

# Overview of Behavioral Health and Medicaid

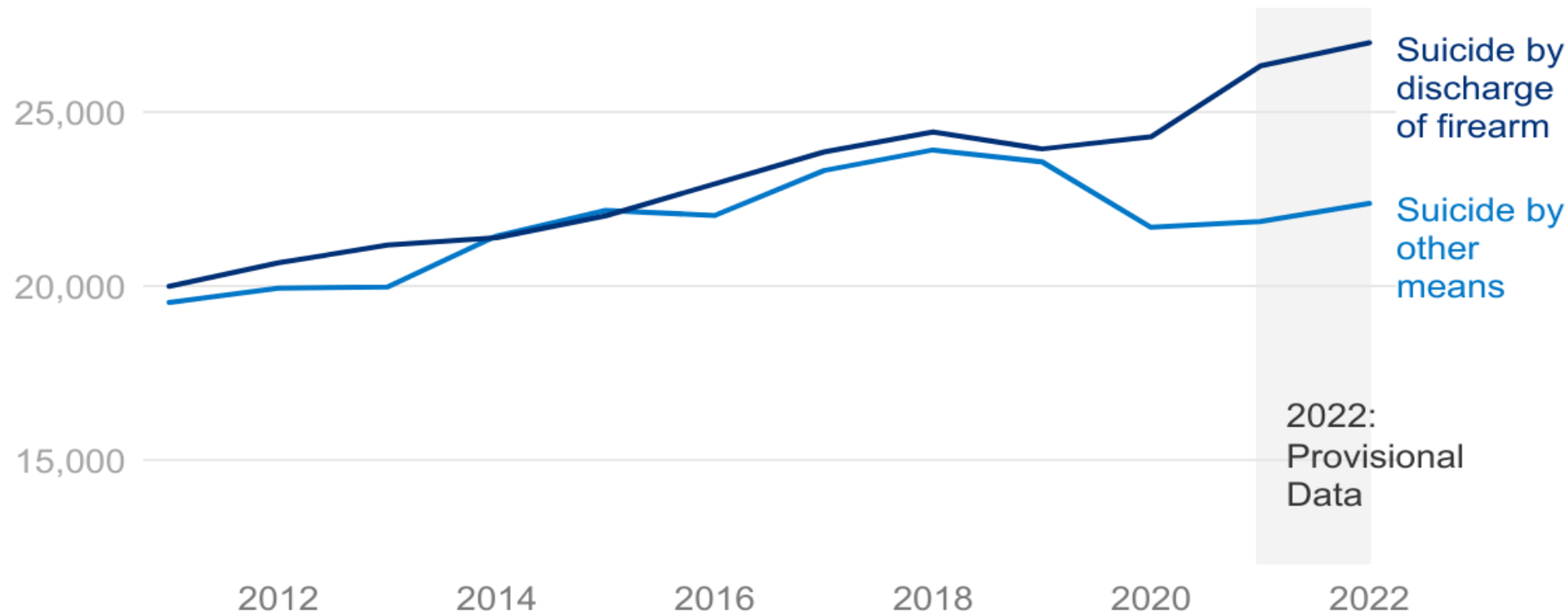
Heather Saunders, Postdoctoral fellow  
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**KFF**

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# Suicides Deaths Reach Record High in 2022 (provisional data)

