

For Better or Worse: Medicaid Waivers in 2019



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Agenda

- I. Medicaid Works
- II. States Flexibility to Innovate
- III. Coverage Restrictions Cause Harm
- IV. Preventing Harmful State Proposals
- V. Q&A

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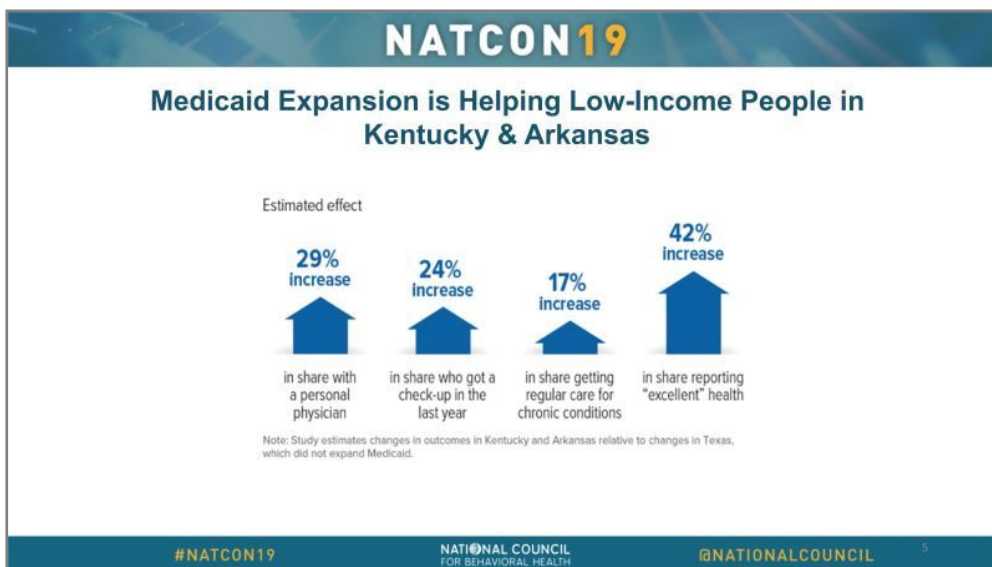
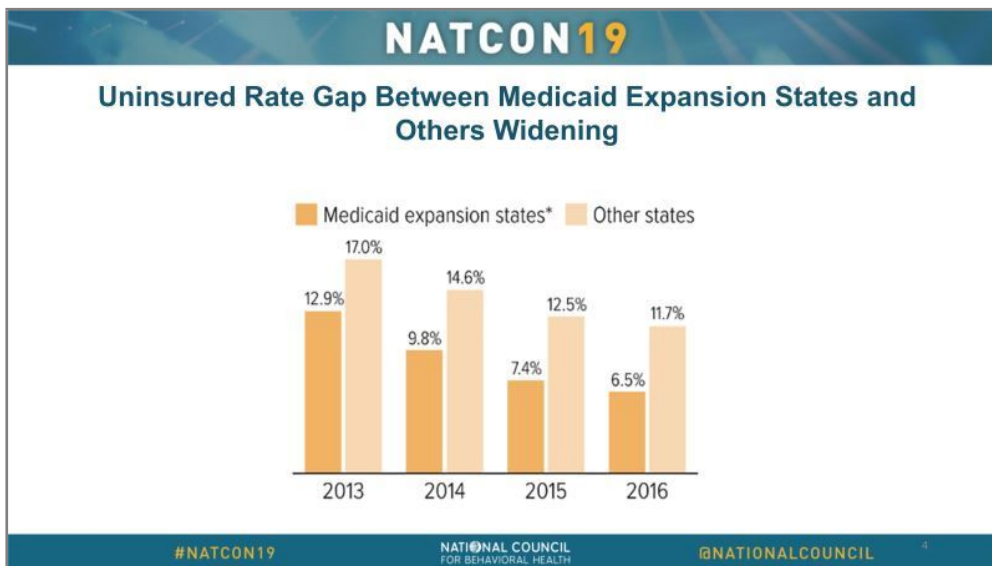
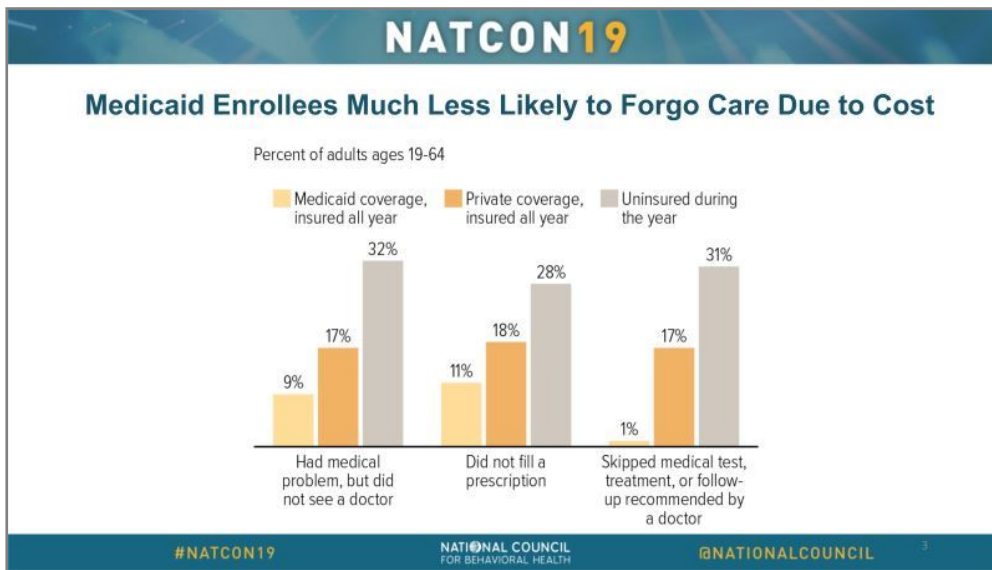
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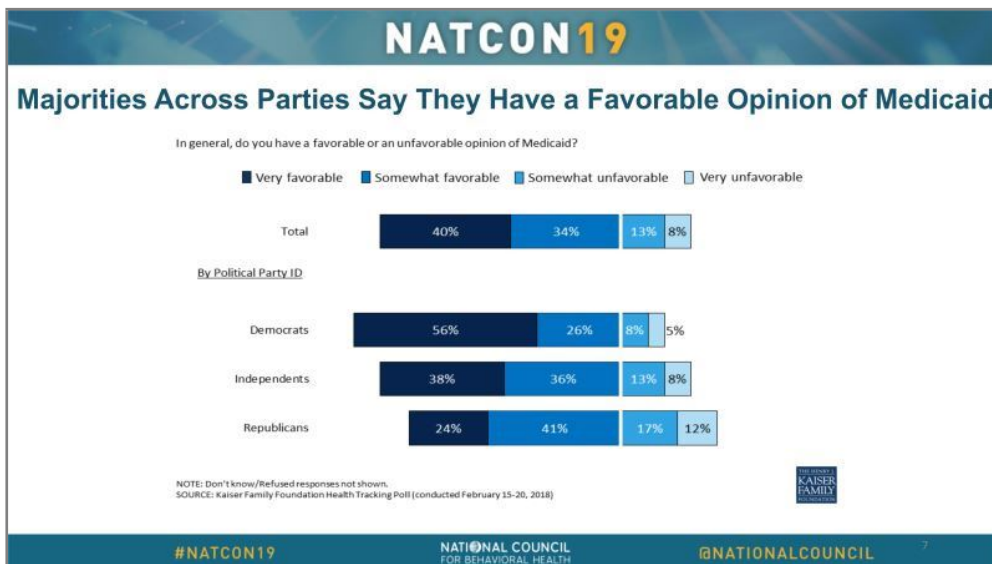
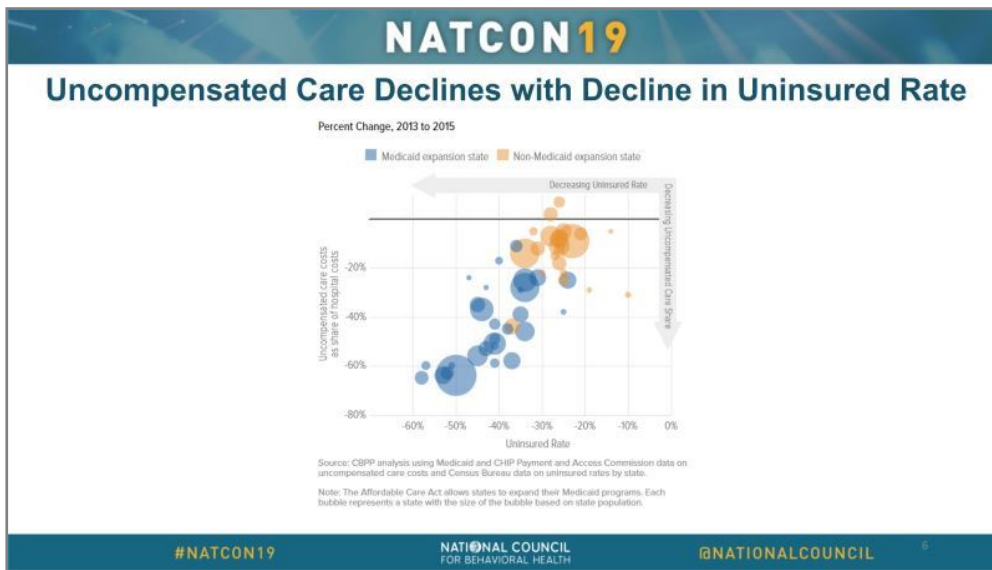
I. Medicaid Works

