

The Affordable Care Act and Implications for Families Affected by Substance Use Disorders in the Child Welfare System

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Putting the Pieces Together for Children and Families: The National
Conference on Substance Abuse, Child Welfare, and the Courts
September 16, 2011



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Presentation Overview

- Affordable Care Act- areas to watch
- Implications for substance use disorder (SUD) treatment, child welfare systems and treatment providers
- Taking action
- Q & A



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Areas to Attend to in the ACA

- Expansion of health insurance coverage
- Opportunities for SUD and mental health prevention and treatment
- Changing role of Medicaid



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Expansion of health insurance coverage



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Expansions

- By January 2014, Medicaid will cover adults under 65 with incomes up to 138% of the Federal poverty level (FPL).
 - Children who are in foster care at age 18 can continue to receive coverage until 26
 - Expansion also includes parents with children no longer Medicaid eligible under Section 1931 of the SSA
 - Moves youth between 100 and 133% of FPL from CHIP to Medicaid
- For adults over 138% FPL but do not have insurance (or part of small business) can enroll in Health Insurance Exchange



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Implications

- More people with coverage means...
 - More people seeking care. Can the service system keep up with demand?
 - Impact on **workforce** that is already under pressure
 - How do we ensure **access to treatment**?
 - **Need for both best and evidenced-based practices**-peers/persons with lived experience, family treatment approaches, in-home and community engagement and treatment approaches, co-occurring treatment



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Implications

- Opportunity to provide SUD, mental health and co-occurring treatment earlier and to a larger group of people than ever before.
 - Coverage for parents, particularly adult males
 - Most will be young with SUD issues



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Action

- Eligibility does not equal enrollment.
 - **Learn** about your state's enrollment process
 - **Educate** others about enrollment changes resulting from ACA
 - **Advocate** for enrollment and outreach strategies that are uniquely tailored for people with mental health and SUD issues
 - Child welfare will continue to be an important portal to help parents get access - will necessitate new policies



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Action

- Opportunity to impact SU workforce
 - **Identify** creative solutions to credentialing /licensing of SUD professionals
 - **Advocate** for the inclusion of peer services and the need for enhanced training for all persons who work in MH & SUD services
 - **Learn** about ACA workforce opportunities



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Action

- Think about how to improve access/engagement
 - Developing relationships with FQHCs and other providers
 - What changes can be made to improve the “front door” to ensure access and engage families in treatment
- For young adults:
 - Ensure benefit plans cover **needs of transition age youth (TAY)**
 - Design **points of access** that are designed for youth and parents



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Opportunities for substance use disorder (SUD) and mental health prevention and treatment



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Prevention and Treatment Opportunities

- **Health homes** for individuals with chronic conditions
 - Health homes is a term to describe a multidisciplinary approach to delivering physical health, mental health and SUD care
 - Includes outcome measurement as a team
 - Funding for a team approach
 - Coordinated care through use of technology and/or use of data



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Prevention and Treatment Opportunities

- Specifically identifies mental health and substance use disorders as “qualifying” chronic conditions
- Coordinate all physical and behavioral health care
- States have the opportunity to obtain increased federal matching dollars



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Implications

- Affords the opportunity to better coordinate physical health, mental health, and substance use services for parents with substance use disorders involved in the child welfare system
 - 1/3 to 2/3 of families involved with child welfare services are affected by substance use
- Children involved in child welfare have higher rates than their counterparts of acute and chronic illness, developmental delays, & educational challenges
 - 80% -chronic medical condition
 - 25% - 3 or more medical conditions
 - 30-70% serious emotional conditions



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Action

- **Advocate** for states to amend their Medicaid program to include the health home option
 - **Participate** in public processes that will inform the design and development of the state’s Medicaid program
- Be a **resource** to health home providers and primary care physicians
 - Don’t assume that people understand the child welfare involved population
 - Understand the shifts happening in the physical health system so you know how to advocate



