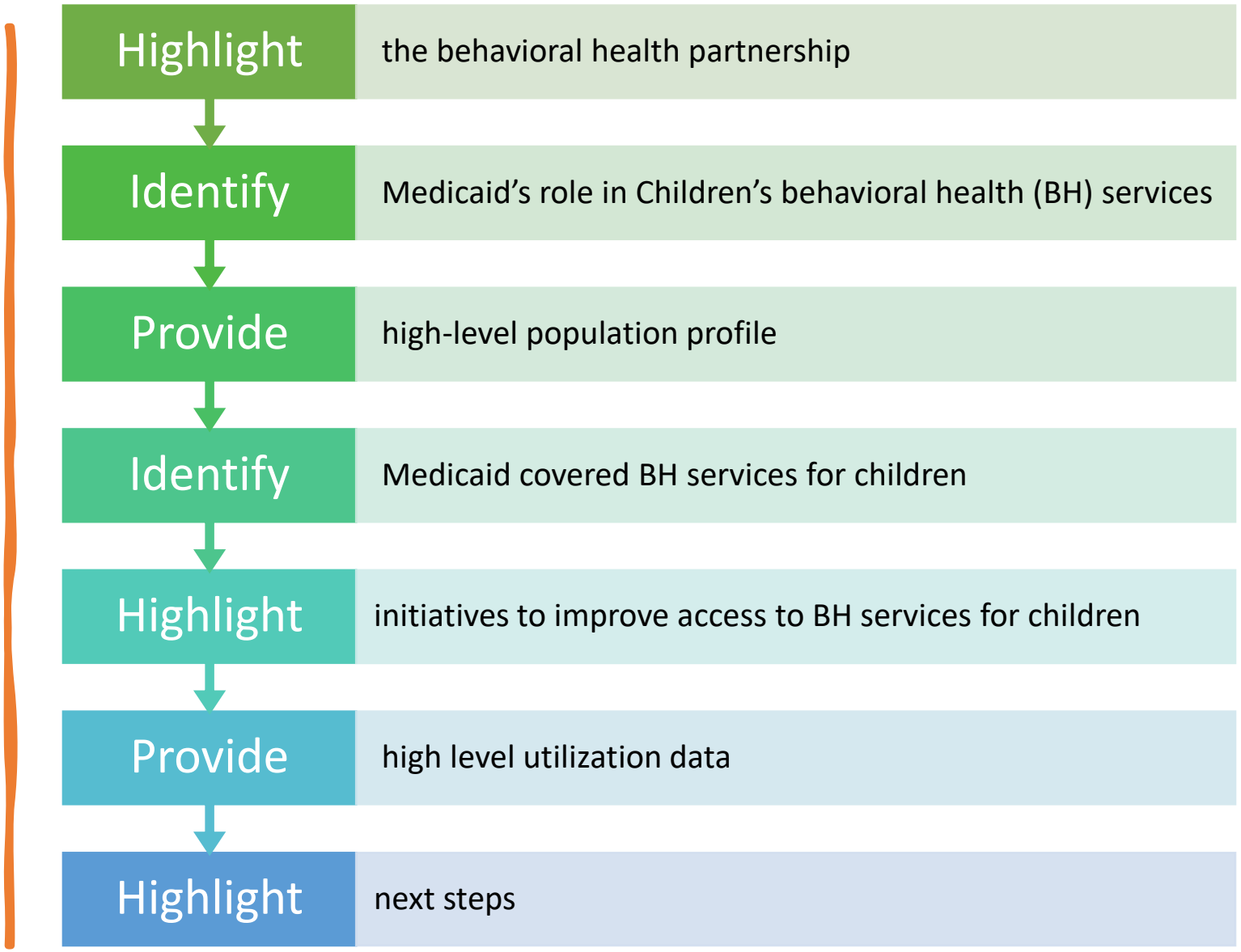
Medicaid Coverage for Children's Behavioral Health Services

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)

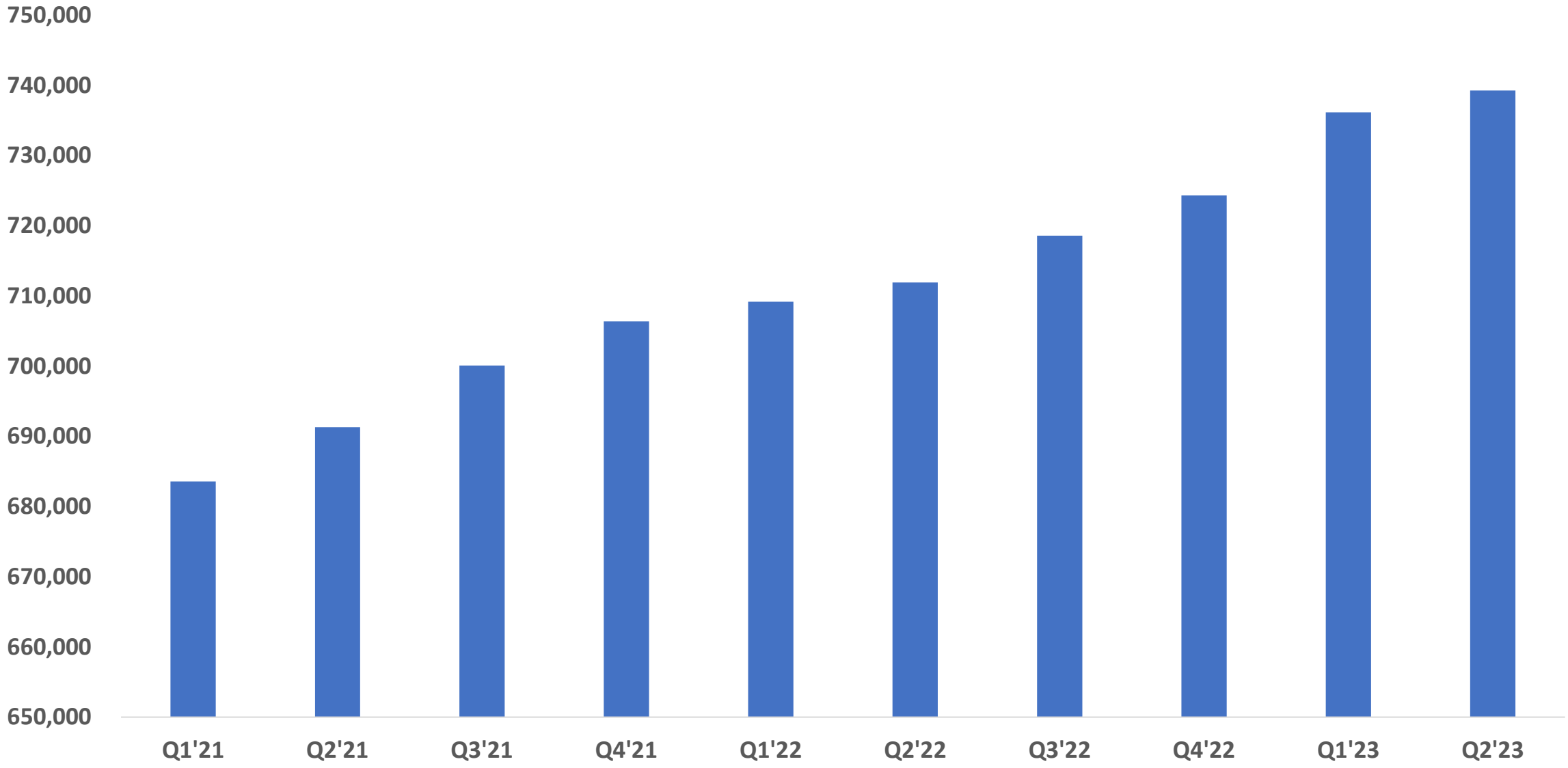
- DSS/DCF/DMHAS form the CTBHP – establish guidelines to ensure effective use of state and federal funds
  - DSS, DMHAS and DCF jointly contract with a behavioral health Administrative Services Organization (ASO), which is Carelon
- Guidelines apply to children receiving services under Medicaid
- Multiple 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



