

FINANCING BRIEF

Implementation of Health Reform for Children's Mental Health

Beth A. Stroul, M.Ed.
Jonathan Safer-Lichtenstein, B.S.
Linda Henderson-Smith, Ph.D., LPC
Lan Le, M.P.A.

MAY 2015

The National Technical Assistance Center for Children's Mental Health at Georgetown University (TA Center), in collaboration with the National Association of State Mental Health Program Directors, conducted an environmental scan to explore activities for the implementation of health reform through the lens of services for children, youth, and young adults with mental health conditions and their families. The 2015 scan is the third annual scan that is part of the TA Center's health care reform tracking project, which is designed to monitor and describe implementation of the Affordable Care Act (ACA) in states and the impact on children's mental health. The periodic scans identify new activity and track progress in planning for and implementing the various provisions of the ACA. All scan questions ask for information on provisions that *"specifically include and address the needs of children, adolescents, and young adults with mental health challenges."*

The tracking project also involves follow-up contacts with states where activity is identified to collect descriptive information about their approaches, using document reviews and personal communication with state leaders. This information is disseminated on the TA Center's website to inform the work of other states as they move forward with the implementation of health reform.

The scan respondents were primarily children's mental health directors in each state. In some states, respondents were other individuals identified by the children's directors as most knowledgeable in this area. For the 2015 scan, responses were received from 49 states, the District of Columbia, and Guam, for a total of 51 respondents. The results are summarized below.



Available at: http://gucchd.georgetown.edu/products/FinanceBrief_HealthReform.pdf

Suggested Citation: Stroul, B., Safer-Lichtenstein, J., Henderson-Smith, L., & Le, L. (2015). *Financing Brief: Implementation of Health Reform for Children's Mental Health*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.

HEALTH REFORM PROVISIONS EXPLORED

The specific ACA provisions explored in the scan include:

- **Health Homes:** Health Homes are a Medicaid option available to states to design programs to better serve persons with chronic illnesses, serious mental health conditions, and/or addiction disorders. These structures must provide for an individual's primary care and disability-specific service needs, and must provide care management and coordination for all the services needed by each person. Children with serious mental health conditions comprise an eligible population for Health Homes.

- **Medicaid and the Children’s Health Insurance Program (CHIP) Expansion:** The expansion of Medicaid and CHIP provides a vehicle for delivering needed health and behavioral health services to many more children. It is estimated that enrollment in these programs will increase by 33% by 2019. As a result, states are able to expand access to behavioral health services to children, youth, and young adults who are currently uninsured or under-insured.
- **1915(j) State Plan Amendments:** These amendments of state Medicaid plans allow states a means to offer home- and community-based services to more individuals. Children with serious emotional disorders comprise one of the populations that can be served, along with adults with severe mental illness and seniors at risk of placement in nursing homes. Using this provision, children up to 150% of the poverty level no longer must meet the criteria for institutional care to receive “waiver-type” services such as respite and wraparound facilitation/intensive care management.
- **Money Follows the Person:** The Money Follows the Person Rebalancing Demonstration is part of a comprehensive strategy within Medicaid to assist states to make widespread changes to their long-term care support systems. This initiative was included in the ACA and encourages states to reduce reliance on institutional care while developing community-based, long-term care alternatives. The target population for this initiative includes children and youth with serious emotional disorders who have been in psychiatric hospitals or psychiatric residential treatment facilities (PRTFs) for at least 90 days.
- **Accountable Care Organizations (ACOs):** These organizations are structures created by the ACA that are responsible for providing, managing, and coordinating the total care of a defined population of 5,000 or more individuals. ACOs are created by linking a group of providers to form a single entity with shared governance and with clinical and financial incentives to provide high-quality health services at a reduced cost. The ACA calls for demonstration pilots of ACOs, but does not specify how behavioral health (or more specifically children’s behavioral health) should be incorporated.
- **1915(c) Medicaid Waiver (Not ACA):** The scan included 1915(c) Medicaid waivers, even though these waivers are not a provision of the ACA. Referred to as a “home- and community-based services waiver,” 1915(c) waivers allow states to provide long-term care services in home- and community-based settings. States can offer a variety of services under this waiver, including a combination of standard medical services and non-medical services, such as case management, home health aide, habilitation (both day and residential), and respite care. States can also propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community. These waivers can be used to provide home- and community-based services to children and youth with serious mental health conditions.

STATUS OF PLANS AND ACTIVITIES FOR IMPLEMENTATION OF ACA PROVISIONS

Big Picture

The overall landscape of health reform is summarized in **Table 1**. All of the provisions, with the exception of Money Follows the Person, are either being explored, planned, or implemented by more than half of the states. For all of these stages combined, the provisions with the most activity for children’s mental health are Health Homes and Medicaid and CHIP expansion.