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Action-con’t

- Educate others about child welfare, MH and SUD services and resources and the needs of child welfare involved families
- Use facts and figures; and convey stories
- Child welfare agency policies to support people getting access to stable health care
- Establish agreements or MOU’s with health homes/health providers



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ACA and Benchmark Plans

- For the newly eligible “expansion population” states only have to offer a “benchmark” or equivalent plan
 - Expansion population means the new groups of people that state Medicaid programs will be required to cover
 - Benchmark plan means the same health benefit package offered to
 - the state’s employees
 - standard Blue Cross Blue Shield Plan offered under the Federal Employee Health Benefits Plan
 - the state’s largest commercial HMO, or
 - other models approved by the HHS Secretary



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ACA and Benchmark Plans

- Benchmark plans must provide:
 - Services are federally qualified health centers (FQHC) and rural health services
 - EPSDT services for youth under 21 (Early Periodic Screening, Diagnosis & Treatment)
 - Prescription drugs
 - Treatment for **MH/SUD at parity**



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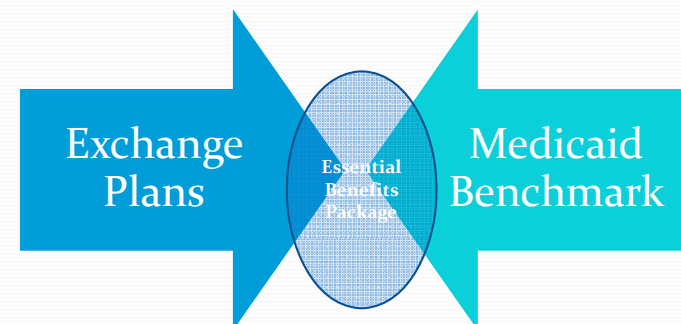
ACA and Benchmark Plans

- Certain groups of people, even though they are “the expansion population” cannot be required to enroll in a benchmark plan.
- These groups will have to be enrolled in the state’s Medicaid program.
 - Pregnant women
 - Dually eligible (certain folks with both Medicare & Medicaid)
 - Aged, blind, disabled
 - Youth in foster care or those receiving adoption assistance
 - Medically frail and special medical needs individuals-- includes persons experiencing MI and children with SED
 - Individuals eligible for TANF



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Benefit Continuity



35% of adults with family incomes less than 200% of FPL will experience a change in eligibility within a year

Source: Sommers, B.D. & Rosenbaum, S. (2011). Health Affairs.

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Implications

- Many states have extremely limited SUD benefits – this changes with requirement for parity in benchmark plans
 - BUT parity does NOT necessarily equal good MH/SU coverage
- Benchmark benefit may offer less robust coverage than traditional / standard Medicaid benefit
- Essential benefit still not defined
 - Unknown whether SUD residential will be covered under essential benefit package
 - Inclusion of recovery support and other peer services



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Action

- States only have to offer benchmark plan BUT can do more
 - **Advocate** for a good benefit package that includes continuum of SUD services
- Help **educate** people about the enrollment pathway that will lead them to the benefit package that will meet their needs
- Use data –tell the story



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Implications

- Family Drug Courts and Child Welfare use residential programs that can admit a parent and child(ren) for treatment and early intervention services.
- Unknown whether SUD residential will be covered under essential benefit package – may not be covered
- Discharge planning from residential services will require coordination with Medicaid plans, health home teams, primary care, multiple providers to ensure continuity of community-based services



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Implications

- Between a rock and a hard place everyone is confused....
- Medicaid programs are simultaneously cutting budgets , services, and numbers of enrollees while preparing for the largest expansion in health care since the inception of the program



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Prevention Opportunities

- Section 4106 allows states to obtain a 1% increase in federal reimbursement (FMAP) for preventative services recommended by the USPSTF that have received a grade of A or B
 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse in Adults and Pregnant Women is one such service.