Youth Racial Breakdown

YOUTH EXECUTIVE SUMMARY

Q1 & Q2 2023: January – June 2023

Connecticut BHP
Supporting Health and Recovery

Administered by carelon Behavioral Health

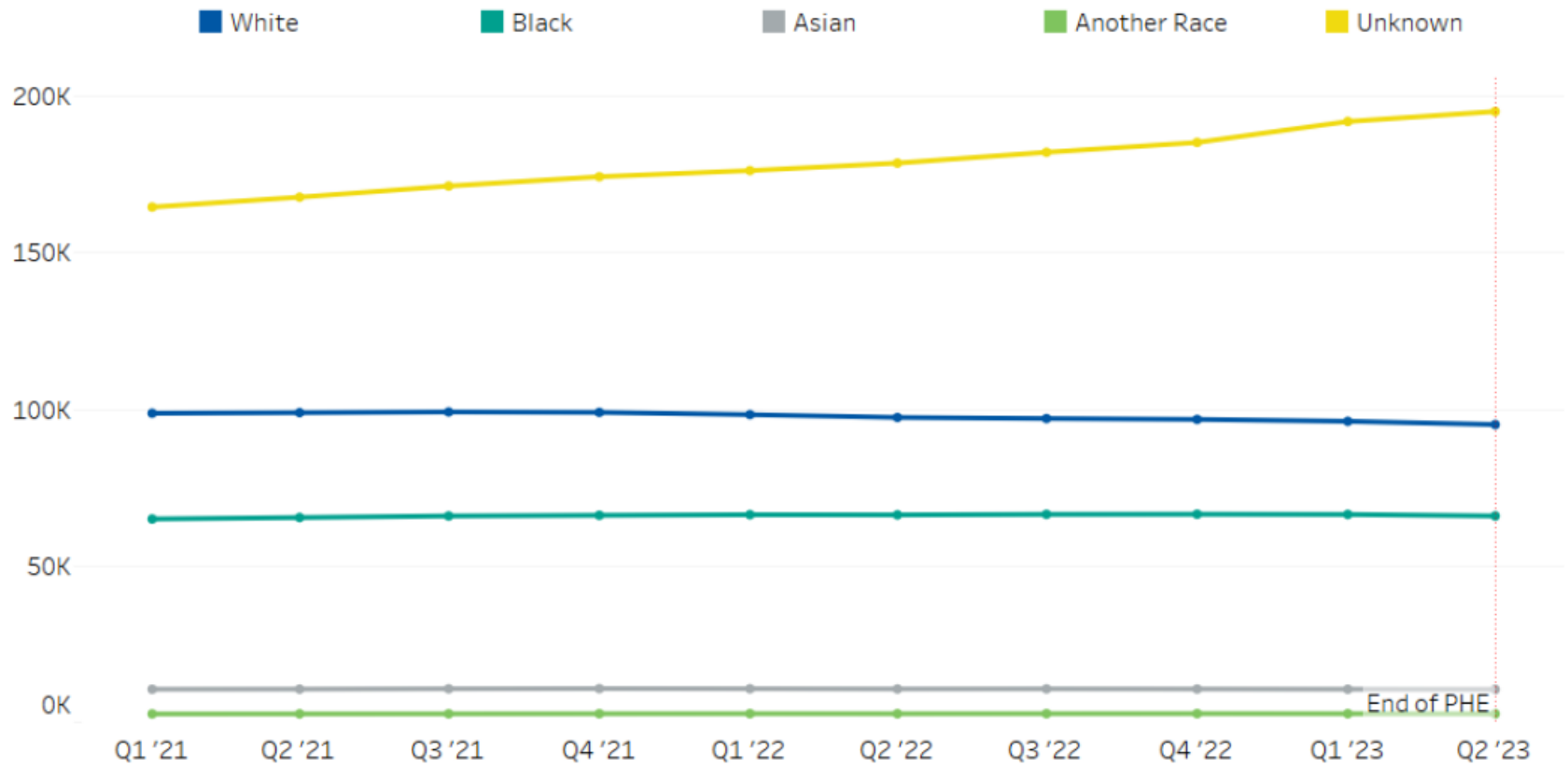


Figure 2: Youth Membership by Race

Youth's Race within Hispanic Ethnicity

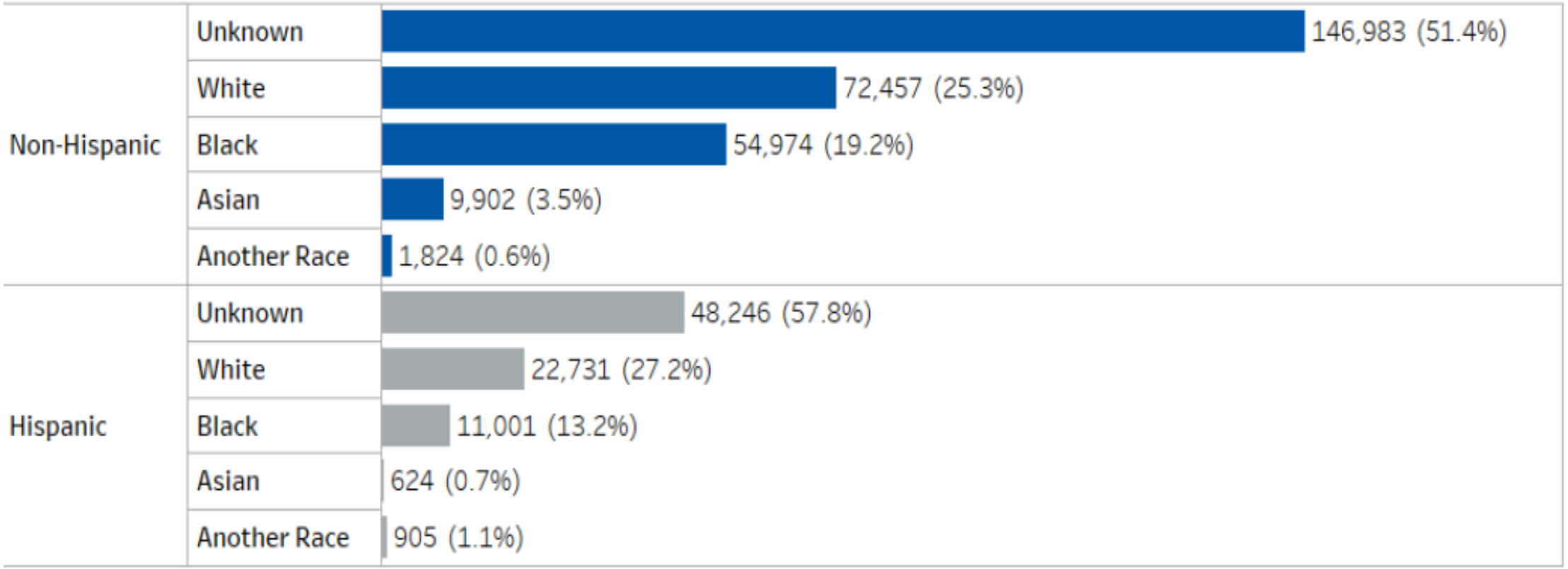


Figure 4: Youth Members by Race within Hispanic Ethnicity in Q2 2023

Youths by Hispanic Ethnicity

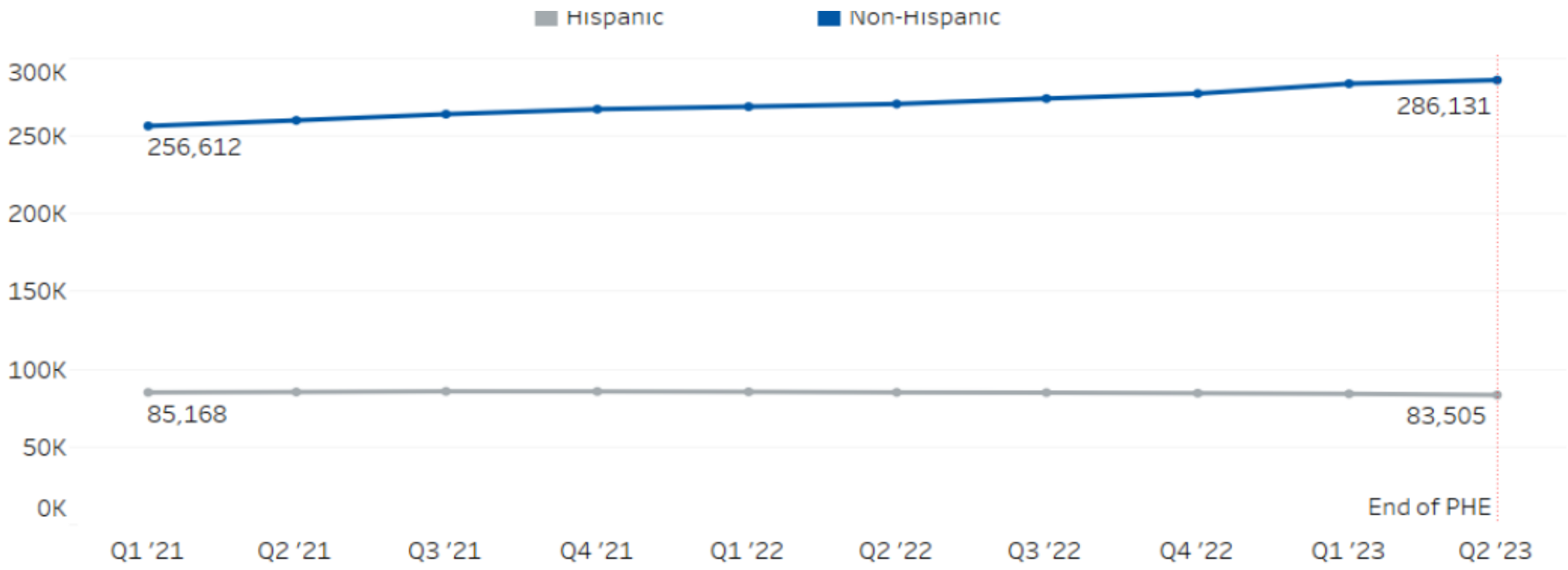


Figure 3: Youth Members by Hispanic Ethnicity