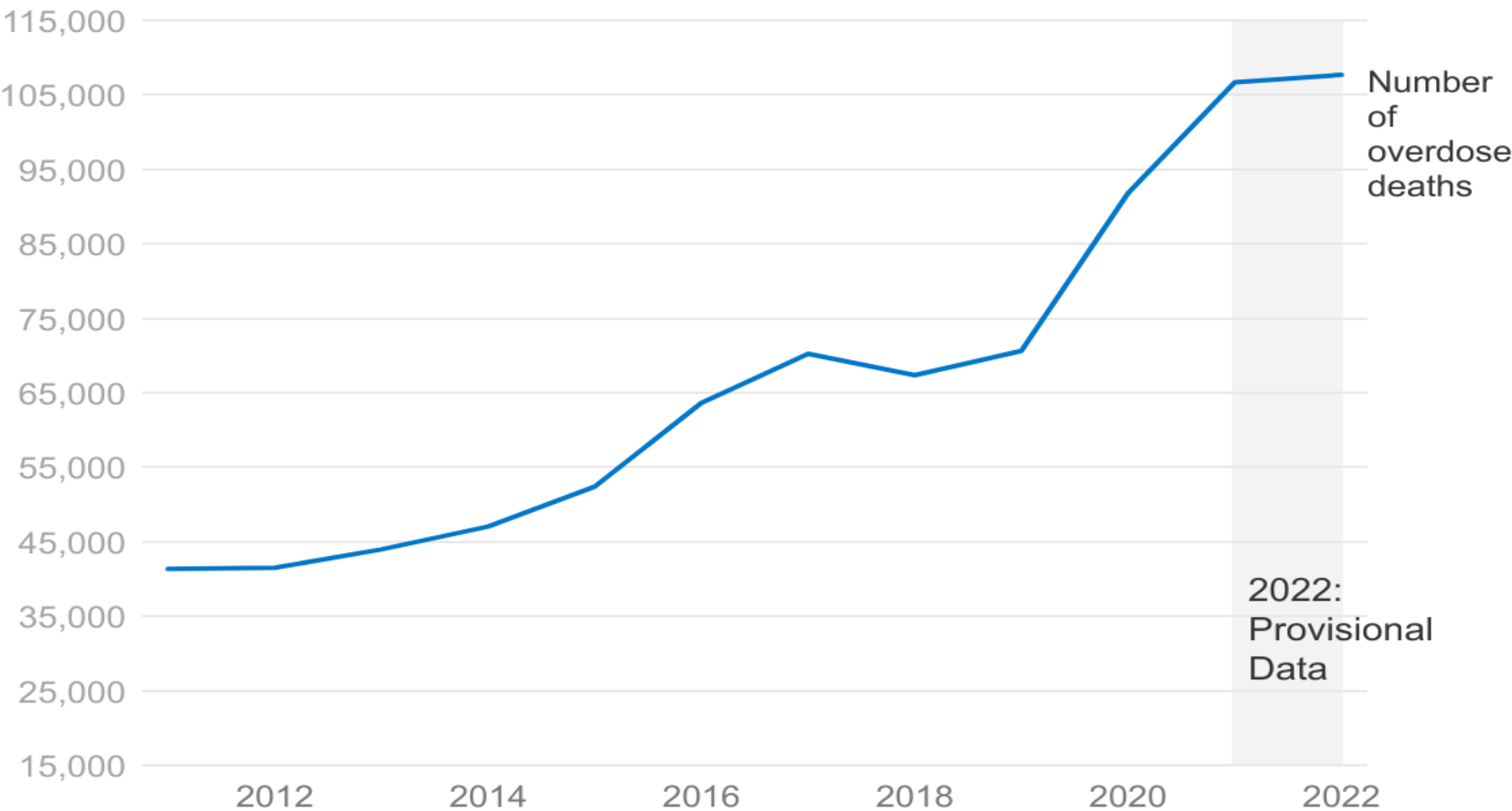
Number of Deaths Due to Suicide, by Firearm or Other Means, 2011 to 2022



SOURCE: KFF analysis of CDC WONDER Data, <https://www.kff.org/mental-health/issue-brief/a-look-at-the-latest-suicide-data-and-change-over-the-last-decade/>