Table 1 Provisions Being Explored, Planned, or Implemented

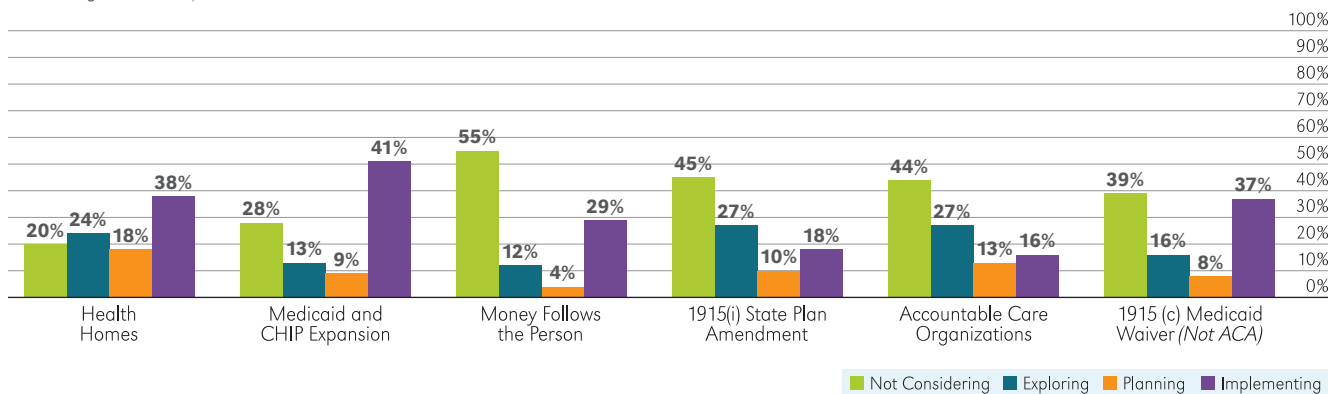
PROVISION	% STATES
Health Homes	80%
Medicaid/CHIP Expansion	72%
1915(c) Medicaid Waiver	61%
Accountable Care Organizations	56%
1915(i) State Plan Amendments	55%
Money Follows the Person	45%

Graph 1 shows which provisions are in each of the three stages of exploration, planning, or implementation, or if they are not being considered at this time for children’s mental health.

- **Provisions Being Explored:** Accountable Care Organizations, 1915(i) State Plan Amendments, and Health Homes are the provisions being explored by the most states, with approximately one-quarter of the states considering each.
- **Provisions Being Planned:** Similar to the stage of exploration, Health Homes, Accountable Care Organizations, and 1915(i) State Plan Amendments are the provisions most frequently reported in the planning stage.
- **Provisions Being Implemented:** The provisions that are furthest along in development are Medicaid and CHIP expansion, Health Homes, and 1915(c) Waivers. Medicaid and CHIP expansion is in the implementation stage in more than half the states, with Health Homes and 1915(c) Waivers reported to be implemented in approximately 40% of the states.

Graph 1 Status of ACA Provisions

Percentage of States/Territories

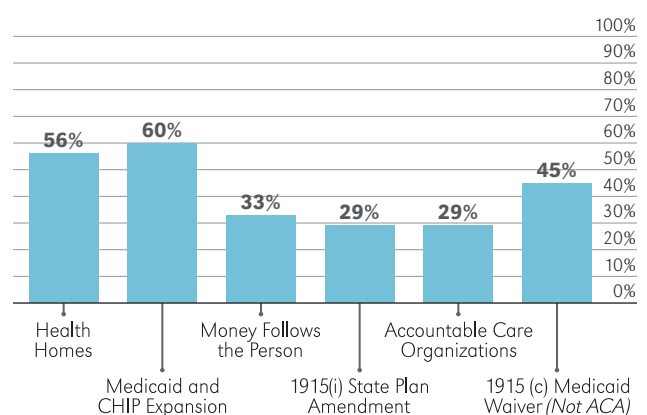


Provisions in Advanced Planning and Implementation Stages

To assess progress, **Graph 2** shows only those health reform provisions that have moved beyond exploration and are currently in either the planning or implementation stages. The provision being planned and implemented by the most states is Medicaid and CHIP expansion (60%), followed by Health Homes (56%). Medicaid 1915(c) Waivers, although not an ACA provision, are being planned and implemented by 45% of the states. All of the other provisions are being planned and implemented by less than one-third of the states.

Graph 2 ACA Provisions in the Planning and Implementation Stages

Percentage of States/Territories Planning or Implementing Provision



CHANGES FROM 2013 TO 2015 SCANS

Provisions in Advanced Stages of Planning and Implementation in 2013, 2014, and 2015

With three scans completed, it is possible to track changes in the implementation of ACA provisions from 2013 to 2014 and to 2015. **Graph 3** shows the percentage of states that are in the planning or implementation stage of each of the provisions in each of the three scans. In most cases, a steady increase in the percentage of states in the planning and implementation stages can be seen over the three-year period. One notable exception is Money Follows the Person; it appears that half of the states were planning or implementing that provision early in the health reform process, but that only one-third has continued with planning or implementation. Though less substantial, there has also been a drop in the percentage of states planning or implementing 1915(i) State Plan Amendments.