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II. States Flexibility to Innovate in Medicaid

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States to Expand Behavioral Health Services Through Medicaid

States can offer:

- Treatment in residential facilities
- Supportive housing services
- Supported employment services
- Peer recovery coaching services
- Specialized behavioral health benefit package

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Landscape of Approved vs. Pending Medicaid Waivers, January 2019

Category	Approved (46 across 38 states)	Pending (22 across 20 states)
Medicaid Expansion	8	1
Eligibility and Enrollment Restrictions	12	3
Work Requirements	7	8
Benefit Restrictions, Copays, Healthy Behaviors	8	5
Behavioral Health	27	13
Delivery System Reform	16	1
MLTSS	13	5
Other Targeted Waivers	15	0

NOTES: Some states have multiple approved and/or multiple pending waivers, and many waivers are comprehensive and may fall into a few different areas. Therefore, the total number of pending or approved waivers across states cannot be calculated by summing counts of waivers in each category. Pending waiver applications are not included here until they are officially accepted by CMS and posted on Medicaid.gov. For more detailed information on each Section 1115 waiver, download the detailed approved and pending waiver tables posted on the tracker page. MLTSS = Managed long-term services and supports.

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States Developing New Ways to Deliver Behavioral Health Care

- **Health homes**
 - Coordinates care for high-need beneficiaries; supports transitions from one care setting to another
 - In Missouri, behavioral health homes reduced emergency department visits, preventable hospitalizations; saved approximately \$52 per member per month
- **Accountable Care Organizations**
 - Provider/plan partnerships that coordinate and provide all care for members, often including a "carve-in" of behavioral health services
 - Oregon's Coordinated Care Organizations reduced use of the emergency room by 50 percent since 2011

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III. Coverage Restrictions Cause Harm

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1115 Waivers: The Basics

- Must be an *experimental, pilot or demonstration project*
- Project must be likely to assist in *promoting the objectives of the Medicaid statute*
- State may "waive" certain provisions of federal law *to the extent necessary to carry out the demonstration*
- Project must be *budget neutral* to the federal government
- Subject to state and federal *public notice and comment* periods

