Important Info on Expanding & Sustaining Behavioral Health Services for Children & Youth

The U.S. Department of Health and Human Services announced several key actions to expand and strengthen the availability, accessibility, and quality of children's behavioral health services through two Centers for Medicare and Medicaid Informational Bulletins and a proposed rule. Details on each are provided below.

School-Based Services in Medicaid

The Centers for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB) reiterates that school-based services are Medicaid-coverable and are an important site for Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services. The CIB is "one of several steps CMS is taking to support access to Medicaid SBS [school-based services] …In the coming months, CMS intends to issue additional guidance and resources for states, including an updated SBS guide that provides detailed information regarding payment for Medicaid-covered services furnished in schools." The CIB includes a checklist with strategies and guidance that state Medicaid agencies can use to implement, improve, and sustain SBS, including but not limited to:

- *Reminding states of the change to the Medicaid Free Care Policy*. In 2014, CMS issued guidance to states that reversed the "free care rule." In doing so, CMS allowed states to provide physical and behavioral health care to any student enrolled in Medicaid and receive reimbursement for services even if the state declined to charge other students or members of the community for services. Since the guidance was released less than half of the states have pursued a State Plan Amendment that would fully implement the free care policy.
- *Encouraging states to use SBS to expand the availability of and accessibility to care*. CMCS offers suggestions including having local education agencies (LEAs) help enroll children and families in Medicaid, providing screening and assessment services as part of the EPSDT benefit, and integrating SBS with community care.
- *Partnering with managed care organizations*. CMCS encourages states to "include schools as integral partners" in managed care procurement and contracting.
- *Provide SBS via telehealth.*
- *Provide clear billing and claiming guidance*. This includes ensuring LEAs "have adequate funding to support necessary Medicaid billing infrastructure and training," considering higher payments to SBS to account for higher overhead costs, and tracking SBS in data systems.

Expanding & Sustaining High Quality Behavioral Health Services for Children & Youth

CMCS' second CIB begins by recognizing that although the number of children and youth experiencing new or exacerbated behavioral health conditions is rising, utilization of services has declined since the start of the COVID-19 pandemic and that this gap "could have costly and lifelong effects." The CIB providing information about Medicaid requirements and related authorities that states can use to delivery effective, high-quality behavioral health care, including:

- *EPSDT*: In the guidance CMCS reiterates the "obligation to provide all medically necessary care under EPSDT extends to prevention, screening, assessment and treatment for mental health and substance use disorders (SUDs)" and encourages states to "avoid requiring a behavioral health diagnosis for the provision of EPSDT services" to aid with prevention, early identification, and prevent delays in treatment.
    - *Early Childhood*: Where a state wishes to employ diagnostic criteria, CMCS encourages the use of "age-appropriate diagnostic criteria for young children, such as the Diagnostic

  - Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5)…[to] help practitioners more accurately identify diagnosis in young children who do not have language skills or exhibit the same symptoms as older children and adults."
- *Health Services Initiatives* (HSIs). CMCS reminds states they may develop HSIs to support prevention-focused initiatives.
- *Home and Community-Based Services (HCBS).* States are encouraged to pursue 1915(c) and 1915(k) waivers and 1915(i) state plan options to expand the availability of HCBS over residential, institutional, and acute treatment and services. Such services typically include respite care, intensive in-home, supported employments, family support and training, peer support, and/or care coordination such as High-Fidelity Wraparound.
- *Develop and strengthen a continuum of care*. States are recommended to ensure coverage and reimbursement for intermediate services such as intensive in-home and partial hospitalization; provide crisis response services and use administrative claiming for crisis response lines; provide care coordination; use telehealth, including in the school setting; and offer peer support services.
- *Expand provider networks* by lowering administrative burden through eliminating or reducing prior authorization requirements; establishing acuity-based rates; leveraging federal Medicaid match enhancements; expanding the provider base to include school-based personnel; and using a broad range of licensed, certified, and trained provider types, including peer support.
- *Integrate behavioral and physical health care.* States are encouraged to adopt patient-centered medical homes, collaborative care models, and health homes; support the implementation of electronic health records by behavioral health providers; and reimburse primary care pediatric providers for behavioral health services "even in advance of a formal behavioral health diagnosis" by using non-specific codes, eliminating restrictions on same-day billing, and reimbursing for care coordination.

CMS Releases Proposed Rule on Children's Health Insurance Program (CHIP) Quality Measures

The Centers for Medicare and Medicaid Services (CMS) released a proposed rule that would, for the first time, establish reporting requirements and standardize child quality measures across Medicaid and CHIP programs.

At present, state reporting on the quality measures is voluntary but under the proposed rules states would be mandated to report beginning in Federal Fiscal Year 2024 (October 1, 2024). States also would be required to stratify all data five years after the effective date of the final rule on factors such as race, ethnicity, sex, age, rural/urban, disability, language and others specified by the Secretary of Health and Human Services. Such stratification is critical to first identifying and then eliminating disparities in health outcomes for children and youth.

CMS is seeking public comment on the proposed rule (see Section III of the proposed rule). Public comment is due no later than 5 p.m. on October 21, 2022. Electronic comments may be submitted through http://www.regulations.gov (click on the "Submit a comment" instructions.)