

Medicaid and CHIP Actions to Improve Access to Mental Health Care

Center for Medicaid and CHIP Services
July 2023

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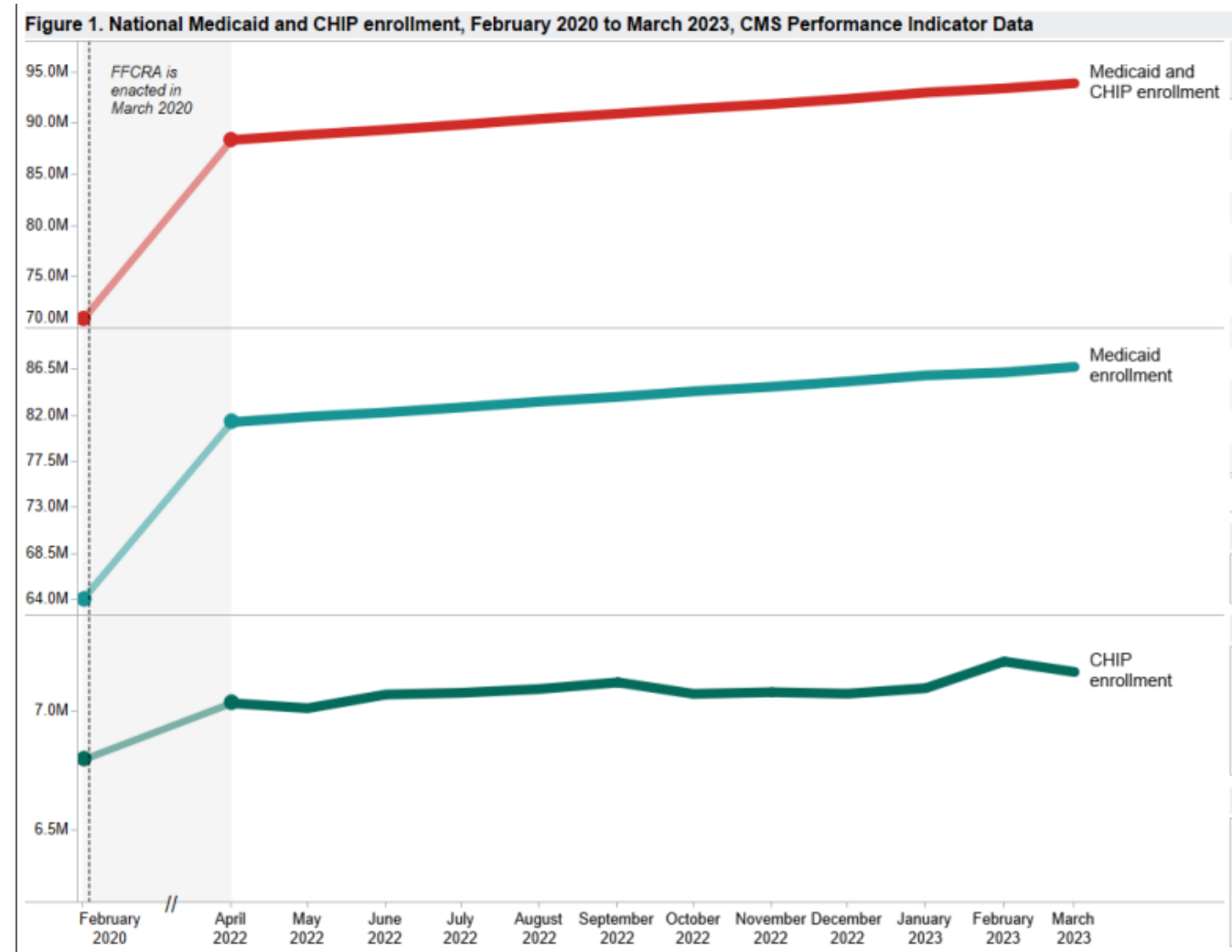


Overview

- Supporting States with Medicaid Renewals during PHE Unwinding
- Crisis Response Services
- Certified Community Behavioral Health Clinics
- School-Based Services
- Section 1115 Demonstration Initiative on SMI/SED
- Reentry from Incarceration Sec. 1115 Demonstration Initiative
- CMS and Indian Health Programs

Medicaid & CHIP Today: Enrollment Is at an All-Time High

- In March 2020, the Families First Coronavirus Response Act (FFCRA) established the continuous enrollment condition, which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for most individuals**.
- As a result of this legislation and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) **enrollment has grown to a record high**.
- Over **93 million individuals** were enrolled in health coverage through Medicaid and CHIP as of March 2023.
- This represents an **increase of over 23 million individuals**, or 32.5 percent, since February 2020.