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

Inpatient Psychiatric Facility (IPF) Utilization Data

YOUTH EXECUTIVE SUMMARY

Q1 & Q2 2023: January – June 2023

Connecticut BHP
Supporting Health and Recovery

Administered by carelon Behavioral Health

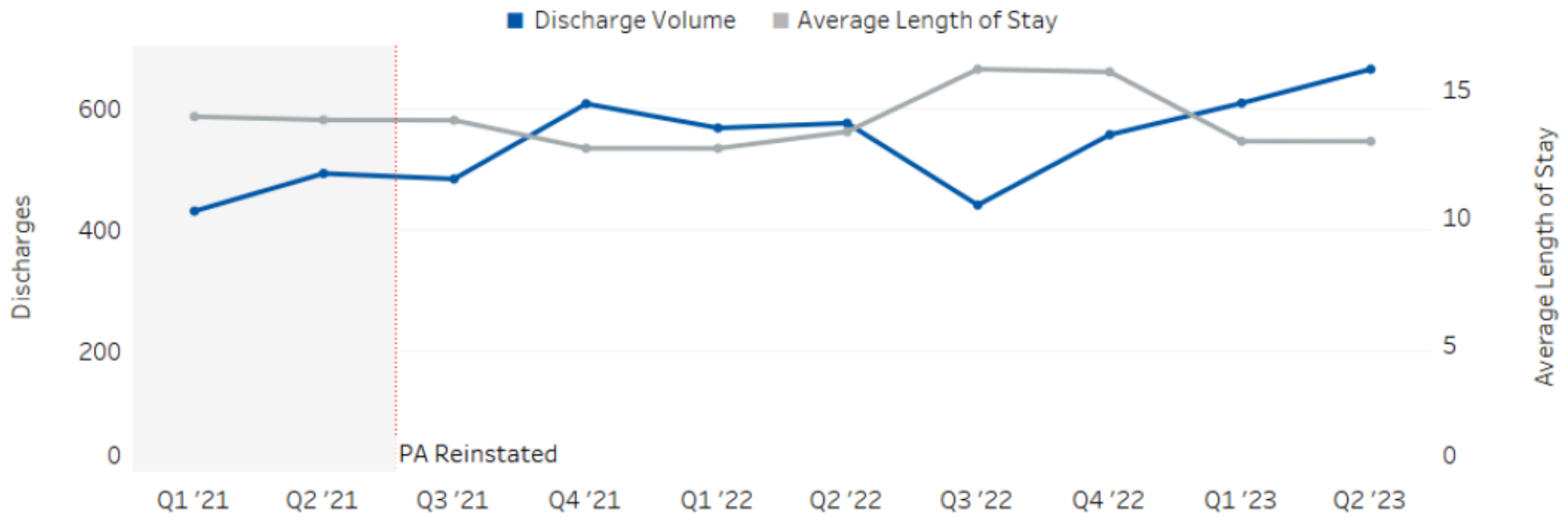


Figure 8: Authorization-Based In-State Pediatric IPF Discharge Volume and ALOS

Inpatient Utilization Data

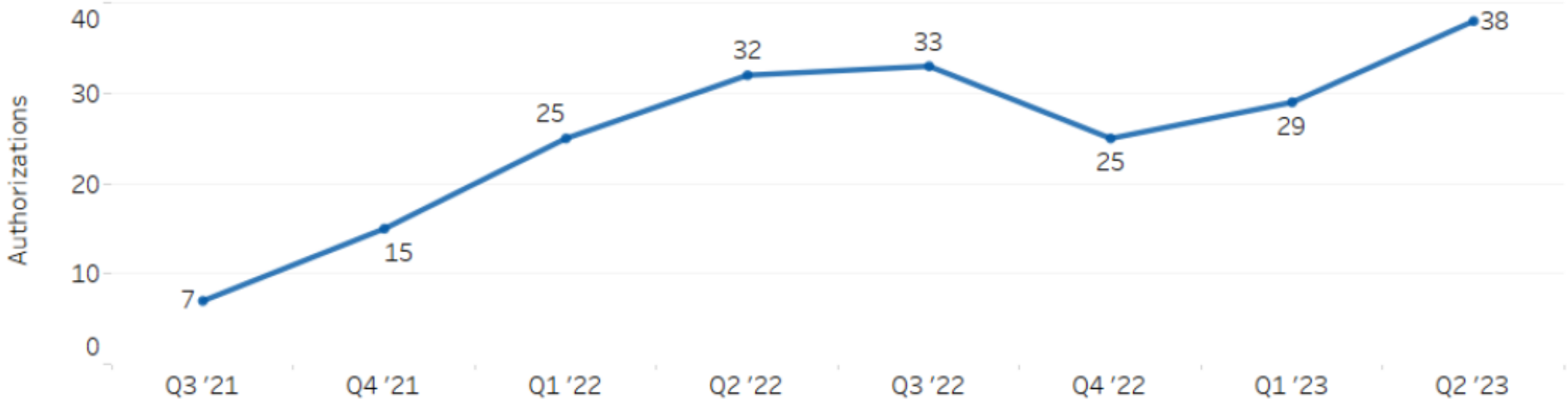


Figure 14: Youth IPF Acuity-Based Rate Add-On Authorization Volume from Q3 2021 to Q2 2023