Graph 3 Provisions in Planning and Implementation Stages in 2013, 2014, and 2015

Percentage of States/Territories Planning for Implementing Provision

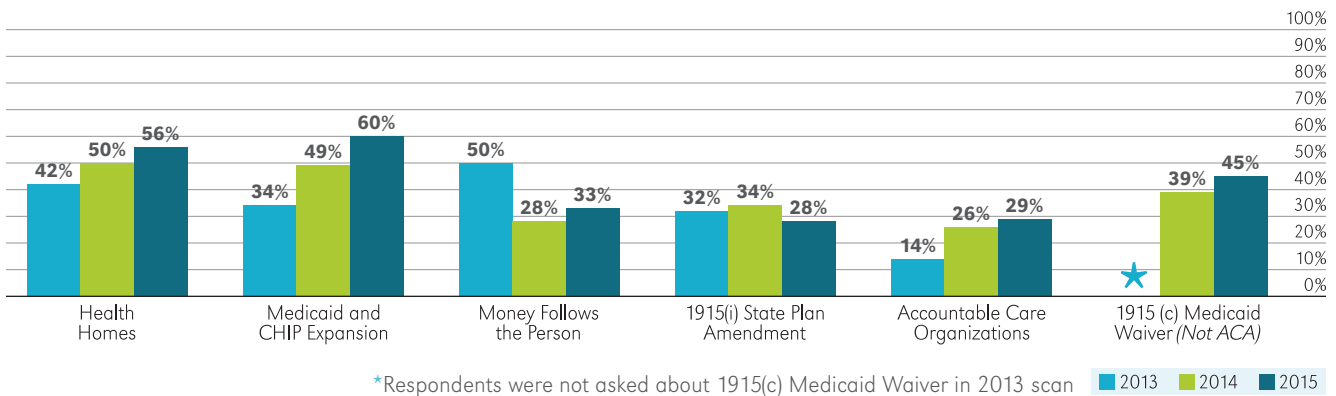


Table 2 shows the percent change from 2013 to 2015, illustrating the increase in planning and implementation for all provisions except Money Follows the Person and 1915(i) State Plan Amendments.

Table 2 Percent Change in Provisions at Planning and Implementation Stages in States/Territories from 2013-2015

Health Homes	Medicaid and CHIP Expansion	Money Follows the Person	1915(i) State Plan Amendment	Accountable Care Organizations	1915(c) Medicaid Waiver (Not ACA)**
+ 14%	+ 26%	- 17%	- 4%	+ 15%	+ 6%

**% change is from 2014-2015

PROVISIONS IN PLANNING AND IMPLEMENTATION STAGES BY STATE

Table 3 shows which health reform provisions are in the planning or implementation stages in each respondent state/territory.

Table 3 Health Reform Provisions for Children’s Mental Health in Planning and Implementation Phases by State

State/Territory	Health Homes	Medicaid and CHIP Expansion	Money Follows the Person	1915(i) State Plan Amendment	Accountable Care Organizations	1915(c) Medicaid Waiver (Not ACA)
Alabama	X		X		X	
Alaska	X	X				
Arizona	X	X	X			
Arkansas	X			X		
Colorado		X			X	
Connecticut	X	X			X	
Delaware		X				
Florida				X		
Georgia			X			X
Guam						
Hawaii	X	X				
Idaho	X	X		X		X
Illinois		X				
Indiana			X	X		X
Iowa	X	X		X	X	X
Kansas	X		X			X
Kentucky		X				
Louisiana				X		X
Maine	X			X	X	X
Maryland	X	X		X		X
Massachusetts	X	X	X		X	X
Michigan		X				X
Minnesota	X	X	X		X	X
Mississippi						
Missouri	X		X		X	
Montana		X	X	X		
Nebraska			X			
Nevada		X	X	X	X	X
New Hampshire			X			
New Jersey	X			X		X
New Mexico		X				
New York	X	X				X
North Carolina						X
North Dakota				X		

Table 3 Health Reform Provisions for Children’s Mental Health in Planning and Implementation Phases by State

State/Territory	Health Homes	Medicaid and CHIP Expansion	Money Follows the Person	1915(i) State Plan Amendment	Accountable Care Organizations	1915(c) Medicaid Waiver (Not ACA)
Ohio	X	X	X		X	
Oklahoma	X		X			
Oregon	X	X			X	
Pennsylvania		X				
Rhode Island	X	X				
South Carolina	X					
South Dakota	X					
Tennessee	X		X			X
Texas	X					X
Utah		X				
Vermont	X	X			X	X
Virginia						
Washington	X	X			X	X
Washington D.C.		X				
West Virginia	X	X	X			X
Wisconsin	X	X		X		X
Wyoming				X		X

INVOLVEMENT OF PERSONS WITH EXPERTISE IN CHILDREN’S MENTAL HEALTH

The scan explored the extent to which individuals with expertise in children’s mental health are involved in planning and implementing health reform provisions in the states. As shown on **Graph 4**, individuals with this expertise are involved in over half the states (55%) and moderately involved in another third (33%). In only 12% of states are experts in children’s mental health either somewhat involved or not involved at all.

Graph 4 Involvement of Experts in Children’s Mental Health

Percentage of States

