Medicaid Coverage for Children’s Behavioral Health Services

Payment Policies
Objectives

- Highlight: the behavioral health partnership
- Identify: Medicaid’s role in Children’s behavioral health (BH) services
- Provide: high-level population profile
- Identify: Medicaid covered BH services for children
- Highlight: initiatives to improve access to BH services for children
- Provide: high level utilization data
- Highlight: next steps
The Connecticut Behavioral Health Partnership (CT BHP) 

- DSS/DCF/DMHAS form the CTBHP – establish guidelines to ensure effective use of state and federal funds
  - DSS, DMHAS and DCF jointly contract with a behavioral health Administrative Services Organization (ASO), which is Carelon
- Guidelines apply to children receiving services under Medicaid
- Multiple levels of care (LOC) within which a child covered by Medicaid can receive treatment
- Higher LOC requires approval from CTBHP (Carelon)
Medicaid’s Role

- Largest payer of children’s BH services
- Provider network
- Covered services
- Payment rates
Population Profile
Quarterly Youth Member Distribution

- Q1'21: 650,000
- Q2'21: 660,000
- Q3'21: 670,000
- Q4'21: 680,000
- Q1'22: 690,000
- Q2'22: 700,000
- Q3'22: 710,000
- Q4'22: 720,000
- Q1'23: 730,000
- Q2'23: 740,000

Quarterly Youth Member Distribution
Youth Racial Breakdown

**Figure 2: Youth Membership by Race**
# Youth’s Race within Hispanic Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>146,983 (51.4%)</td>
<td>48,246 (57.8%)</td>
</tr>
<tr>
<td>White</td>
<td>72,457 (25.3%)</td>
<td>22,731 (27.2%)</td>
</tr>
<tr>
<td>Black</td>
<td>54,974 (19.2%)</td>
<td>11,001 (13.2%)</td>
</tr>
<tr>
<td>Asian</td>
<td>9,902 (3.5%)</td>
<td>624 (0.7%)</td>
</tr>
<tr>
<td>Another Race</td>
<td>1,824 (0.6%)</td>
<td>905 (1.1%)</td>
</tr>
</tbody>
</table>

*Figure 4: Youth Members by Race within Hispanic Ethnicity in Q2 2023*
Youths by Hispanic Ethnicity

Figure 3: Youth Members by Hispanic Ethnicity
Medicaid-Covered Services
Medicaid-Covered Services

• Inpatient services
• Routine outpatient
• Intensive outpatient and partial hospitalization (IOP & PHP)
• Home-based services (e.g., MDFT, FFT, MST, IICAPS)
• Extended day treatment
• Psychiatric residential treatment facilities (state and privately operated)
• Out-of-state – challenging placements
• Autism spectrum disorder (ASD) services
• Mobile crisis
Medicaid-Covered Services (cont’d)

- School based health centers (private behavioral health agency)
- School based child health services (school district)
- Collaborative Care Model (CoCM) – BH Integration in primary care (2024)
- Substance use disorder residential treatment
Some Medicaid Initiatives
Initiatives to Improve Access to Services

• Pediatric inpatient psychiatric bed expansion rate add-on – 2021 to present
• Pediatric inpatient psychiatric acuity rate add-on – 2021 to present
• Pediatric inpatient discharge delay rate – eliminated
• Removed all prior authorization requests for routine care
• Mobile crisis enhancement – 4/1/22
• School-based mental health – paying for screening, brief intervention, and referral to treatment (SBIRT) codes in school-based health centers
• Urgent care centers (UCCs) – under State Plan Amendment (SPA) development
• Pediatric inpatient psychiatric medical acuity rate add-on – under SPA development
• E-consults to include psychiatrists and psychiatric APRNs
• Integrated Care for Kids (InCK) in New Haven
Pending Medicaid Initiatives
Under consideration and/or development

• Urgent Crisis Centers (currently ARPA funded) - Development

• Medicaid Rate Study - Underway
  • DSS is conducting a rate study that includes behavioral health services
  • DSS contracted with Myers and Stauffer to conduct the rate study
  • DSS intends to deliver an interim report on the rate study analysis to the legislature by February 1, 2024
Children’s Urgent Care Centers

• Medicaid payment development update
• Target implementation date: April 1, 2024