Ending the COVID-19 Continuous Enrollment Condition

- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the FFCRA **Medicaid continuous enrollment condition ended on March 31, 2023.**
- States are resuming normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible.**
- States were allowed to terminate Medicaid enrollment for individuals no longer eligible **as of April 1, 2023.**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to place a heavy burden on the state workforce and existing processes.
- As states resume full renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.**¹ Many people will then be **eligible for coverage through the Marketplace or other health coverage** and need to transition.

¹Available at: <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

Resuming Normal Eligibility and Enrollment Operations: Expectations of States

- Now that the continuous enrollment condition has ended, states had to **initiate** eligibility renewals for the state's entire Medicaid and CHIP population within **12 months** and **complete** renewals within **14 months**.
 - States could **begin this process in February, March, or April 2023** but could not terminate eligibility for most individuals in Medicaid prior to April 1, 2023.
- The Centers for Medicare & Medicaid Services (CMS) was **working closely with states for over a year** to ensure that they would be ready; that **eligible enrollees would retain coverage** by renewing their Medicaid or CHIP; and that **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transitioned.
- CMS has issued an array of guidance and tools to support state processing of eligibility and enrollment actions, including new flexibilities and requirements for states.

Medicaid.gov/Unwinding: Resource Page for States and Partners

Medicaid.gov
Keeping America Healthy

Search Medicaid.gov | FAQs

Federal Policy Guidance | Resources for States | Medicaid | CHIP | Basic Health Program | State Overviews | About Us

Home » Resources for States » Coronavirus Disease 2019 (COVID-19) » Unwinding and Returning to Regular Operations after COVID-19

Unwinding and Returning to Regular Operations after COVID-19

Renew Your Medicaid or CHIP Coverage

Guidance (SHOs, CIBs, FAQs)

Section 1902(e)(14)(A) Waiver Approvals

Data Reporting

Policy & Operational Resources

Systems Resources

Outreach and Educational Resources

Medicaid/Marketplace Coordination Resources

Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous enrollment condition authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the end of the COVID-19 Public Health Emergency. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP), states were required to maintain enrollment of nearly all individuals in Medicaid or CHIP during the emergency.

The Consolidated Appropriations Act, 2023, delinked the end of the FFCRA's temporary 6.2 percentage point FMAP increase from the end of the COVID-19 Public Health Emergency. As a result, the FFCRA's temporary 6.2 percentage point FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

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Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE



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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

CMCS Informational Bulletin

DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.¹ Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding.”² The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

Centers for Medicare & Medicaid Services

Medicaid and CHIP Eligibility Renewals:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid or CHIP about steps to take to renew their coverage or find other health care options.

Medicaid.gov/Renewals: Resources for Medicaid and CHIP Enrollees

Get ready to renew now

Here are some things you can do to prepare for the renewal process:

1. **Update your contact information** - Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
2. **Check your mail** - Your state will mail you a letter about your coverage. This letter will let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. **Complete your renewal form (if you get one)** - Fill out the form and return it to your state right away to help avoid a gap in your coverage.

If you no longer qualify for Medicaid or CHIP

You may be able to buy a health plan through the Health Insurance Marketplace[®], and get help paying for it. Marketplace plans are:

- 4 out of 5 enrollees can find plans that cost less than \$10 a month.
- Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

[Explore Marketplace plans and savings[®]](#)

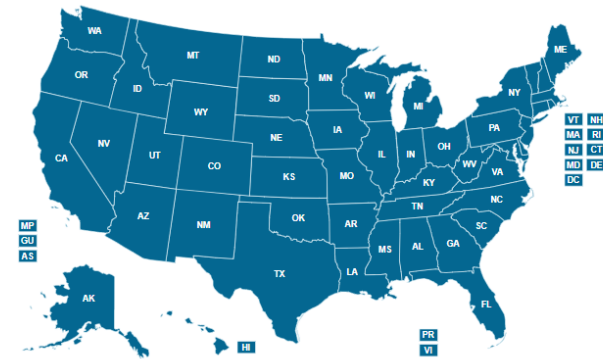
Medicaid or CHIP State Map

Select your state to get Medicaid enrollment information. You can also scroll down to find your state's contact information.