# Overdose Deaths Reach Record High in 2022 (provisional data)

Number of Deaths Due to Drug Overdose, 2011 to 2022

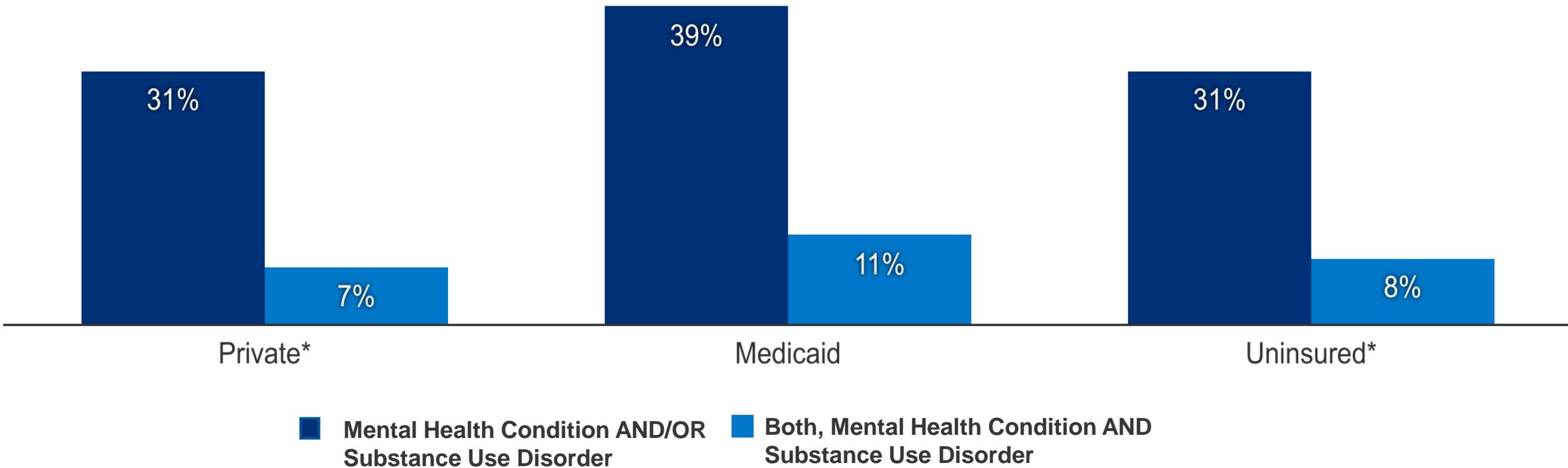


SOURCE: KFF State Health Facts, <https://www.kff.org/state-category/mental-health/>

# Overview: Medicaid & Behavioral Health

# Behavioral Health Conditions are Prevalent in Medicaid

## Nonelderly Adults with Mental and/or Substance Use Disorder, by Coverage Type



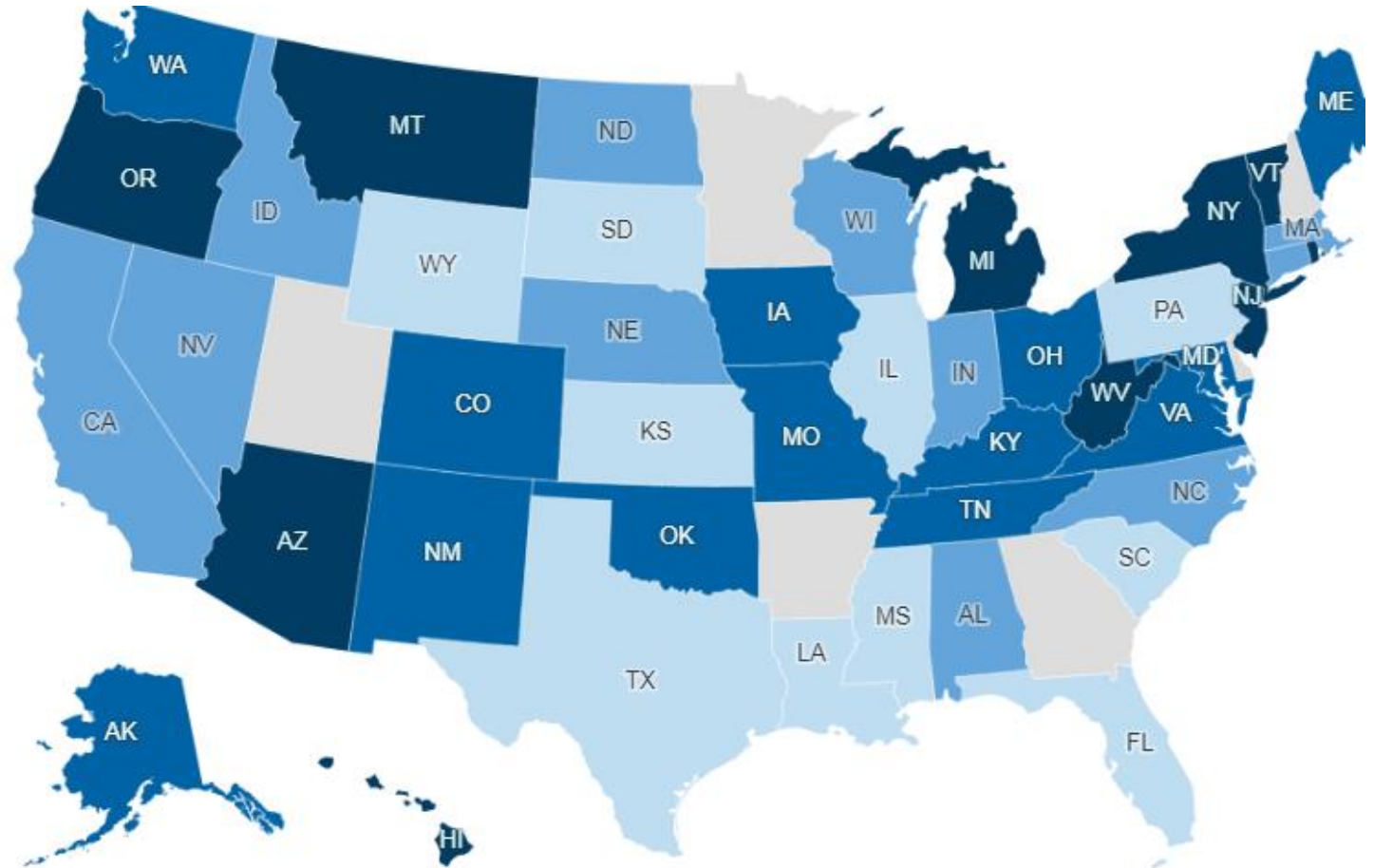
SOURCE: KFF Analysis of 2020 NSDUH, [Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020](#)