DSS is proposing to use the following billing codes for UCCs
  • Nurse triage (is the child in the correct setting based on clinical presentation)
  • Nurse assessment
  • Psychiatric evaluation
  • Crisis codes (not mobile crisis codes)
    • Most ongoing services will be billed under the crisis codes
Behavioral Health Services Utilization Data
YOUTH EXECUTIVE SUMMARY
Q1 & Q2 2023: January – June 2023

Figure 8: Authorization-Based In-State Pediatric IPF Discharge Volume and ALOS
Figure 14: Youth IPF Acuity-Based Rate Add-On Authorization Volume from Q3 2021 to Q2 2023
Inpatient Utilization Data

Figure 9: Claims-Based In-State Pediatric IPF Discharge Volume and ALOS
Figure 12: Authorization-Based Youth IPF PAR Provider Seven-Day Readmission Rates
Figure 13: Authorization-Based Youth IPF PAR Provider 30-Day Readmission Rates
Inpatient Utilization Data

Figure 15: Authorization-Based Youth IPF Delayed Discharge Volume
Youth Utilization Data – Diagnosis-Based

**Figure 10:** Percent of Authorization-Based In-State IPF Discharges by Primary Diagnosis Group in Q1 & Q2 2023
### In-Home Services Utilization

<table>
<thead>
<tr>
<th>Service</th>
<th>Q1 ’21</th>
<th>Q2 ’21</th>
<th>Q3 ’21</th>
<th>Q4 ’21</th>
<th>Q1 ’22</th>
<th>Q2 ’22</th>
<th>Q3 ’22</th>
<th>Q4 ’22</th>
<th>Q1 ’23</th>
<th>Q2 ’23</th>
</tr>
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<tbody>
<tr>
<td>Tx Plan Dev &amp; Prog Book Dev</td>
<td>527</td>
<td>458</td>
<td>467</td>
<td>463</td>
<td>595</td>
<td>570</td>
<td>620</td>
<td>613</td>
<td>564</td>
<td>671</td>
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<td>Behavioral Assessment</td>
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<td>397</td>
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<td>408</td>
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<td>Diagnostic Evaluation</td>
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<td>360</td>
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<td>Service Delivery</td>
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Table 8: ASD Authorizations by Service
## Lower Levels of Care Utilization Data

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<th>Q1 '22</th>
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<td>Functional Family Therapy</td>
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<tr>
<td>Intensive In-Home Child Adolescent Psych Services (IICAPS)</td>
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<tr>
<td>Intensive Outpatient (IOP) - MH</td>
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<td>353</td>
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<tr>
<td>Multi-Dimensional Family Therapy (MDFT)</td>
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<td>Multi-Systematic Therapy (MST)</td>
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<tr>
<td>Partial Hospitalization (PHP) - MH</td>
<td>173</td>
<td>186</td>
<td>176</td>
<td>194</td>
<td>219</td>
<td>203</td>
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</tbody>
</table>

*Table 9: Authorization-Based Admissions and Admissions per 1,000 for Youth Lower Levels of Care (LLOC)*
Expenditures Across Levels of Care
Expenditures All Youth Services
Expenditures Birth to Three

PMPM Dashboard 2018-2023

Graph
Table
Member Months
Total Paid
PMPM
Connecticut RHP
Supporting Health and Recovery

Date Period
January 2021
June 2023
Aggregation
Quarter

Level of Care
Show
Hide
High/Low
All

Telehealth
Hide
LOC
Birth to T
All

Benefit Package
Hide
Package
Birth to T
All

Age
Hide
Age Group
Multiple values

Other Demographic
Hide
Demographic Filters
All
Neurocognitive
Hide
Neurodevelopmental
All

Birth to Three Services

Graph showing expenditures from Q1 2021 to Q2 2023, with a steady increase in spending.
Expenditures Youth Outpatient
Expenditures ASD
Expenditures for Youth IICAPS
Expenditures for Youth IPF Community & State
Next Steps
Next Steps

**Complete**
Complete the first phase of the rate study analysis and submit the findings to the legislature

**Continue**
Continue collaborative work with key stakeholders (providers, state partners, etc.)

**Continue**
Continue to explore methods for improving access, diversity, quality and outcomes across all levels of BH care

**Continue**
Continue to provide flexibility in service delivery without compromising quality

**Continue**
Continue data collection, tracking and monitoring
Next Steps (Cont’d)

- Continue to monitor systems throughput issues and address service gaps
- Implement value-based payment model to ensure access, improve quality, and promote equity in outpatient service delivery
- Enhance data collection and analysis to promote equity
- Continue to support efforts to build the provider workforce
Thank You!

- Questions?