Select State

Select state

Select a State



★ STATE MEDICAID ENROLLMENT LINKS ★

Alabama

- [Enrollment[®]](#)
- 📞 General Questions: [334-242-5000](tel:334-242-5000)

Alaska

- [Enrollment[®]](#)
- 📞 Alaska Recipient Helpline toll free [800-780-9972](tel:800-780-9972)
- 📞 Eligibility helpline: [800-478-7778](tel:800-478-7778)

American Samoa

- 📞 Medicaid Office: [684-699-4777](tel:684-699-4777)
- 📞 Department of Public Health: [684-633-7676](tel:684-633-7676) / [684-633-4606](tel:684-633-4606)

Enhanced Medicaid Funding for Mobile Crisis

- **The American Rescue Plan authorized increased Medicaid support for community-based mobile crisis services**
 - **85 percent federal match for expenditures on qualifying services for 12 fiscal quarters**
 - Starting April 1, 2022 through March 31, 2027
 - **\$15 million in planning grants awarded to 20 states in September 2021***
- **State Health Official Letter*** on how to implement mobile crisis intervention services to qualify for the increased federal match (issued Dec. 28, 2021):
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf>

*The mobile crisis grantee states are AL, CA, CO, DE, KY, MA, MD, ME, MO, MT, NC, NM, NV, OK, OR, PA, UT, VT, WI, & WV.

Statutory Requirements for Enhanced Match for Mobile Crisis

- Services must be delivered by a multi-disciplinary team:
 - One behavioral health professional and
 - Other professionals or paraprofessionals with expertise in behavioral health care.

- Mobile crisis services must be available 24/7

- Teams provide, where appropriate:
 - screening and assessment;
 - stabilization and de-escalation; and
 - coordination with and referrals to health, social and other services and supports, as needed, and health services as needed.

Administrative Claiming and Crisis Response

- Federal administrative match may be available for state Medicaid agency costs associated with establishing and supporting delivery of mobile crisis services
- Allowable administrative activities could include operating state crisis access lines and dispatching mobile crisis teams to assist Medicaid beneficiaries.
- For more information, please refer to:
<https://www.medicaid.gov/resources-for-states/downloads/covid19allstatecall01252022.pdf>

Medicaid/CHIP and Crisis Stabilization Consolidated Appropriations Act 2023

CMS and SAMHSA to coordinate on --

- **Guidance** regarding Medicaid & CHIP financing for a range of crisis services
- **Technical assistance center** to help State Medicaid & CHIP programs design, implement, or enhance a continuum of crisis response services for children, youth, and adults
- **Publicly available compendium of best practices** for the successful operation of a Medicaid and CHIP continuum of crisis response services
- **Deadline:** July 2025

Certified Community Behavioral Health Clinic (CCBHC) Demonstration

- Demo. to improve access to coordinated, comprehensive ambulatory care – authorized originally in Protecting Access to Medicare Act of 2014
- Managed through partnership among SAMHSA, CMS, and ASPE
- Focus on improving care for adults with serious mental illness, children/adolescents with serious emotional disturbance, those with long term and serious substance use disorders
- Requires participating states to pay clinics certified as meeting criteria a prospective payment system rate that reimburses for the clinic's expected cost of providing required services
- States receive enhanced federal Medicaid matching funds for eligible demonstration expenditures for Medicaid enrollees
- Congress has extended and expanded the demonstration several times

CCBHC Demonstration Expansion

Bipartisan Safe Communities Act (BSCA)

- **Extends existing Certified Behavioral Health Clinic (CCBHC) Demonstrations** in original eight states (MN, MO, NV, NJ, NY, OK, OR, PA) by two years to Sept. 30, 2025
- **Extends the two most recent Demonstration states** (MI, KY) by four years which takes MI to October 2027 and KY to January 2028
- **Expands Demonstrations** to 10 additional states every two years; each demonstration is four years
- **Appropriates \$40 million** for planning grants,* TA to grant applicants, and implementation

