



HEALTH CARE LANDSCAPE

November 2018

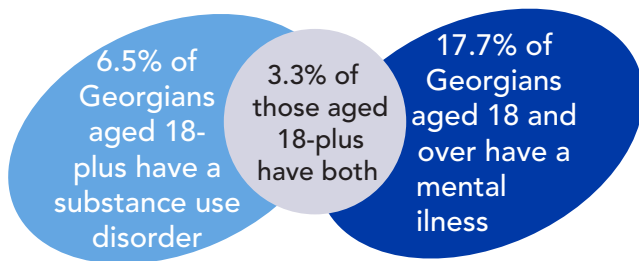
BEHAVIORAL HEALTH CARE SERVICES IN GEORGIA

Need for Behavioral Health Care

According to the National Survey on Drug Use and Health, approximately 17.7% of adults in Georgia have a mental illness and 6.5% have a substance use disorder; nationally about 3.3% have both.¹ In addition, roughly one in four adults with a mental illness has a serious mental illness (SMI).

Despite the prevalence of mental health and substance use disorders (MHSUDs), many people do not receive the care they need. Of Georgia's adults with any mental illness, only 37% receive services, lower than the national average of 43%.² Some of the barriers to receiving care include lack of insurance, stigma, provider shortages, and a lack of integration between physical and behavioral healthcare.

Figure 1: Prevalence of MHSUDs in Georgia



Coverage and Financing of Behavioral Health Care

Beyond Medicare and private insurance, Georgia's three central health agencies — the Department of Public Health (DPH), the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Community Health (DCH) — play significant roles in financing and providing behavioral health prevention and care services throughout the state. Together, these agencies have an annual budget of \$4.8 billion (DPH, \$282 million; DBHDD, \$1.1 billion; DCH, \$3.4 billion).

DCH runs the state's Medicaid program and covers behavioral health services for the populations receiving services through one of four care management organizations, while DBHDD finances the behavioral health services for the Medicaid fee-for-service populations. Behavioral health services covered by Medicaid include:^{4, 5, 6}

- Assertive Community Treatment
- Assessment and service plan development
- Autism behavioral health services (under 21 years of age)

¹ Department of Health and Human Services, Center for Behavioral Health Statistics and Quality. (2017). GEORGIA - National survey on drug use and health: 2015-2016 state-specific tables of model-based estimates. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Department of Health and Human Services, Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 national survey on drug use and health. Rockville, MD: Substance Abuse and Mental Health Services Administration.

² Department of Health and Human Services, Center for Behavioral Health Statistics and Quality. (2017). Behavioral health barometer: Georgia, volume 4. Rockville, MD: Substance Abuse and Mental Health Services Administration.

³ State of Georgia, Office of Planning and Budget. (2019). The governor's budget report: Fiscal year 2019.

⁴ Department of Health and Human Services, Center for Medicare and Medicaid Services. (2014). EPSDT - A guide for states: Coverage in the Medicaid benefit for children and adolescents. Baltimore, MD: Center for Medicare and Medicaid Services. Retrieved from www.medicare.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf.

- Case management and intensive care coordination
- Community mental health services
- Crisis services
- Group or family skills building
- Inpatient psychiatric treatment
- Intensive outpatient treatment
- Medication-assisted treatment
- Peer support
- Recovery services and supports
- Telemedicine services
- Therapy (individual, group, family)
- Residential treatment
- Respite
- Supported employment
- Treatment courts

Figure 2 shows eligibility criteria and income limits to qualify for Medicaid coverage in Georgia. Almost 98% of the children and youth and two-thirds of the adults in Georgia receiving publicly financed behavioral health services are covered by Medicaid (or PeachCare for Kids®). Of adults (aged 18 years or older) served by the public mental health system in Georgia, 13.6% are employed, 28.1% are unemployed, and 58.3% are not in the labor force.²

Using state funds, DBHDD provides supplemental services for all individuals, as well as a full array of behavioral health services for individuals who do not qualify for Medicaid and who are otherwise uninsured. These state-funded supplemental services include:

- Community transition planning
- Housing supports
- Mobile crisis

DPH directs a significant portion of its budget to funding county health departments (\$123.2 million) and supporting various infant, child, adolescent, and adult health promotion and prevention programs. In addition to DPH, the departments of Education, Public Health, Juvenile Justice, and Family and Child Services also play roles in financing and supporting select youth behavioral health services.

