Medicaid and Behavioral Health

Medicaid is the single-largest payer for behavioral health services.

Telehealth as an available and maturing service option.

Policy opportunities:
• Behavioral health integration
• Crisis response
• Coverage for children and youth
• Help with incarceration and re-entry
• Help with workforce challenges

2021 saw the largest number of drug overdose deaths ever recorded, surpassing 100,000 people.

1 in 5 people experience a mental health condition in their lifetime

Medicaid provides health insurance coverage for 1 in 4 people.
Medicaid provides variety of coverage options including:

- Medication Assisted Treatment (MAT)
- Inpatient and Outpatient Services
- Neonatal Abstinence Syndrome treatment
- Residential Treatment Options
Integration of Physical and Behavioral Health

Behavioral health services have often been “carved-out” from physical health services under Medicaid.

More states are working to fully integrate behavioral and physical health as a way to reduce costs and unnecessary utilization.

According to the Medicaid and CHIP Payment and Access Commission (MACPAC), integrating physical and mental health has been shown to reduce fragmentation of services and promote patient-centered care.
Crisis Response

- Ensure trained behavioral professionals respond to crisis situations
- American Rescue Plan Act (ARPA) provides an incentive for mobile crisis intervention services
- Establish specialized settings for crisis response including crisis diversion or stabilization centers
Children and Youth

Provide access to behavioral health services for children and youth that may not have a specific diagnosis

Provide options for families to access behavioral health services together

Strategies to support family health and well-being overall through collaborative partnerships
Incarceration and Re-entry

“Suspend” rather than terminate Medicaid eligibility when an individual is incarcerated

Coordinate Medicaid coverage and benefits, particularly with managed care organizations, prior to re-entry into the community

Federal proposals include options to provide payment for Medicaid services 30 days prior to re-entry
Workforce

- Provide resources and technical assistance to help providers fully participate in Medicaid
- Ensure adequate reimbursement rates for substance use treatment services
- Expanding use of non-licensed providers such as peer counselors
NCSL Resources

- Substance Use Disorder (SUD) Treatment Database
- Medicaid Coverage of Medication Assisted Treatment: A 50-State Overview
- Subscribe to policy newsletters
- Bookmark the NCSL Blog
- Listen to “Our American States” podcast
- Follow @NCSLorg on social media
Questions to consider:

What successes has your state had utilizing Medicaid to provide substance use disorder treatment services?

What challenges has your state encountered?

What else would you like to know about Medicaid, both generally and in your state?
Reach out anytime!

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