Inpatient Utilization Data

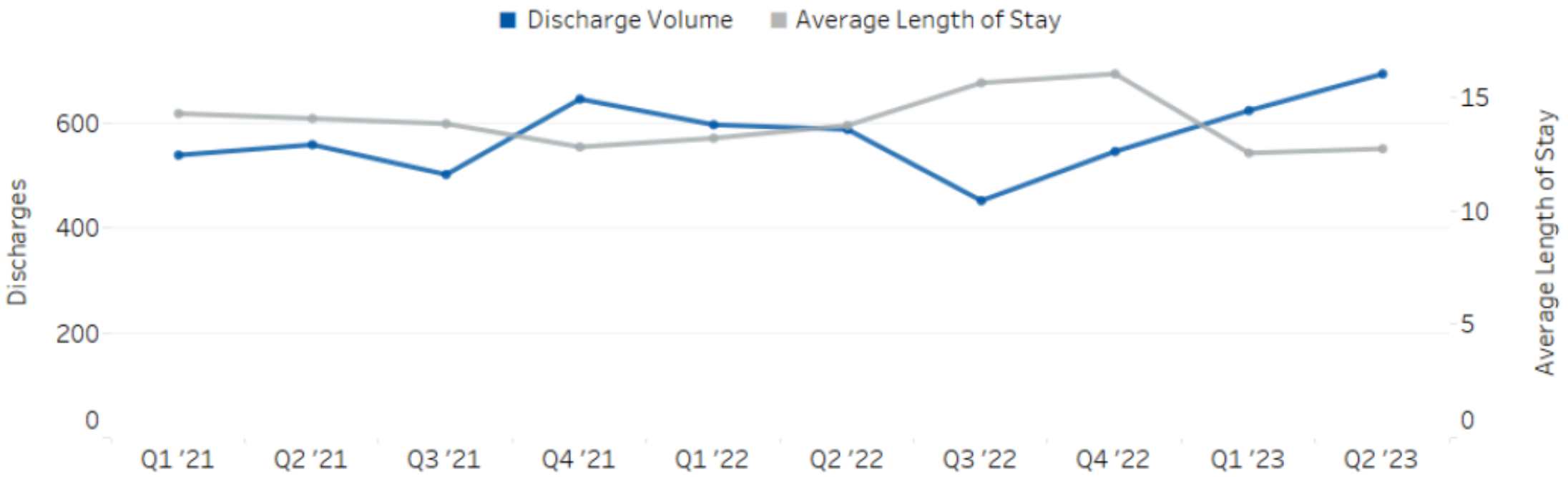


Figure 9: Claims-Based In-State Pediatric IPF Discharge Volume and ALOS

Inpatient Utilization Data

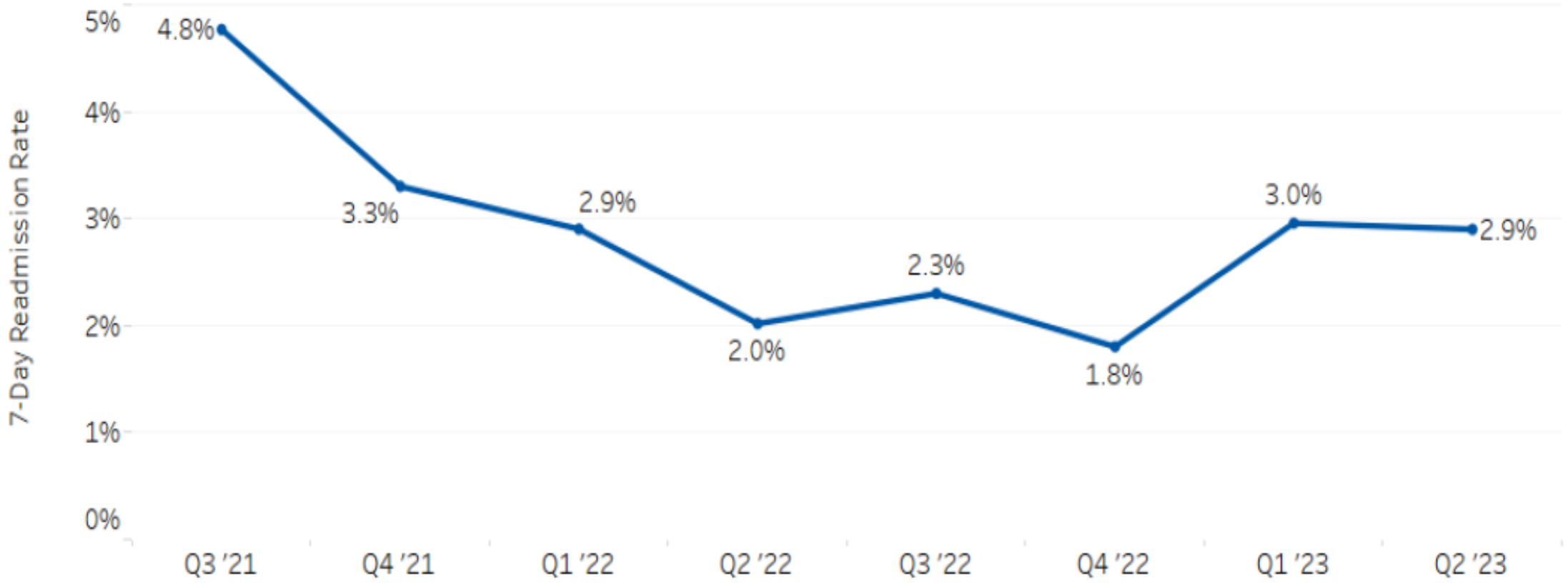


Figure 12: Authorization-Based Youth IPF PAR Provider Seven-Day Readmission Rates