Table 1: Medicaid eligibility in Georgia: Categories and income limits for fee-for-service and managed care populations⁷

Supplemental Security Income - aged, blind, and disabled	Annual income at or below 74% of federal poverty level (FPL is \$9,000 for a single person)
Nursing home or community care - aged, blind, and disabled	Annual income at or below \$27,000 for an individual
Qualified Medicare beneficiaries - low-income elderly	Annual income at or below \$12,384 for an individual
Pregnant women and infants	Family income below 220% of FPL (\$55,224 for a family of four)
Children in low-income households	Income limit varies according to child's age (maximum of 205% of FPL)
Children in foster care or adoption assistance	No income requirements
Low-income parents	Annual family income below 31% of FPL (\$7,836 for a family of four)

Fee-for-service Managed care

⁵ Department of Health and Human Services, Center for Medicare and Medicaid Services. (2013). Prevention and early identification of mental health and substance use conditions (CMCS informational bulletin). Baltimore, MD: Center for Medicaid and CHIP Services. Retrieved from www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-27-2013.pdf.

⁶ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and Center for Medicare and CHIP Services. (2013). Coverage of behavioral health services for youth with substance use disorders (joint CMCS and SAMHSA informational bulletin). Baltimore, MD: Substance Abuse and Mental Health Services Administration and Center for Medicare and Medicaid Services. Retrieved from www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf.

⁷ Georgia Department of Community Health, Georgia Medicaid. (2018). Medicaid income and resource limits. Atlanta, GA. Retrieved from www.medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/2018_ABD_and_FM_Income_Limits_revised_021618.pdf.

Access to Behavioral Health Care

In addition to coverage for behavioral health care, availability of services and access to providers plays a crucial role in individuals being able to receive the care they need. Map 1 shows the availability of mental health providers throughout the state. Counties in lighter shades of blue have better provider-to-population ratios (e.g., one provider for every 250 residents), while darker shades of blue indicate worse provider-to-population ratios (e.g., one provider for every 20,000 residents). The average mental health provider ratio in Georgia is one mental health provider for every 830 residents; the U.S. average is one per 470 residents. This ratio varies greatly across Georgia from one provider per 220 residents to one provider per 39,320 residents.⁸ Shortages of behavioral health providers are significant, particularly in rural areas. Behavioral health providers are also less likely to accept health insurance, including Medicaid, compared to other types of health providers.

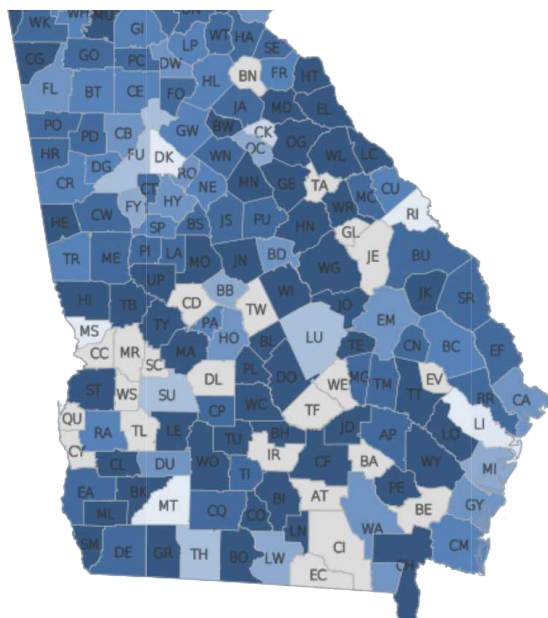
Expanding Access through 1115 Waivers

One tool that states are using to expand access to treatment for MHSUDs are 1115 Medicaid waivers. Through 1115 waivers, states can develop innovative approaches to providing care. Importantly, the waivers allow states to receive money for costs or spending not typically eligible for federally matched funding under the Medicaid program. These waivers can be broad or narrow in scope, must be budget-neutral (meaning that they do not cost the federal government any more than the absence of a waiver would), and are approved by the secretary of the Department of Health and Human Services. As of Aug. 29, 2018, 23 states have active, approved 1115 waivers for behavioral health, and 16 states have pending behavioral health waivers.⁹