# Medicaid and Behavioral Health (BH)

- **Medicaid's Role**
  - Most enrollees with behavioral health conditions qualify due to low incomes
  - Single largest payer of behavioral health services
- **Behavioral Health Benefits**
  - BH services are not a specifically defined category of Medicaid benefits
  - May fall under mandatory Medicaid benefit categories (e.g., psychiatrist services may be covered under the “physician services” category) or covered through optional benefit categories (e.g., case management services, prescription drugs).
  - Children receive particularly comprehensive coverage via EPSDT benefit
  - Covered services vary across states, particularly for adults
- **Delivery Systems**
  - States use various systems to deliver care: managed care and fee-for-service are common
  - Trend: States moving toward integrating services into managed care

# Medicaid Coverage of BH Services Varied Across States, FY 2022

**Of the 55 Services  
Queried, # of states that  
cover:**



NOTE: Findings are from KFF's Behavioral Health Survey of state Medicaid programs, fielded as a supplement to the 22nd annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA). 6 states did not respond to the Benefits survey section: AR, DE, GA, MN, NH, and UT. These findings are limited to fee-for-service (FFS) Medicaid. For more information, see [this brief](#).

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# Workforce and Telehealth



## Key Medicaid Strategies to Address Behavioral Health Workforce Shortages in place or planned as of FY2022

### **Increasing Rates**

Nearly two-thirds of responding states reported rate increases

### **Reducing Burden**

Most responding states reported at least one strategy to reduce provider administrative burden