Inpatient Utilization Data

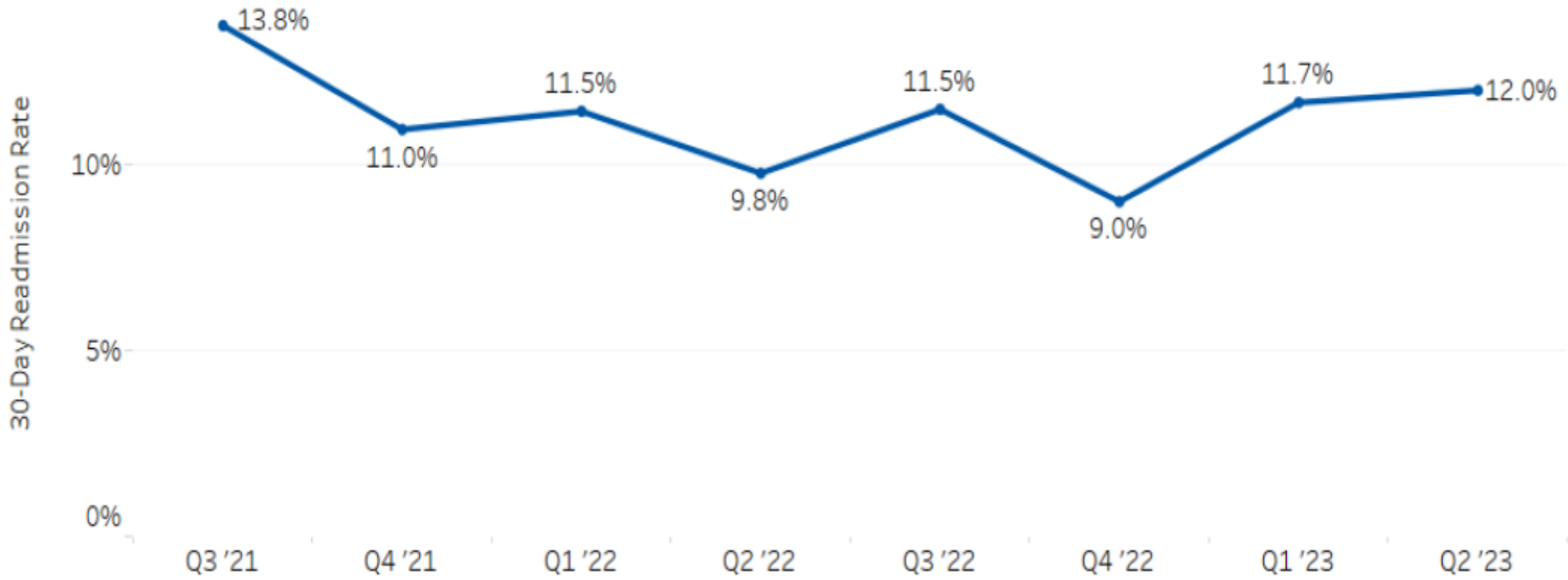


Figure 13: Authorization-Based Youth IPF PAR Provider 30-Day Readmission Rates

Inpatient Utilization Data

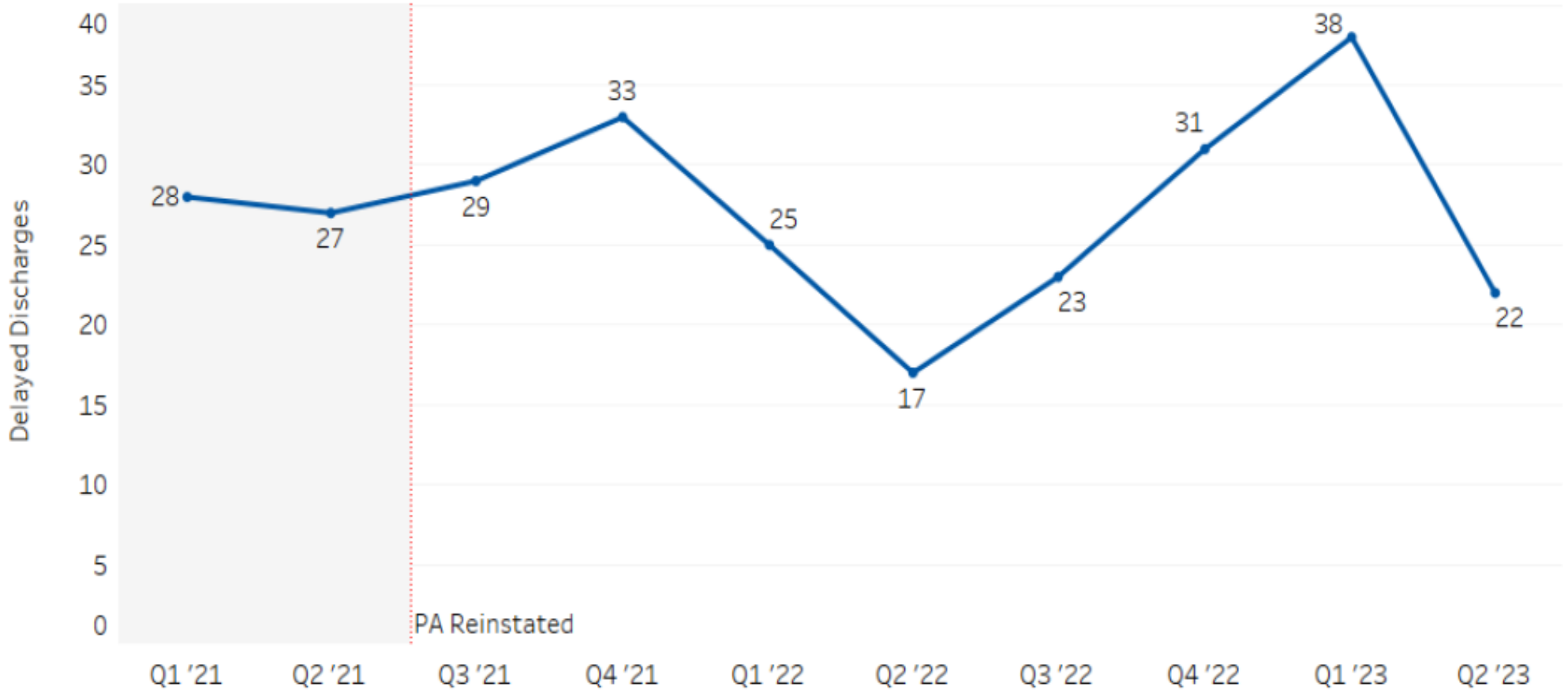


Figure 15: Authorization-Based Youth IPF Delayed Discharge Volume

Youth Utilization Data – Diagnosis-Based

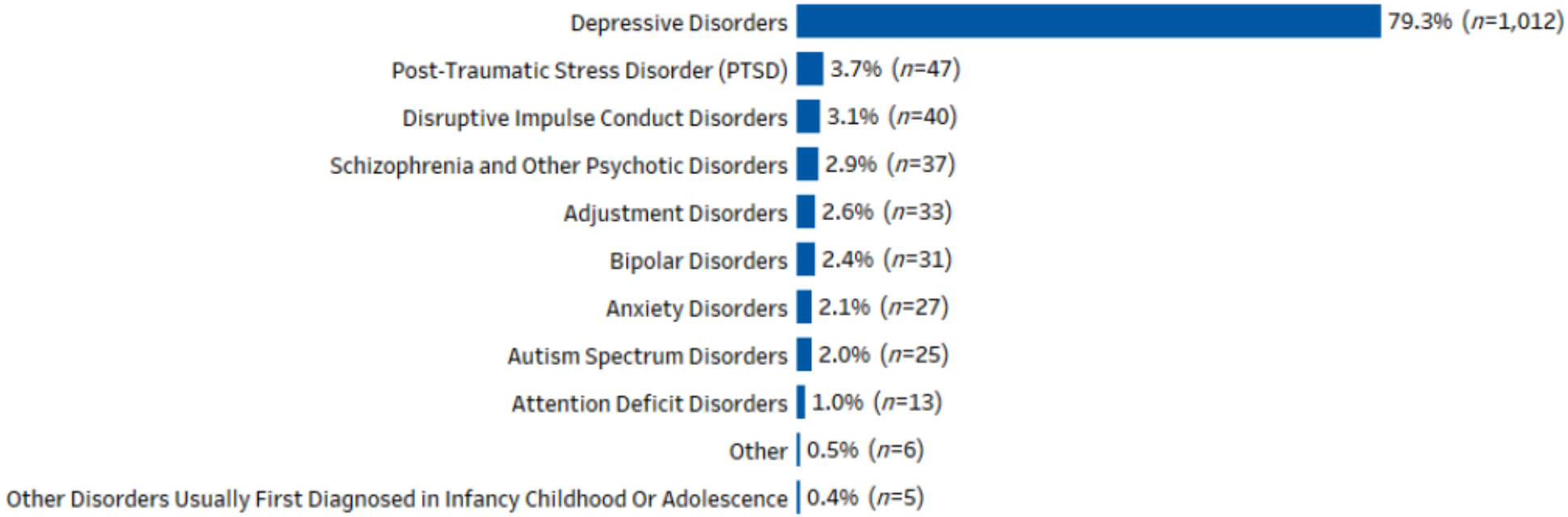


Figure 10: Percent of Authorization-Based In-State IPF Discharges by Primary Diagnosis Group in Q1 & Q2 2023

In-Home Services Utilization

	Q1 '21	Q2 '21	Q3 '21	Q4 '21	Q1 '22	Q2 '22	Q3 '22	Q4 '22	Q1 '23	Q2 '23
Tx Plan Dev & Prog Book Dev	527	458	467	463	595	570	620	613	564	671
Behavioral Assessment	441	397	419	408	550	534	535	555	546	606
Diagnostic Evaluation	353	315	337	360	392	433	414	373	481	468
Service Delivery	296	286	232	250	279	299	302	257	279	295
Direct Obs & Direction	295	286	231	249	278	297	302	256	279	291

231 671

Table 8: ASD Authorizations by Service[14]