*Awarded to 15 states in March 2023:): AL, DE, GA, IA, KS, ME, MS, MT, NC, NH, NM, OH, RI, VT, WV

Support for School-Based Services

- Issued “Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming”
 - Provides guidance to states and schools on Medicaid and CHIP requirements for claiming for school-based health care
 - Offers strategies to reduce administrative burden and simplify billing
 - Includes section on mental health and SUD services in schools
 - Posted May 2023 - <https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf>
- Establishing a **technical assistance center** in collaboration with the Dept of Ed. to help states advance Medicaid coverage of school-based health services including mental health and SUD services: <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/index.html>
- **Planning \$50 million in grants** for states to help improve Medicaid and CHIP coverage of school-based services

SMI/SED Demonstration Opportunity

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.
- This SMI/SED demo opportunity allows Federal Financial Participation (FFP), upon CMS approval, for services for beneficiaries who are short-term residents in an Institution for Mental Diseases (IMD) primarily to receive mental health treatment if a state also takes action to –
 - Ensure good quality of care in IMDs; and
 - Improve access to community-based care

Expectations/ Milestones for SMI/SED 1115 Demonstrations

- Participating states expected to achieve specific milestones in the following categories:
 1. Ensuring good quality of care in psychiatric hospitals and residential settings;
 2. Improving care coordination and connections to community-based care;
 3. Increasing access to a continuum of care including crisis stabilization services; and
 4. Earlier identification and engagement in treatment including through integration

- Implementation Plan required for FFP to be available to IMDs

Reentry from Incarceration Sec. 1115 Demonstrations

- **Section 1115 demonstration opportunity** to support community reentry and improve care transitions for incarcerated individuals who are otherwise Medicaid eligible:
 - State Medicaid Director Letter issued April 17, 2023:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>
 - California Reentry Demonstration approved:
 - <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf>
 - Fourteen additional states submitted previous proposals to extend Medicaid coverage to eligible individuals prior to release from incarceration

Reentry Sec. 1115 : Scope of Health Care Services

- States expected to include the following as a minimum pre-release benefit package:
 - Case management to assess and address physical and behavioral health needs, and health related social needs;
 - Medication-assisted treatment (MAT), as clinically appropriate, with accompanying counseling for all types of SUD; and
 - A 30-day supply of all prescription medications, as clinically appropriate based on the medication dispensed and the indication, provided to the individual immediately upon release from the correctional facility.
- States are encouraged to consider covering additional services.
 - For example, family planning services and supplies, peer supporters and community health workers with lived experience, behavioral health rehabilitative or preventive services, and treatment for Hepatitis C.
 - Additional services should be based on the needs of the carceral populations.
 - States should provide justification for such services and must capture those services in the demonstration monitoring and evaluation.

Reentry Sec. 1115: Pre-Release Timeframe

- States generally will be expected to cover demonstration services beginning 30 days immediately prior to the individual's expected date of release.
- CMS will consider approving demonstration authority to begin coverage up to 90 days prior to the expected release date.
- If a state requests a pre-release service timeframe longer than 30 days, the state should incorporate into its statement of the demonstration purpose one or more elements to be tested for that additional period.

Indian Health Service/Tribes and Tribal Organizations/ Urban Indian Programs (ITU)

- There are about 5.5 million American Indians and Alaska Natives (AI/ANs) per the 2019 American Community Survey (less than 2% of the total US population).
- The uninsured rate among AI/ANs, age 19-64, decreased since the passage of the Affordable Care Act, but AI/ANs continue to have the highest uninsured rate compared to other U.S. populations.
- The Indian Health Service (IHS) has primary responsibility for providing health services to 2.6 million AI/ANs predominantly located on or near Indian reservations in 37 states.
- Tribes and Tribal organizations operate hospitals and clinics under the Indian Self-Determination Education and Assistance Act.