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Prevention Opportunities

- Section 2951 provides states with funds to establish maternal, infant and early childhood visitation programs in communities that states identify as high risk.
- Assessment of risk includes substance use and the capacity for substance use disorder treatment.
- Those families with substance abuse treatment needs are among targeted groups for services.
- The State Substance Abuse Director is a required partner in the development of the State's MIECHV plan.



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Implications

- Recent changes to Child Abuse Prevention and Treatment Act (CAPTA) provides opportunity to intervene with families and provide access to prevention and treatment services
- While preventative services may be covered under Medicaid, type of coverage across states varies greatly



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Implications

- Creates new opportunities to focus on prevention and early intervention
- Enhances cross-system partnerships – Medicaid, early intervention, primary care, SUD and mental health – that can lead to other opportunities



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Action

- **Work** with Medicaid to ensure they are taking advantage of all prevention opportunities
- **Review** your state's updated Medicaid coverage for a State Home Visiting Program
- Know your state's standards for pre-natal and post-birth screening, particularly for SUD screens



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Changing role of Medicaid



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Medicaid's expanded role

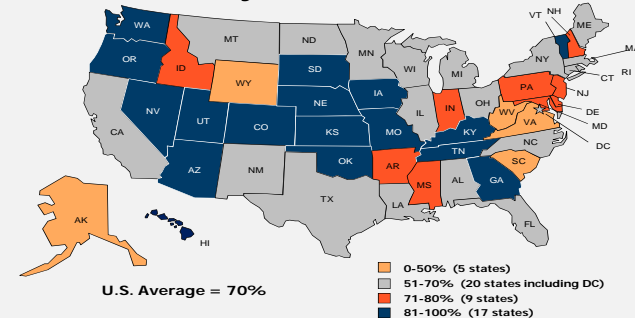
- Medicaid will now play a much larger role in SUD treatment because...
 - Expansion of Medicaid means 16-22 million more people will have access to Medicaid covered treatment services
 - Parity in benchmark plans means that state's cannot exclude treatment for SUD



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Expansion of Medicaid Managed Care

Medicaid Managed Care Penetration Rates by State, 2008



Note: Unduplicated count. Includes managed care enrollees receiving comprehensive and limited benefits.
 SOURCE: Medicaid Managed Care Enrollment as of December 31, 2008. Centers for Medicare and Medicaid Services.

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Implications

- Medicaid becomes the most influential *purchaser* of MH/SUD services in your state
- “Safety-net” resources will be distributed differently – think changes to the SAPTBG and MHSBG
- Child welfare and SUD providers who have relied on grants and State contracts as primary source of funding will need to think about how to leverage insurance-based funding streams
- Medicaid and managed care will mean changes to who can **provide** services, **how** services must be delivered, and **who** is eligible for the service(s)



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Action

- **Get to know** your “Single State Medicaid Agency”
- Most Medicaid programs are not experienced in addressing SUD – **educate and inform** them about issues impacting this special population
- Encourage the **development of coalitions** between child welfare, SUD and mental health providers—strength in numbers
- **Identify** policy priorities at local, state and federal levels that align with your goals



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Action

- **Develop** strategic partnerships with FQHCs and other Medicaid providers
- Support **strategic alliances** between agencies
- Learn which providers are already **billing insurance**
- **Learn** about managed care in your area
 - Who are the players?
 - What are the credentialing requirements?
 - What services are covered?
 - Rates?
 - Other infrastructure requirements?



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Action

- Learn about agencies that are funded for **home visitation** services and how agencies are using that funding to support persons involved with child welfare and/or experiencing a SUD



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Implications Summary

- Services and policies are needed to address the reality that many health conditions including MH/SUD require an ongoing chronic care management approach
- Without continuing care, child welfare involved families remain vulnerable to repeated involvement with the child welfare system due to the ongoing complexity of their needs.
- Achieving child welfare goals is dependent upon a strong community-based system that offers a continuum of treatment services.



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Action Summary

- Partnering: Building a 2-Way Street
- Defining the issue and/or need
- Doing your homework
- Sharing in the responsibility and accountability



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Q & A



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