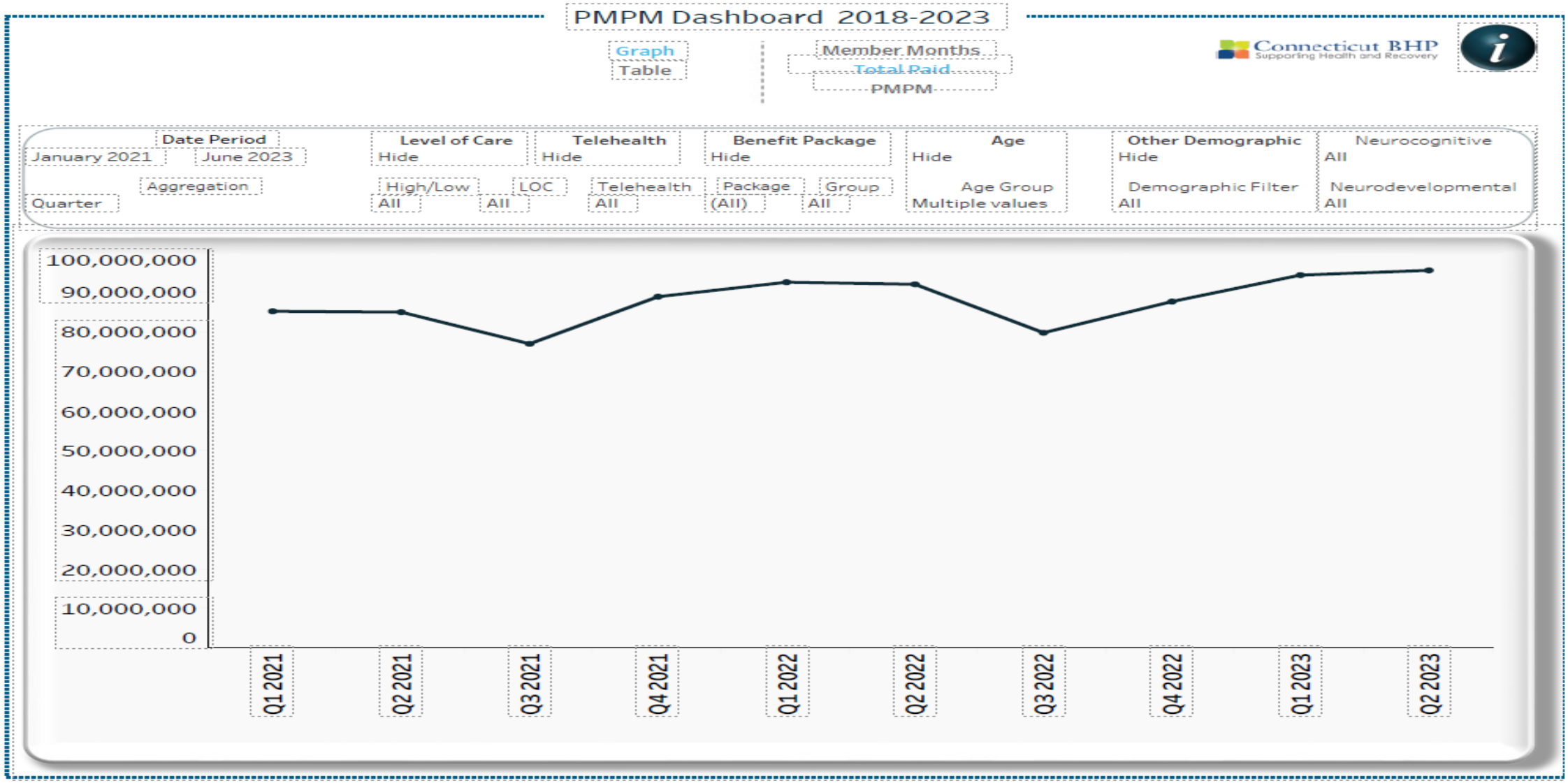
Lower Levels of Care Utilization Data

		Q1 '21	Q2 '21	Q3 '21	Q4 '21	Q1 '22	Q2 '22	Q3 '22	Q4 '22	Q1 '23	Q2 '23
Extended Day Treatment (EDT)	Admissions	80	116	141	111	105	113	111	85	106	71
	Admits/1,000	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Functional Family Therapy	Admissions	57	61	58	42	38	30	59	44	52	39
	Admits/1,000	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Intensive In-Home Child Adolescent Psych Services (IICAPS)	Admissions	432	462	373	349	379	338	346	288	327	304
	Admits/1,000	0.4	0.5	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3
Intensive Outpatient (IOP) - MH	Admissions	328	398	353	441	399	468	388	404	446	429
	Admits/1,000	0.3	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4
Intensive Outpatient (IOP) - SUD	Admissions								4	13	9
	Admits/1,000								0.0	0.0	0.0
Multi-Dimensional Family Therapy (MDFT)	Admissions	92	127	111	89	89	74	84	81	95	72
	Admits/1,000	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Multi-Systematic Therapy (MST)	Admissions	51	45	44	45	48	43	29	34	46	28
	Admits/1,000	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Partial Hospitalization (PHP) - MH	Admissions	173	186	176	194	219	203	131	175	163	147
	Admits/1,000	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1
Partial Hospitalization (PHP) - SUD	Admissions									2	1
	Admits/1,000									0.0	0.0

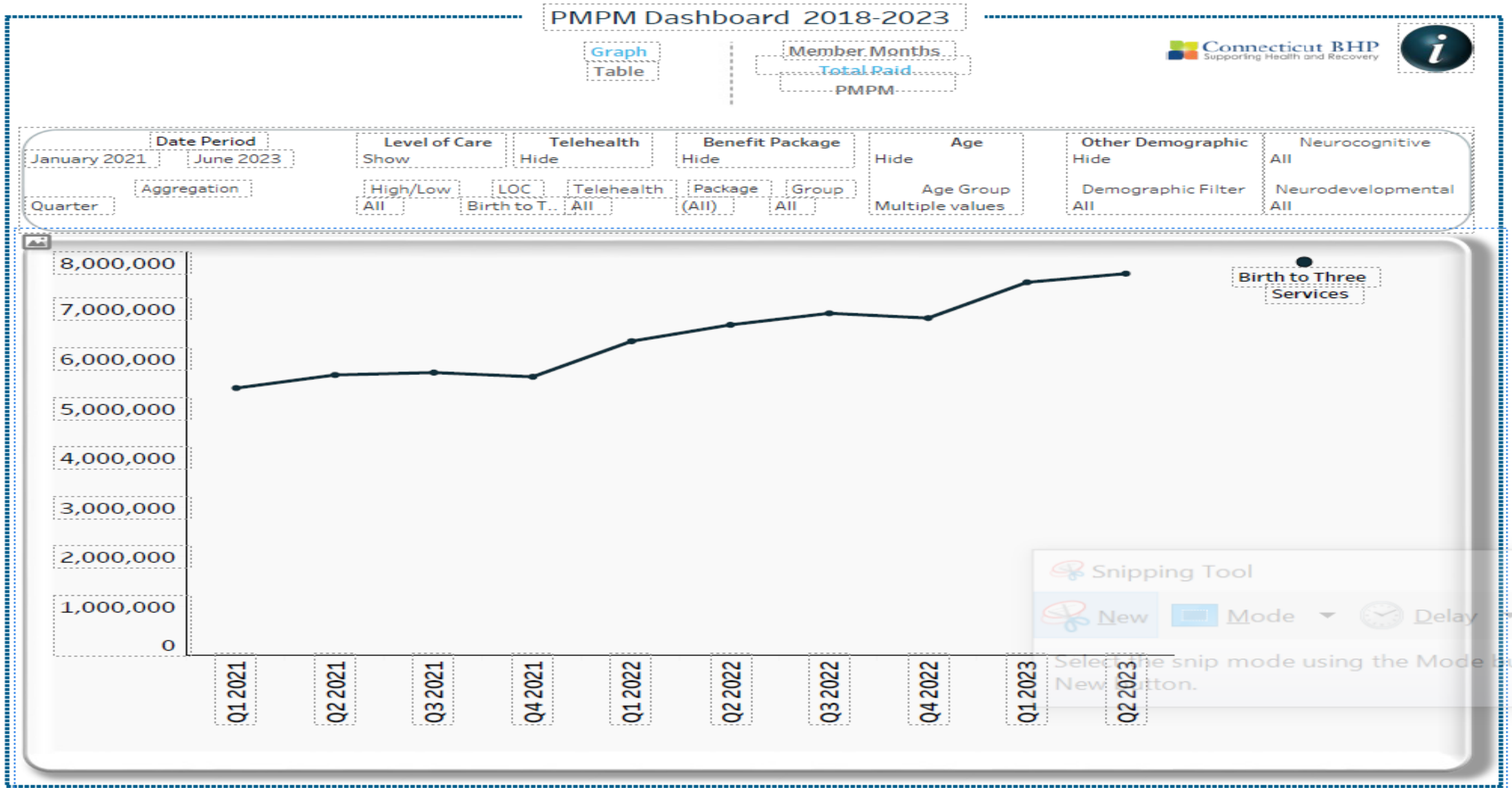
Table 9: Authorization-Based Admissions and Admissions per 1,000 for Youth Lower Levels of Care (LLOC)