### **Extending Workforce**

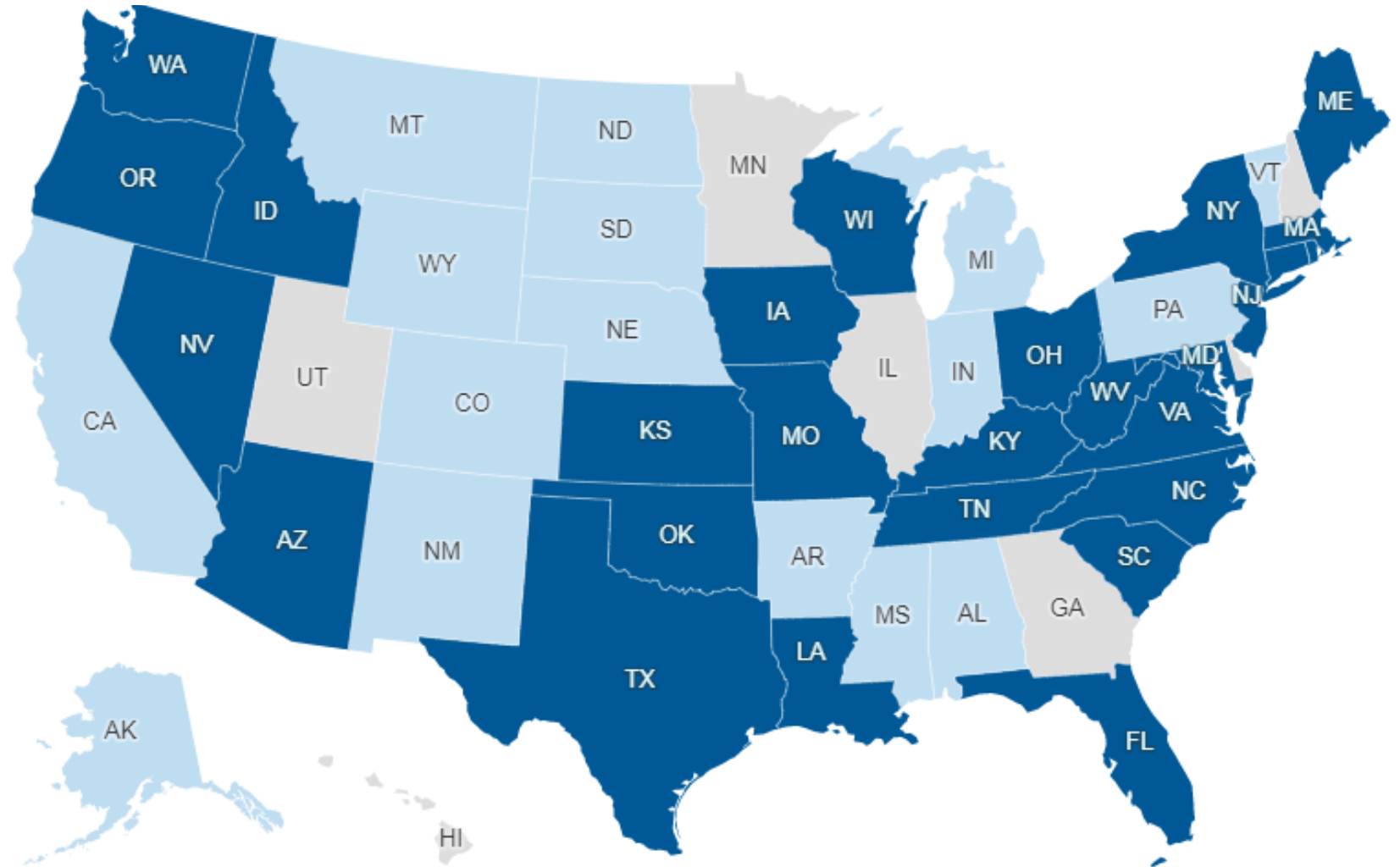
Almost all responding states report at least one strategy to extend the workforce

### **Incentivizing Participation**

For example, most responding states reported prompt payment policies.

To attract/retain behavioral health professionals, nearly two-thirds of responding states implemented FFS rate increases

**Of the 45 responding states:**






NOTE: Rate increases include states with at least one temporary or permanent FFS rate increase to one or more behavioral health provider types in FY22 and/or planned for FY23. Non-response states are colored in grey. TN does not set FFS rates but indicated an increase in direct payments.