Indian Health Care Improvement Act

- The Indian Health Care Improvement Act, first enacted in 1976, is the underlying authority for the Indian Health Service (IHS).
- The IHS system is a health care delivery system that provides health services in 46 hospitals and over 500 health centers located on or near Indian reservations, and in 42 Urban Indian clinics.
- Enrollment of AI/AN beneficiaries in Medicaid or Medicare is important to supplement limited IHS funding and provides greater access to services that IHS might not be able to provide.

Role of CMS and Indian Health Programs

- The Indian Health Care Improvement Act authorized IHS hospitals and clinics to receive reimbursement for services rendered to Medicare and Medicaid patients
- Congress recognized that many AI/ANs were eligible for Medicare and Medicaid services but had no access to services and providers, unless they traveled off reservation to private/public providers hundreds of miles away.
- Based on the Federal government's responsibility to provide healthcare to AI/ANs, Congress extended 100% Federal medical assistance percentage (FMAP) for Medicaid services "received through an IHS/Tribal facility".
- IHS develops Medicare and Medicaid reimbursement rates through cost reports approved by CMS and OMB and are published in the Federal Register annually. These rates are referred to as IHS All-Inclusive rates (AIR).

Medicaid and CHIP Eligibility: Indian Trust Income and Resource Exemptions

Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility:

- Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties,
- Payments from natural resources, farming, ranching, fishing, leases, or profits from Indian trust land (including reservations and former reservations), and
- Money from selling things that have Tribal cultural significance, such as Indian jewelry or beadwork.

Medicaid and CHIP: AI/AN Cost Sharing Protections

AI/ANs have the following Medicaid and CHIP protections:

- Do not have to pay premiums or enrollment fees and can enroll at any time.
- No cost sharing for AI/ANs enrolled in CHIP.
- No cost sharing in Medicaid if the beneficiary has ever used an Indian health care provider or received services through Purchased/Referred Care.

Indian Health Service Budget

- Unlike Medicare and Medicaid, IHS is not an entitlement program and is not funded at 100% of their need
- The IHS appropriations for FY 2021 was \$6.2 billion
- IHS reports over \$1 billion in Medicare and Medicaid collections:
 - Revenues from CMS programs are used to meet compliance and accreditation standards, including hiring staff, purchasing equipment, and developing quality programs.
 - Funding from CMS programs helps to supplement the Indian health care programs and provides greater access to services and enhanced resources.

CMS Tribal Consultation Policy

- CMS has an agency specific Tribal Consultation Policy that was updated on December 10, 2015.
- Many CMS policies and regulations can have a direct impact on Tribes. Tribal consultation is important in addressing the unique needs of AI/ANs and the Indian health system.
- States are required to consult with Tribes and obtain the advice and input from Indian health care providers, per section 1902(a)(73) of the Social Security Act.
- Link to <https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/state-tribal-relations-on-health-care#bookmark>

CMS Tribal Technical Advisory Group

- CMS supports a Tribal Technical Advisory Group (TTAG), which provides advice and technical expertise on CMS policies, guidelines and programmatic issues.
- The CMS TTAG is comprised of representatives from each of the 12 IHS geographic areas and includes representation of national Indian organizations and IHS.

CMS Guidance on Federal Medicaid Funding for IHS/ Tribal Facilities

- **100% FMAP SHO Letter:** <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>
- **100% FMAP SHO Letter FAQs:** <https://www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf>

CMCS MH and SUD Action Plan

For more CMCS activities focused on mental health and substance use disorders, see Action Plan issued July 25, 2023:

Guide: <https://www.medicaid.gov/medicaid/benefits/downloads/cmcs-mntl-helth-substnce-disrdr-actn-plan.pdf> and

Overview: <https://www.medicaid.gov/medicaid/benefits/downloads/cmcs-mntl-helth-substnce-disrdr-actn-plan-overview.pdf>



Today, the Centers for Medicare & Medicaid Services (CMS) released the Medicaid and CHIP Mental Health (MH) and Substance Use Disorder (SUD) Action Plan **Overview** and **Guide**, which outlines the agency’s strategies for improving treatment and support for enrollees with these conditions. Areas of focus include improving coverage and integration to increase access to prevention and treatment services, encouraging engagement in care through increased availability of home and community based services and coverage of non-traditional services and settings, and improving quality of care for MH conditions and SUDs.

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