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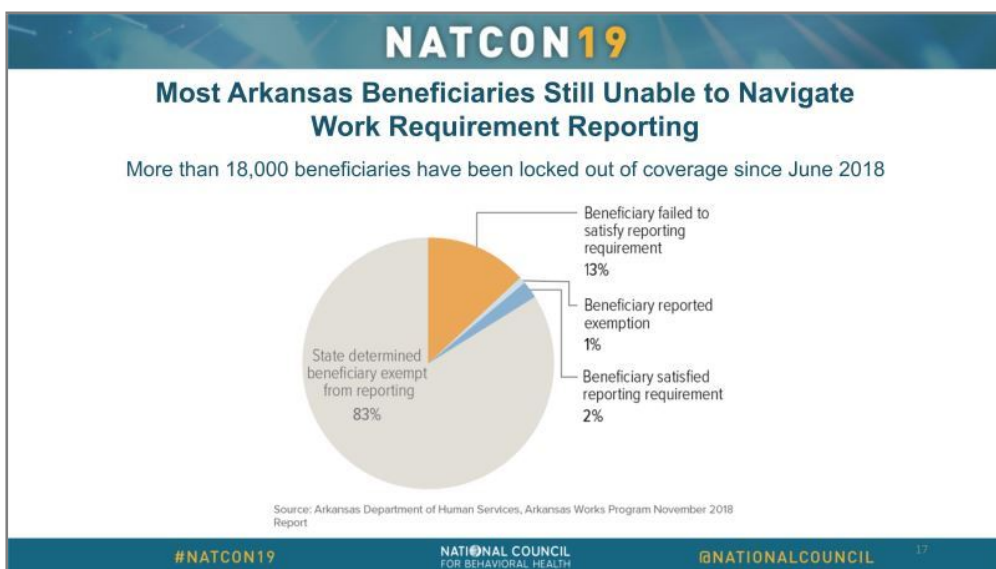
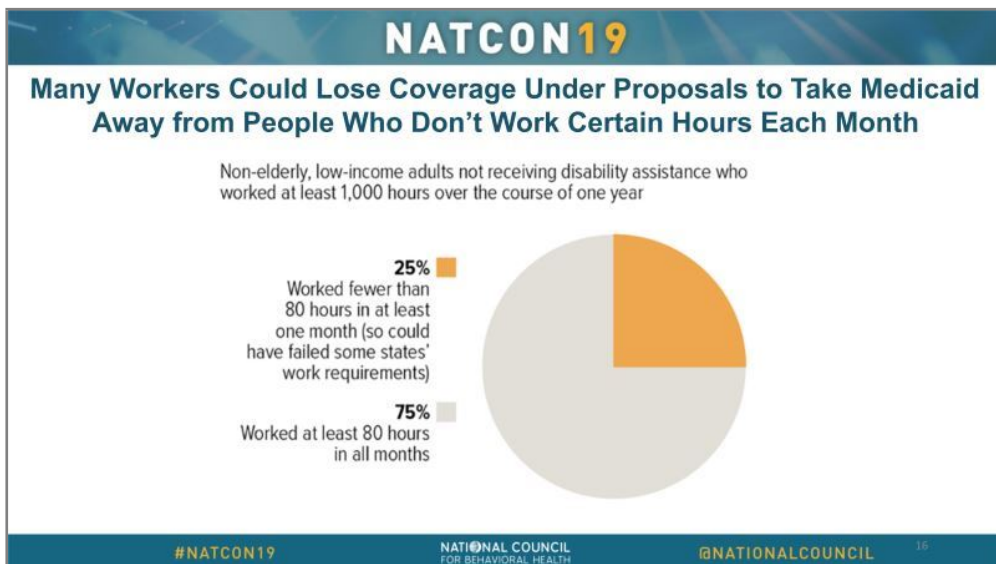
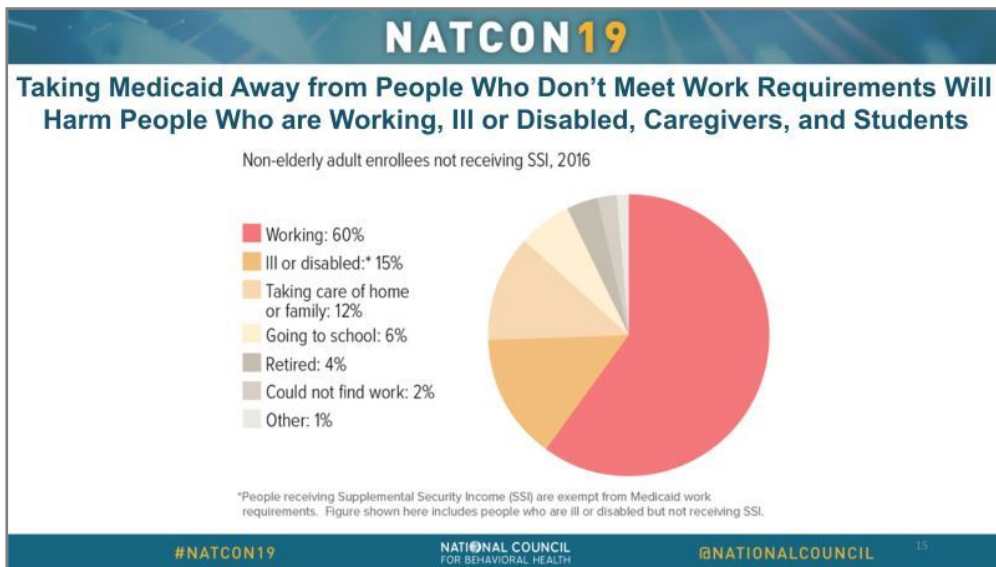
Evidence Demonstrates Harm from Coverage Restrictions

