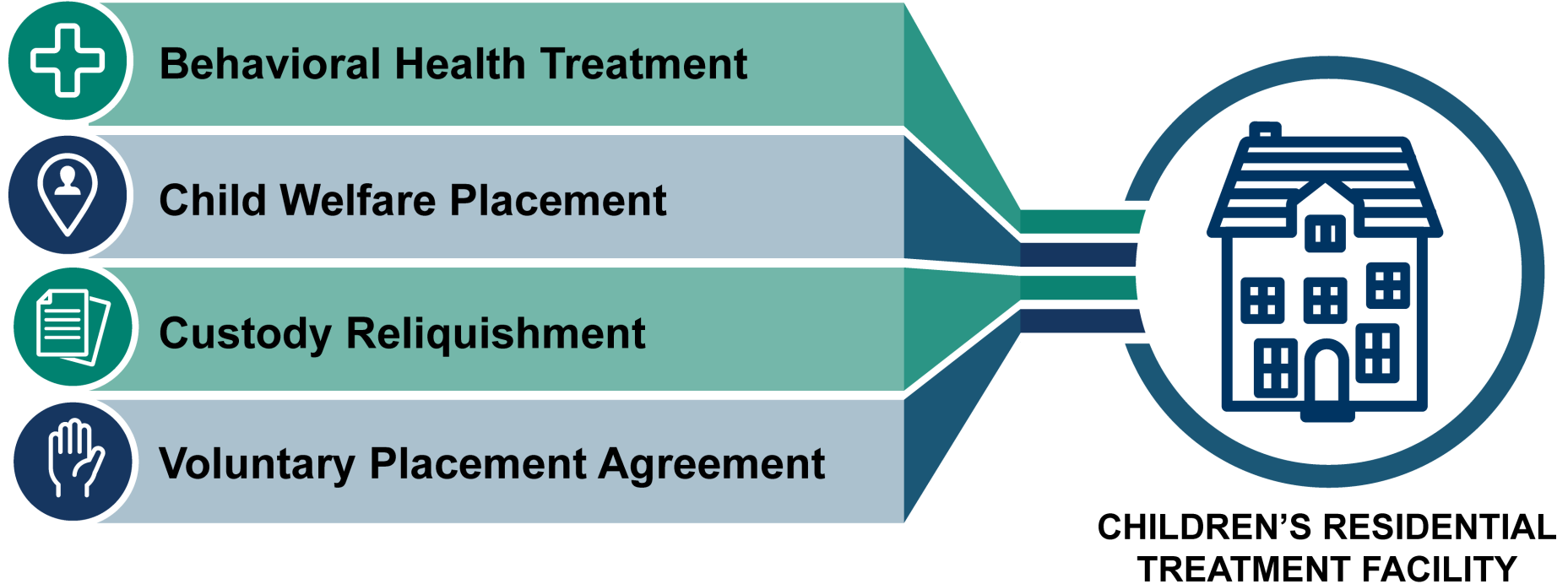


Use of Residential Treatment by Medicaid Enrolled Youth

National Residential Treatment Facility Census

- Understanding access to and the use of residential treatment by Medicaid-enrolled youth is challenging
 - In 2006, states reported at least 71 different facility types accounting for over 3,600 individual facilities with over 50,000 beds
- No federal survey or report systematically collects and analyzes the use of residential treatment by all Medicaid-enrolled children aged 0-21
 - Limited data is available in the National Survey on Drug Use and Health and the Adoption and Foster Care Analysis Reporting System

PATHS TO RESIDENTIAL TREATMENT FOR CHILDREN



Next Steps

- October: findings from a selection of state and federal reports examining access to residential treatment services
- 2025: a panel discussion
- Commissioner feedback:
 - Specific areas of interest for interviews
 - Direction of research

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