States have used 1115 waivers to extend access to behavioral health care in some of the following ways:

- Pay for services provided in institutions for mental diseases (IMD)
 - IMDs include inpatient behavioral health facilities with 16 or more beds
 - Historically, services in IMDs are not covered for nonelderly adults
- Expand covered benefits
 - Allows states to cover more services than what is included in their state Medicaid plan (e.g., inpatient detox, community crisis stabilization)
 - Provides an opportunity to expand home- and community-based services (e.g., peer recovery coaching, supported housing, employment services)
- Expand eligibility
 - Cover populations with behavioral health conditions that are not otherwise eligible for Medicaid (e.g., nonelderly, able-bodied adults)
- Support delivery system reform
 - Some examples include investing in behavioral workforce development, creating alternative payment models, and promoting physical and behavioral health integration

Figure 1: Ratio of population to mental health providers⁶



⁸ University of Wisconsin Population Health Institute. (2018). County Health Rankings & Roadmaps. Retrieved from www.countyhealthrankings.org/.

⁹ Kaiser Family Foundation. (2018). Medicaid waiver tracker: Which states have approved and pending Section 1115 Medicaid waivers? Retrieved from www.kff.org/medicaid/issue-brief/which-states-have-approved-and-pending-section-1115-medicaid-waivers/.

Table 2: Examples for states using 1115 waivers to expand access to behavioral health care

Virginia ¹⁰	Illinois ¹⁰
<p>The Virginia Governor’s Access Plan and Addiction and Recovery Treatment Services waiver extends access to behavioral and physical health services to uninsured low-income adults with a diagnosis of an SMI. The waiver was amended to include childless adults and noncustodial parents diagnosed with an SMI. Some notable benefits covered include case management, crisis stabilization, peer supports, residential treatment services, and medication-assisted treatment.</p>	<p>The Illinois Behavioral Health Transformation waiver authorizes the state to implement pilot programs to address substance use disorders and improve access to care for physical and behavioral health conditions among beneficiaries. Services offered by the various pilots include crisis assessment and stabilization, treatment planning, counseling services, discharge services, and intensive in-home clinical or support services.</p>
Delaware ¹⁰	Connecticut ¹¹
<p>The Delaware Diamond State Health Plan includes a voluntary program that provides enhanced behavioral health services and supports for targeted Medicaid beneficiaries. Eligible individuals must be enrolled in the state plan, aged 18 years or older, have a severe and persistent mental health or substance use disorder, and require home- and community-based services to live and work in integrated settings. Participants receive an enhanced behavioral health package that includes benefits such as supported employment, financial coaching, community transition services, and personal care.</p>	<p>Connecticut’s mental health waiver provides many services to individuals aged 22 years and older with mental illness. The program emphasizes intensive psychiatric rehabilitation in home and community settings, attention to both psychiatric and medical needs, emphasis on wellness and recovery, person-centered planning, individualized recovery plans, and peer supports provided by people trained and certified in rehabilitative care.</p>

Responsibility for meeting the needs of individuals with substance use disorders and mental illness has historically fallen to states. States face similar barriers to systematically addressing the needs of the one in five persons affected. These barriers range from lack of coverage to an inadequate supply of trained treatment and support professionals. The 1115 Medicaid waivers are one policy option some states are using to leverage federal funds to help pay for services that are currently funded solely by the state, to address barriers to care by expanding covered benefits and eligible populations, and to support delivery system reform.

¹⁰All information regarding state waiver programs obtained from the Medicaid website at Medicaid.gov. State Waivers List. (2018). Retrieved from www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html.

¹¹Additional information regarding Connecticut’s mental health waiver obtained from the Connecticut Department of Mental Health and Addiction Services website. Department of Mental Health and Addiction Services. (2018, January 22). Mental Health Waiver. Retrieved from www.ct.gov/dmhas/cwp/view.asp?a=2902&q=423430.