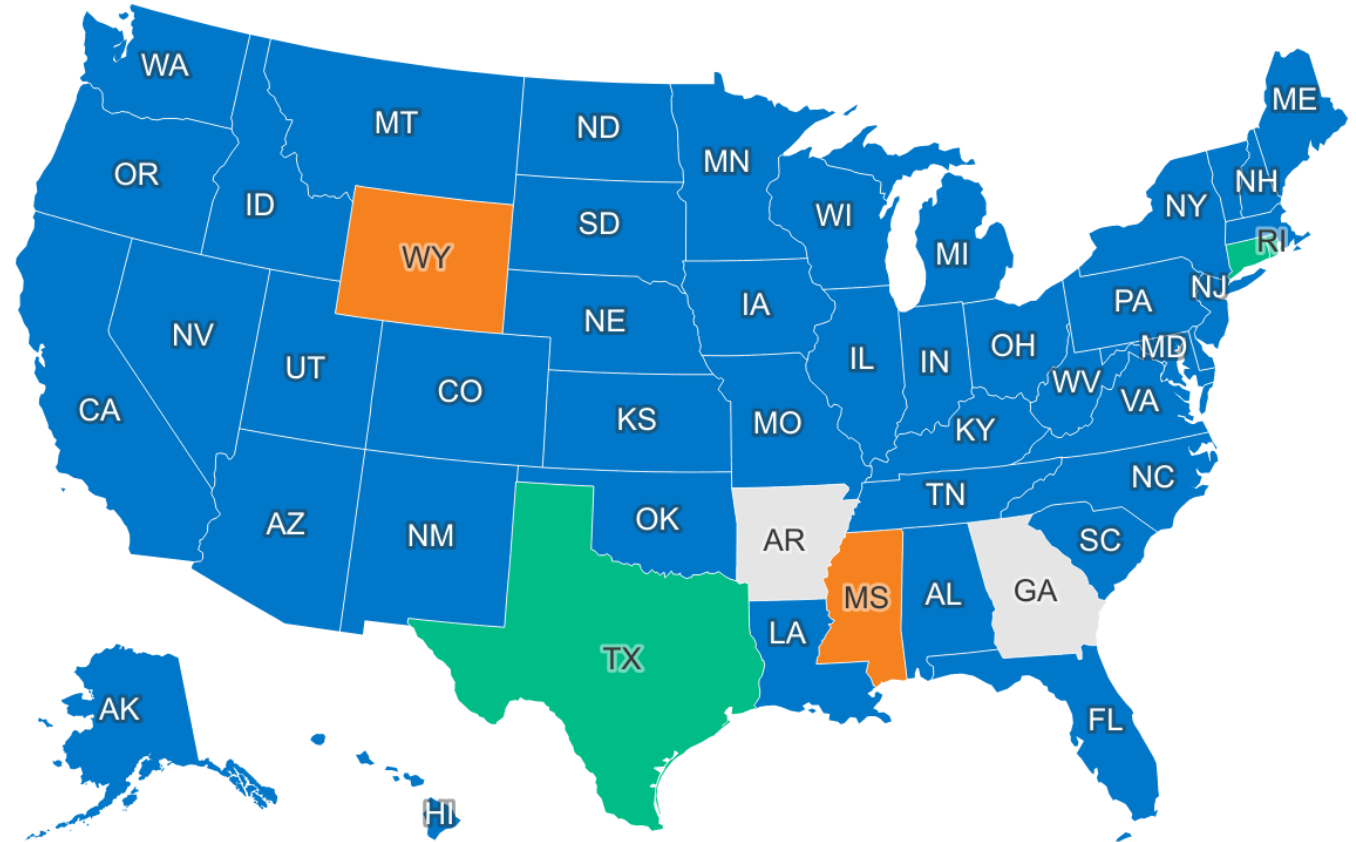
SOURCE: Behavioral health supplement to the annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2022 published in this [brief](#).

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# All responding states are covering behavioral health delivered through telehealth, including most covering audio-only

## FFS Telehealth Coverage of Audio-Only Services as of 7/1/22

-  Audio-only coverage of MH and SUD (44 states including DC)
-  Audio-only coverage of MH (not SUD) (3 states)
-  No audio-only coverage (2 states)



NOTE: Findings are from KFF's 22nd annual [budget survey](#) of Medicaid officials conducted by KFF and Health Management Associates (HMA).

SOURCE: Findings from a Survey of State Medicaid Programs published in this KFF [brief](#).

