INTEGRATING TRAUMA-INFORMED SERVICES INTO MEDICAID

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Why Medicaid?

• Federal and State options to support community-based services/supports
• Coverage of services to acknowledge and treat the symptoms of trauma
• Provide healing supports to youth with a history of violence and abuse that was never addressed
• Treatment as healing and as prevention
Increased Access to Trauma-Informed Services

Goals:

• Improve access to a wide range of mental health, substance abuse and trauma-informed services
• Increase Medicaid coverage of these services
• Focus on prevention and early intervention as treatment and diversion
• Support two-generation solutions
• Work across child/adolescent serving systems
Federal Support Trauma-Informed Services

• Coverage of/access to mental health, substance abuse and trauma-informed services
• Increased focus on two-generation solutions and supporting the caregiver and child together
• Transitions of care for justice-involved populations
• Coordinated care across systems of care
• Health homes and other advanced delivery systems that provide patient-centered care
Specific Federal Guidance

- CMS has issued guidance including:
  - Medicaid and transitions from incarceration to community (4/28/2016)
  - Tri-agency letter on trauma informed care (7/11/2013)
  - Maternal Screening and Depression (7/11/2013)
  - Home Visitation (3/2/2016)
Improving Services for Covered Individuals

• For youth who are covered by Medicaid, the goal is to ensure that they receive needed services, including for mental health and substance use disorders.

• States have many policy levers to improve the Medicaid benefit package and increase coordinate services.
Levers to Improve Access

Health Insurance policy levers can directly/indirectly increase access to services. Examples include:

- EPSDT
- Specific Services
- Peer-to-peer Supports
- Health Homes
- Wrap-around programs
Policy Lever: Strengthen EPSDT

**Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)**’s goal is to assure that children get the care they need, when they need it, at the right time and in the right setting.

In the July 11, 2013 HHS letter on trauma informed care, federal policy makers identify EPSDT as an important source of reimbursement for services for children who have experienced trauma and encourages early intervention.
State Examples: Expand Capacity

- CO: “medical home navigators” to navigate EPSDT; provider bonuses for screenings
- CO; VT; WI: “family visits” or child and family health/mental health assessment services
- Wide range of providers to do screening: certified nurse practitioners (IL), clinical nurse specialists (IL), licensed independent social workers (IA), mental health providers (NC) and family support workers who provide home visiting care (VT)
State Examples: Two-Gen Services

- North Carolina: If a child or adolescent (up to age 21) enrolled in Medicaid is exhibiting negative behavioral health symptoms as a result of their parent’s behavioral health and the parent does not have their own coverage, treatment of the child AND parent may be covered under Medicaid EPSDT--the parent can be included in treatment.
Policy Lever: Cover Specific Services

- States can choose what services and specific interventions are covered by the state plan
- To encourage the use of trauma-informed services, some states have included them in the Medicaid plan
State Example: AZ

- Created unique Medicaid billing code was created for Multisystemic Therapy
- Other evidence-based practices are covered using existing codes for assessment, case management, therapy, and others.
- Billing code matrices were developed to help providers determine how to bill for practices such as Functional Family Therapy, Multidimensional Treatment Foster Care, and Cognitive Behavioral Therapy
Policy Lever: Peer to Peer Support

- State Medicaid programs can cover peer-to-peer supports.
- Peer support providers are self-identified consumers who are in recovery from either mental health or substance use disorders.
- The peer support provider must be trained; and states must provide supervision and care coordination.
- CMS clarified that peer-to-peer support is available to parents and legal guardians of Medicaid-eligible children when the service is for the benefit of the child.
State Example: GA

- The Georgia Peer Support Program is well established. Services are delivered statewide by Certified Peer Support Specialists.
- Participants must be referred to a peer support program by a licensed practitioner, elect to receive the service, and must have a primary mental health issue.
- They may be delivered one-on-one or in a group setting and consist of activities that promote self-directed recovery.
Policy Lever: Health Homes

- Popular state-level big picture delivery system reform
- Health homes provide care management /coordination
- States can target health home models to specific populations, including for beneficiaries with serious or persistent mental health conditions.
- There is an enhanced federal match rate (90% FFP) for two years to provide for specific services that are provided through the health home authority: comprehensive care management, care coordination, transitions from inpatient to other settings, family supports, and referrals to community and support services
State Example: NY

• NY has proposed to add “trauma and at risk for another condition” as a qualifying condition for participation in existing health home program.

• CMS has not yet approved the proposal but NY anticipates that they will.

• The health home will pay providers on a tiered rate structure based on the acuity of the patient. A flat rate will be paid for “outreach” activities.
Improve Coordination/Wrap Around Services

- States provide supports to coordinate services and integrate physical/behavioral health

- Often Medicaid+ other state/federal funding

- Similar to health homes but the primary care provider is not the locus of care
State Example: WI

- Wraparound Milwaukie provides wraparound coverage and intensive care coordination to the child and the family.
- Combines several streams of funding including the state Medicaid program, the county Behavioral Health Division, the County’s Department of Courts and Delinquency Services, and the Milwaukee Child Welfare Department.
- It is run out of the county’s behavioral health division and acts as a public care management entity.