

Texas Children's Mental Health Forum

Convened by Texans Care for Children and the Texas Health Institute

Tuesday May 18, 2010

9:00AM -11:30 AM

TOPIC:

Increasing Children's Access to Mental Health Services

Meeting Notes

Notes are provided to share highlights of Forum meetings with those who are interested in the topics being discussed but are unable to attend. Texans Care for Children and the Texas Health Institute strive to capture an accurate outline of the information and discussion shared during each meeting. However, these notes should not be viewed as an official or complete record of the meeting, and some inaccuracies may be contained. Please contact [Josette Saxton](#) at Texans Care for Children to report any significant errors

PRESENTATION – National Health Reform: Overview and Issues for Texas

Presented by Stacy Pogue, Senior Policy Analyst, Center for Public Policy Priorities

[Click here for presentation](#)

Notes from presentation:

Stacy Pogue provided an overview of the national health reform legislation, particularly as it pertains to mental health, with implications for Texas.

Basics of Health Reform (Patient Protection and Affordable Care Act or PPACA):

- Builds on current system: “grandfathering” leaves much current coverage potentially unchanged for years;
- Medicaid Expansion: covers up to 133% FPL;
- Private Health Insurance Reform: no denial of coverage, no excluding pre-existing conditions, no price variation for gender and occupation, limited age variation, no annual or lifetime maximums, extends dependent coverage;
- New Health Insurance Exchanges: where private insurance options can be compared and purchased (like Amazon or Travelocity);
- Premium Assistance: up to 400% FPL;
- Out-of-Pocket Subsidies: reduces out-of-pocket expenditures for all consumers, in an attempt to reduce medical bankruptcy;
- Individual Mandate
- New Requirements for Employers to Contribute: exemptions for employers with 50 or fewer employees.

Stacy shared a handout with a [timeline of the changes](#) to be implemented over the next few years:

Affordable Coverage:

- Medicaid for very low-income adults – up to 133% FPL;
- CHIP Program Preserved;

- o Extended to 2019,
- o Funds block grants up to 2015 – 23 point increase in state CHIP match rate,
- MOE (Maintenance of Effort);
 - o States serving adults above 133% FPL may not reduce their income limits until 2014 when exchange opens,
 - o States may not change Children’s income levels for Medicaid or CHIP through 2019,
 - o Entire Medicaid funding at risk,
- Sliding-scale premium assistance.

Mental Health Coverage Provision

- Private market and Medicaid coverage expansions
- Mental health parity extended to plans offered to small businesses and individuals
- Exchange plans will be required to offer minimum benefit package, which must cover mental health and addiction services, rehabilitative services, Rx
- Adults newly eligible for Medicaid will get “benchmark” benefits, but they must contain mental health and substance abuse benefit and federal mental health parity applies
- Closes some of the loopholes in parity but not all.
- New Medicaid chronic care state plan option (2011): community mental health centers can be designated a health care home and mental health professionals may be part of any health care home clinical team. For Medicaid enrollees with at least 2 chronic conditions or 1 serious mental health condition; 90/10 match for 2 years.
- Medicare closing Part D doughnut hole

New State Roles; Medicaid/CHIP Eligibility and Enrollment Issues

- State Medicaid eligibility system
 - o Must overcome current problems and prepare to accommodate growth
 - o Must have smooth interface with Exchange system
 - o Exchange has option to pay state to do income eligibility for insurance subsidies
 - o Medicaid MUST offer online, in person, telephone, and mail application options in 2014.
 - o “No Wrong Door” coordination between Exchange and Medicaid required.
- Greater Role in TDI in Regulation
- New Opportunities for Consumer Assistance and Education
- Create and Run a Health Insurance Exchange

Who Remains Uninsured?

- U.S. Citizens:
 - o Very low income and those who would pay more than 8% of income for most affordable exchange coverage have no penalty (no mandate) – some of these may remain uninsured, pay no penalty
 - o Some will be uninsured because they still can’t afford their costs and will pay a penalty
 - o Others may choose not to be covered and pay the penalty
 - o Tax penalties are 1/6 of cost of coverage
 - o Unknown today: what share of the low & moderate income Texans may stay uninsured?
- Undocumented Persons
 - o No Medicaid/CHIP
 - o No premium help and cannot buy at full cost from exchange
 - o Best estimates say 40% of undocumented in U.S. Today have private coverage
- Legal Permanent Residents

- o Adults are excluded from Texas Medicaid under state law, but
- o Can purchase from Exchange

PRESENTATION – Health Care Reform: The Road Ahead -- Opportunities to Improve Children’s Mental Health Services

Presented by Ardas Khalsa, Medicaid Coordinator, Department of State Health Services

[Click here for presentation](#)

Notes from Presentation:

Ardas recommended viewing the recent hearings on Health Reform via [Texas Legislature Online](#). ([link to archived hearing on April 22, 2010](#)). The RealPlayer or RealOne Player software from Real Networks is required to access video/audio broadcasts.