# 988 and Crisis Services

# 988 and Core Crisis Response: What & Why

- **What & Why of 988?** (988 Suicide and Crisis Lifeline)
  - Anyone, Anytime, Anywhere
  - Routes calls to local crisis call centers based on caller area code
  - 988 is one part of the core crisis response that provides an alternative pathway to 911, law enforcement, and emergency department

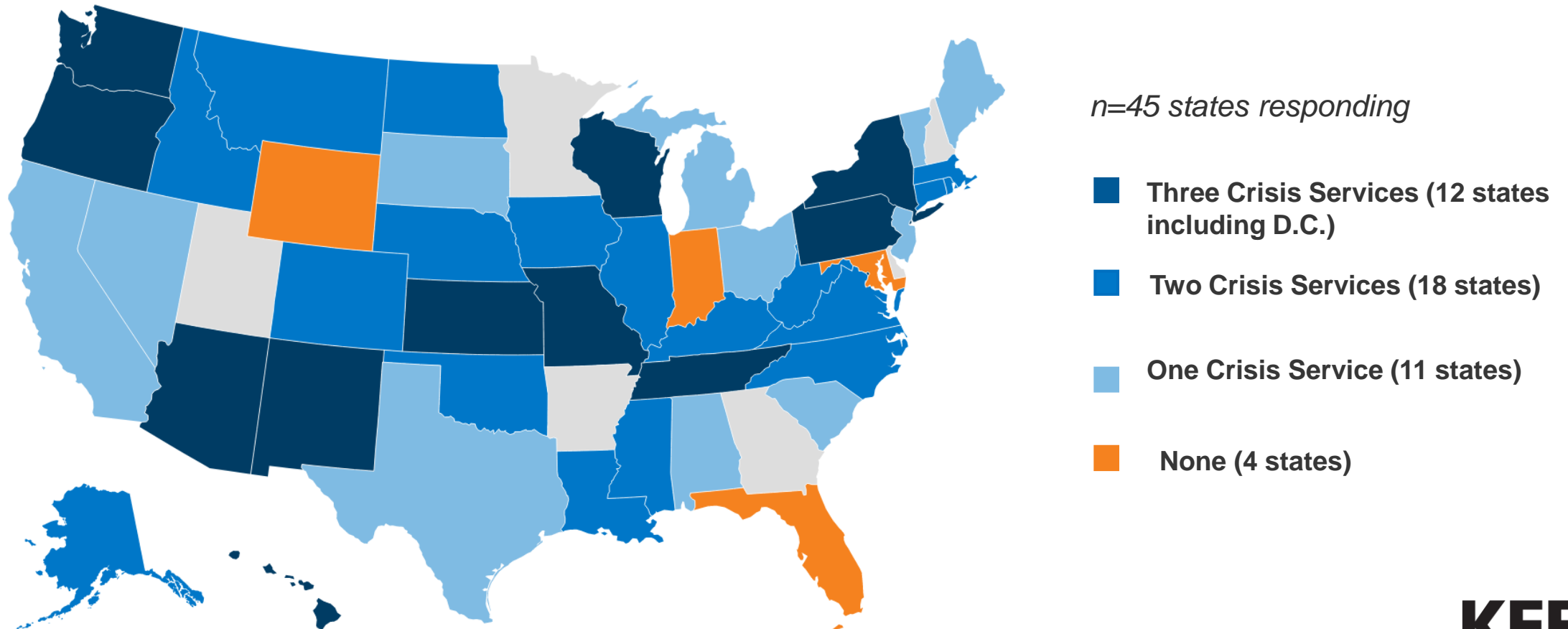
## SAMHSA Crisis Response Framework



SOURCE: Visual from the National Association of Counties and is based on the National Guidelines for Behavioral Health Crisis Care

# Medicaid is helping to shore up crisis response services, but current coverage is less than other categories of BH services

**Fee-for-service coverage of 3 crisis services, FY 2022:  
crisis call centers, mobile crisis & crisis stabilization units**



SOURCE: Findings are from KFF's 22nd annual [budget survey](#) of Medicaid officials conducted by KFF and Health Management Associates (HMA) published in this [brief](#).

# What to Watch:

## Data

- Suicide and Overdose rates
- Other MH/Crisis indicators
- 988 data

## Expansion of Crisis Response Services and 988

- Telecommunications fees/other
- Medicaid and other payer coverage of crisis services

## Expanding and Connecting Care Across Other Delivery Settings

- Pre-Release Population
- Schools
- IT infrastructure to connect within and outside BH

## Population Specific Initiatives

- Pregnant women and SUD
- Adolescents
- Complex BH Needs
- Unhoused Populations

# Thank you

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