- Premiums reduce coverage, create barriers to care
- Cost-sharing decreases use of necessary services
- Limited understanding of complex incentive programs leads to fewer benefits
- Increasing documentation requirements decreases coverage
- Many of those sanctioned under work requirements should have been exempt based on disability

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Restricting Access to Coverage Prevents Providers from Offering the Best Possible Care

When patients lose or experience interruptions in coverage, providers can't:

- Coordinate care
- Provide primary and preventive care
- Support medication adherence

When patient care is interrupted, providers struggle to:

- Achieve quality measurement goals
- Accept value-based payments
- Reduce patients' unnecessary use of ED services

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Medicaid Expansion Enrollees Report Coverage Helps Them Work and Look for Work

Category	Ohio	Michigan
Share of non-working adults saying coverage made it easier to look for work	75%	55%
Share of working adults saying coverage made it easier to work or made them better at their job	52%	69%

Note: Under the Affordable Care Act, states have the option to expand their Medicaid programs to provide coverage for more low-income adults.

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Alternatives to Work Requirements: Montana's HELP-Link Program

HELP-Link offers job training and career planning for low-wage workers and those between jobs

- Outreach with personalized assistance
- Provides workshops, tuition assistance, on-the-job training

Medicaid Enrollees Want Job Training Services

- 25,000 Montanans have enrolled and received employment services
- 62% are employed in the quarter after completing the training, and 70% are employed within a year
- 58% report wage increases in the year after participation, with a median increase of more than \$8,000 in annual wages.

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IV. Preventing Harmful State Proposals

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Preventing Harm from Work Requirement and Other Coverage Restrictions

- Work with a coalition
- Educate policymakers and the media
- Maximize public comment periods

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Minnesota's "This Is Medicaid" Coalition



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Educating Key Policymakers

- Basics of Medicaid
- Alternatives to work requirements
- Evidence from other states
- Administrative difficulties/costs
- Unintended consequences
 - Harm to children
 - Increased uncompensated care

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Comment Timeline

State posts waiver proposal → 15 days → State holds at least 2 public hearings → 30 days → Earliest end date for state notice and comment period → 15 days → State submits application to CMS → 30 days → Latest date for federal notice of receipt to state → 45 days → End of federal notice and comment period* → 60 days → Earliest date for federal approval*

*If the federal government provides the notice of receipt to the state earlier than within 15 days of the state submission, the timelines for the end of the federal notice and comment period and earliest date for federal approval could be shorter.

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QUESTIONS?

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Center on
Budget
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Priorities

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