Expenditures Across Levels of Care

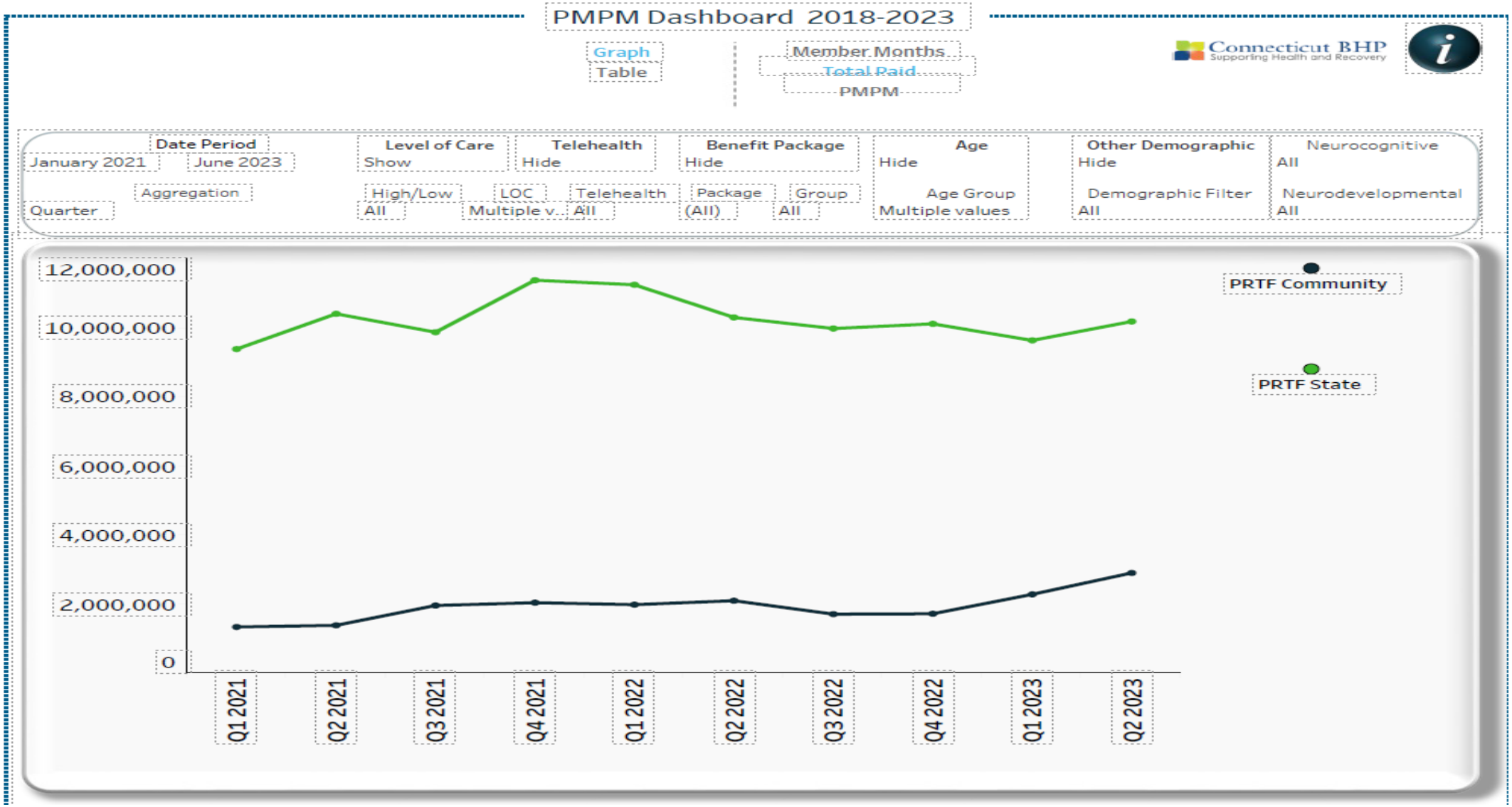
Expenditures All Youth Services



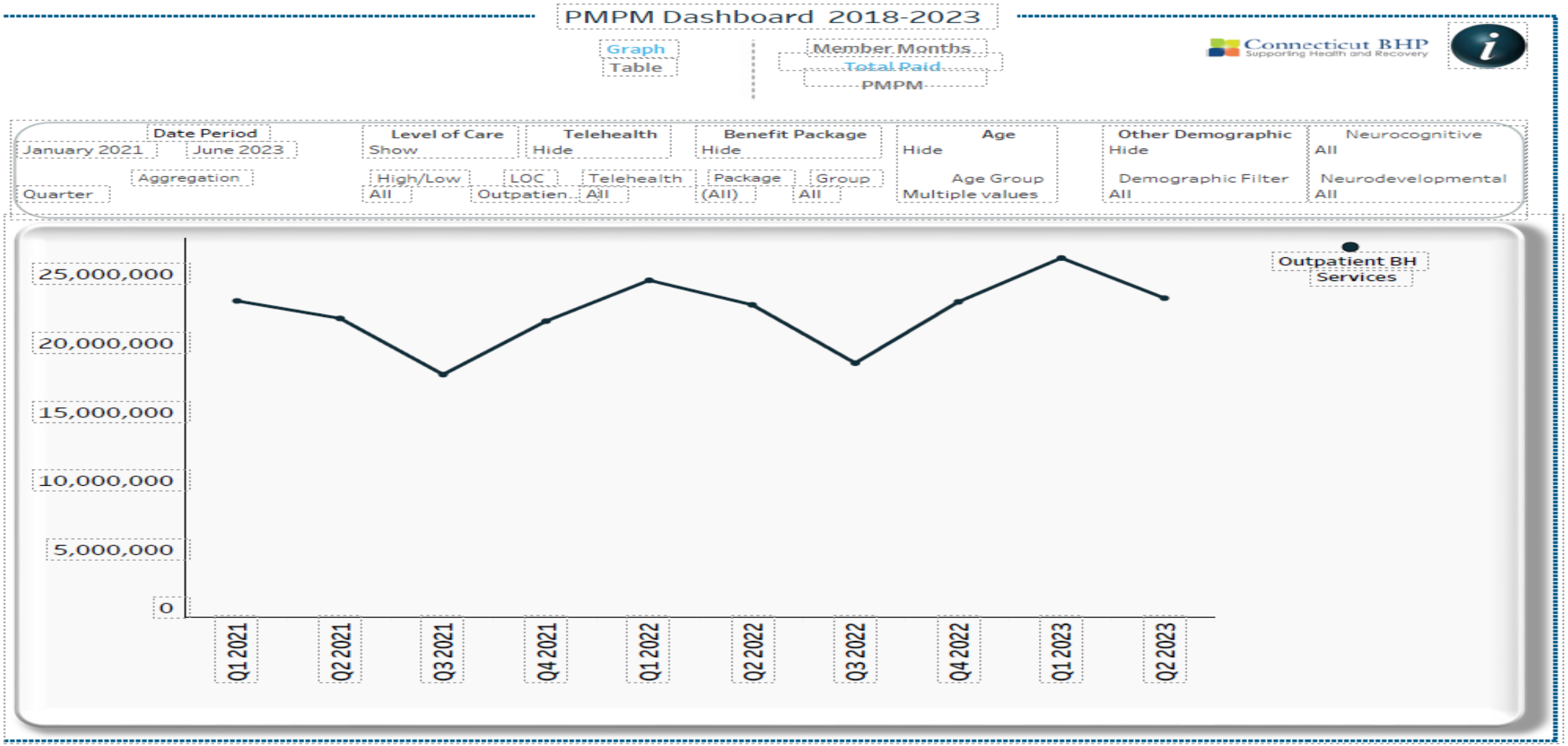
Expenditures Birth to Three



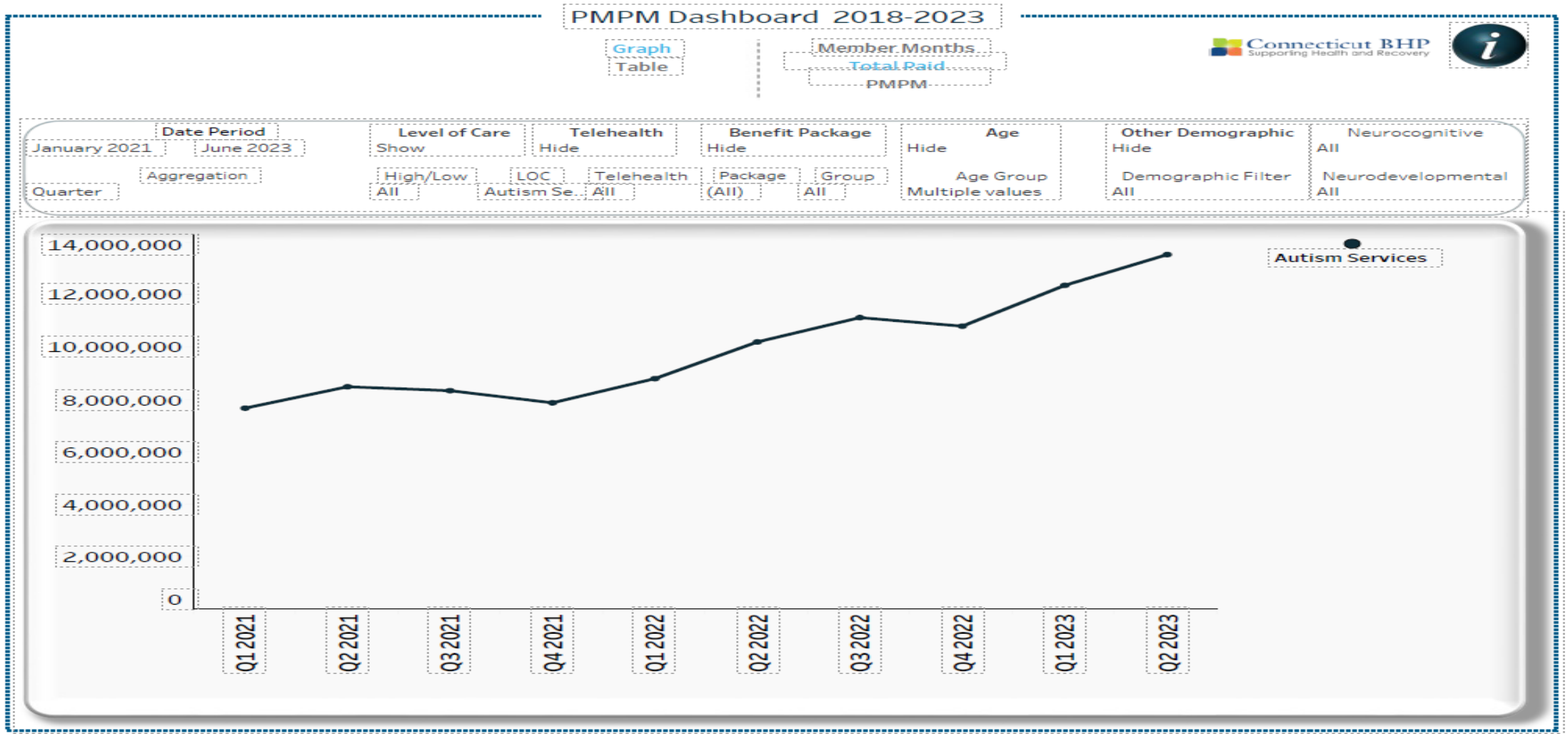
Expenditures PRTF Community & State



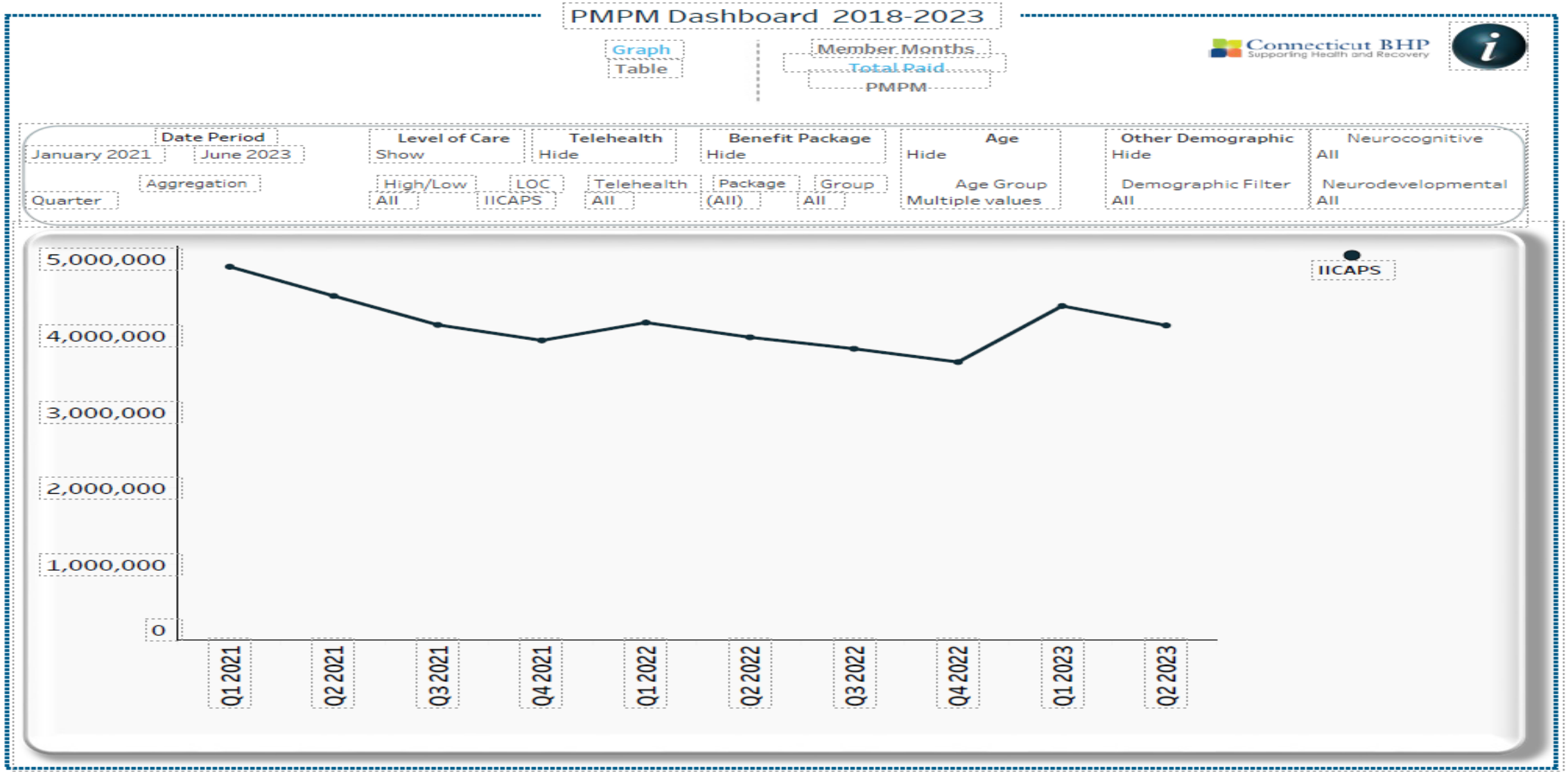
Expenditures Youth Outpatient



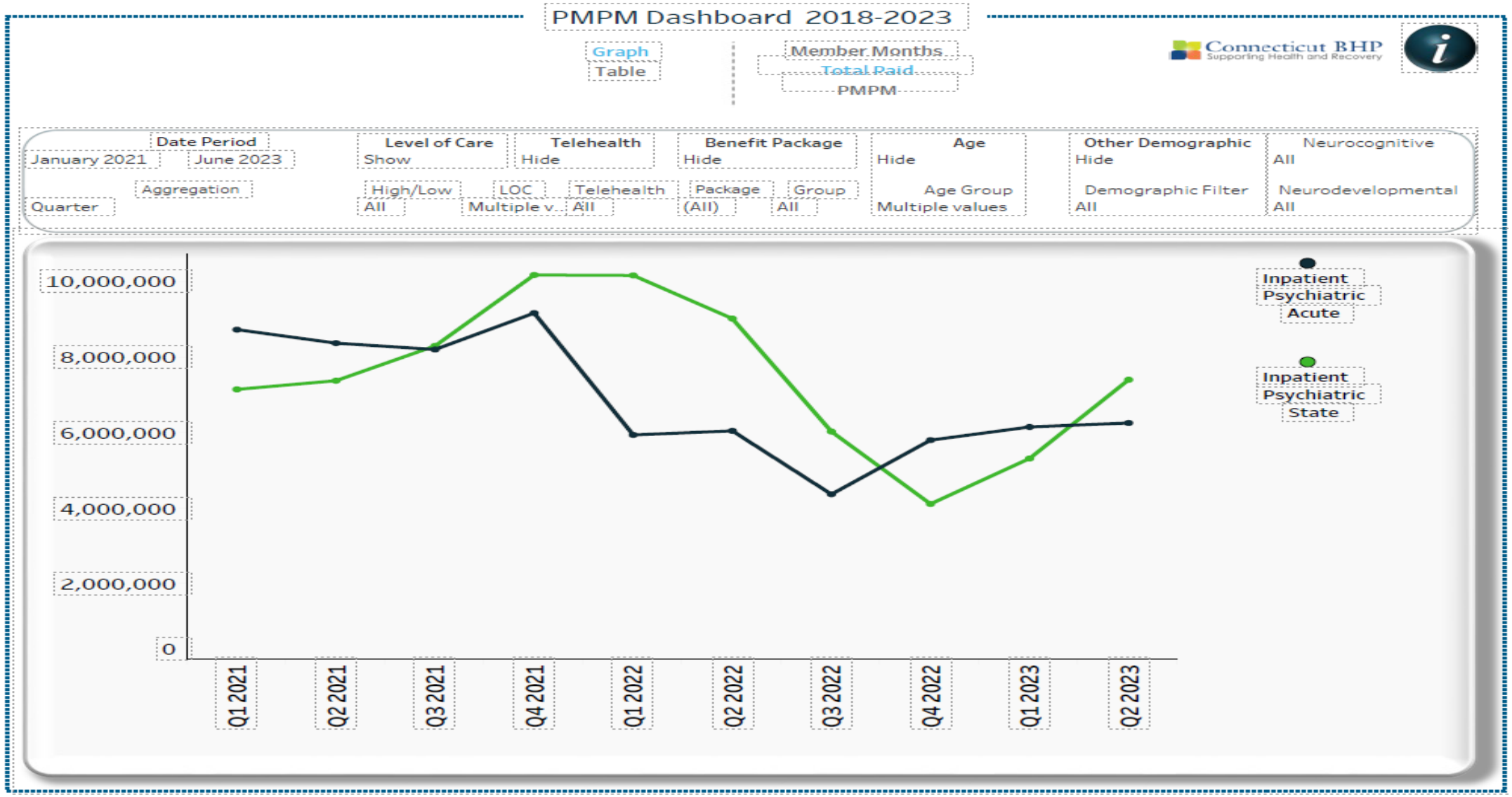
Expenditures ASD



Expenditures for Youth IICAPS



Expenditures for Youth IPF Community & State



Next Steps

Next Steps

Complete	Continue	Continue	Continue	Continue
Complete the first phase of the rate study analysis and submit the findings to the legislature	Continue collaborative work with key stakeholders (providers, state partners, etc.)	Continue to explore methods for improving access, diversity, quality and outcomes across all levels of BH care	Continue to provide flexibility in service delivery without compromising quality	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?