Reforms:

- Medicaid Expansion (Must cover all medically necessary services for children)
- Benchmark Benefits Plans
- Essential Benefits
- New Options/Demonstrations
- Workforce Development
- Insurance Reforms

Impact on Texas:

- Texas has highest rate of uninsured in nation (25% overall; 30% of non-elderly adults)
- Reform provides insurance for most citizens, which includes some level of MHSA services
- Medicaid, a major source of funding for mental health and a growing source for SA treatment services, expands to serve more people
- Most MHSA clients have income under the new Medicaid expansion level

Eligibility:

- States must use modified adjusted gross income
- Asset tests prohibited

Benchmark Coverage (Public Plans):

- Aged, blind, and disabled expansion population, foster care expansion and other expansion children received full Medicaid benefits
- Some other expansion populations may receive “benchmark or benchmark equivalent

Essential Benefits (Private Plans):

- MHSA
- Prescription drugs
- Rehabilitation and habilitative services and devices (There are still questions whether psychosocial rehab is included)
- Preventive, wellness, and chronic disease management
- Labs

- Ambulatory care
- Emergency services
- Hospitalization
- Maternity and newborn care
- Pediatric services, including oral and vision care

New Medicaid Possibilities:

- Demonstration Project: reimbursement to private psychiatric facilities for emergency stabilization of people 21 to 65
- Greater flexibility to offer home and community-based services. States could use this revised option to target specialized services to people with mental illness or Other disabilities
- Extends the Money Follow the Person (MFP) demonstration project to 2015, enabling Texas to extend/expand its [MFP behavioral health pilot project](#)
- State plan option for individuals with at least one serious and persistent mental health condition to designate a health home 90% Federal match for first 2 years of implementation.

Workforce Development: provisions can be found in Section 5306 of the Patient Protection and Affordable Care Act (PPACA)

Prevention in Medicaid

- Services A or B by US Preventative Services Task Force
- States must provide tobacco cessation services for pregnant women

Mental Health Workforce:

- Provides education and training grants to bolster mental health workforce

Issues and Implications for Texas:

- Estimating and adjusting for impact on state budget before and after mandates take effect in 2014.
- Infrastructure building
- Developing policies and procedures within and across HHS agencies
- Health workforce development

Other helpful websites regarding health reform:

www.astho.org – Association of State and Territorial Health Officials

www.kff.org – Henry J. Kaiser Family Foundation

www.ncsl.org – National Conference of State Legislatures

PRESENTATION – Coverage for Serious Emotional Disturbance in Children

Presented by Christine Bryan, Legislative Liaison, Clarity Child Guidance Center, and

Bianca Briseno, Legislative Staff, Rep. Joaquin Castro

[Click here for presentation](#)

Clarity Child Guidance Center is a non-profit organization that has contracts with many of the south Texas MHMR centers. Clarity takes children regardless of ability to pay. It has the region's largest staff of mental health professionals specializing in the treatment of kids ages 3-17. Approximately 80% of kids treated at Clarity are low-income or state supported; 25% are in foster care.

Often, children have behavioral emotional issues due to trauma or lack of coping skills – they do not meet criteria for a biologically based mental illness or payor definition of medical necessity, but still need assessment and treatment.

Texas law requires treatment for serious mental illness defined as bipolar disorders, depressive disorder, psychotic disorders and autism spectrum, but does not address severe emotional disturbance (SED) that has a negative effect on the child's social and educational development. Some of the disorders for which children do not receive treatment include: ADHD, Anxiety Disorders (including Post-Traumatic Stress Disorder), and Eating Disorders.

Christine provided stories of real children – children with severe problems were denied coverage from managed care organizations because they were not “homicidal or suicidal.” To compound the problem, the current economic climate is exacting a severe toll on families, and putting an inordinate amount of stress on children.

Bianca outlined proposed legislation that would add SED to Texas Insurance Code that would require private insurers to address functional disorders as well as those neuro-biological-based and remove the medical necessity requirement.

Rep. Joaquin's staff has investigated coverage for SED in other states, including California, Massachusetts, Idaho, and New York (Timothy's Law).

- The pilot program in New York was so effective that the coverage for SED was made permanent.
- NY measured success through reduced hospitalizations and stabilization of conditions among children.

Group Discussion

Comment: With a potential doubling of the Medicaid population, who will provide the services?

Recommendation: Mental health workforce development initiatives are critical to serve the influx of newly insured under both public and private plans. Shortage is especially severe for Medicaid providers, children's mental health providers.

Recommendation: State needs to maintain a safety net for the uninsured.

Recommendation: Identify critical services which are not covered under reform, as well as funding streams to provide them.

Comment: Undocumented children will still lack access to services. Schools need help to address the behavioral health of these students. The cost of alternative education must be taken into account.

Recommendation: There is a need for cost-benefit analysis across systems, to demonstrate costs that are incurred when children do not receive appropriate care in the community (e.g., foster care, juvenile justice, residential care).

Recommendation: Engage universities to conduct Texas specific cost-benefit studies, such as work done through Washington State Institute for Public Policy and the Miami-Dade Juvenile Justice programs.

Recommendation: There will always be some children who will need residential services, such as when it is not safe to return these children to their home environments. There is a need to develop additional residential care capacity and other alternative treatment environments.

Recommendation: From a parent’s perspective, there is a dire need for more respite, in-home psychological services, and wrap-around services.

Recommendation: Develop a list of specific grants and programs the state is encouraged to pursue.

Recommendation: Engage the business community and educate them on the need for individual mandates and what the implications are for mental health, education, and productivity.

ANNOUNCEMENTS

Policy Recommendations Meeting - Texas Children’s Mental Health Forum
Wednesday, May 26, 2010, 9-11 a.m.
Texas Health Institute
8501 N. Mopac Expwy, Ste. 300
Austin, Texas 78759

“Ready By 21” and “Forum for Youth Investment” – Resources from Linda Miegs

<http://forumfyi.org/>

http://forumfyi.org/files/RB21_Precision_to_Passion_Print.pdf

When we talk about how to better engage the business community, I believe this is a good place to start the conversation. It is very congruent with TEA's Texas Collaborative for Emotional Development in Schools Initiative and with Taylor & Adelman's work at the UCLA Center for Mental Health in Schools.