

Child Mental Health Services

Presentation to
Mental Health Commission
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DCH Mission

ACCESS



Access
to affordable,
quality health
care in our
communities

RESPONSIBLE



Responsible
health planning
and use of
health care
resources

HEALTHY



Healthy
behaviors and
improved
health
outcomes

DCH Initiatives

FY 2007 and FY 2008

FY 2007

Medicaid Transformation

Integrity of our Programs & Safety Net

Consumerism

Health Improvement & Resolving Disparities

Uninsured: Community Solutions

FY 2008

Medicaid Transformation

Health Care Consumerism

Financial Integrity

Health Improvement

Solutions for the Uninsured

Medicaid Program Integrity

Workforce Development

PeachCare for Kids™ Program Stability

SHBP Evolution

Customer Service and Communication



Overview of DCH

- Created in 1999, the Georgia Department of Community Health (DCH) is the lead planning agency for health issues in the state such as health care policy, purchasing and regulation
- The Department is responsible for:
 - Insuring over 2 million people:
 - Medicaid
 - State Health Benefit Plan
 - State Childrens' Health Insurance Program (PeachCare for Kids™)
 - Maximizing the state's health care purchasing power
 - Planning coverage for uninsured Georgians
 - Coordinating health planning for state agencies

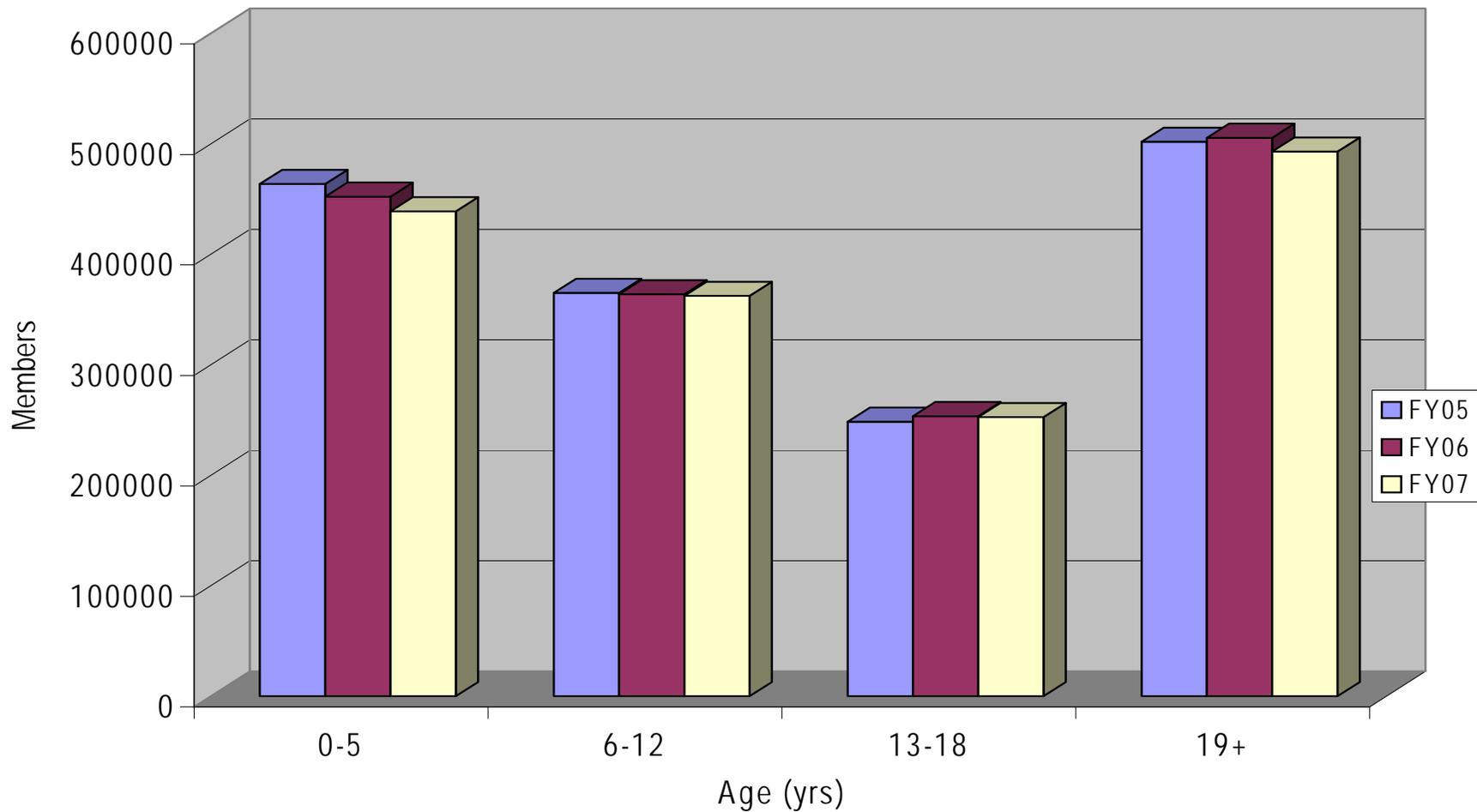


Medicaid and PeachCare

- Medicaid
 - Aged, Blind, or Disabled
 - Low Income
 - Pregnant Women
 - Medically Needy
 - Dual Eligible (Medicare & Medicaid)
 - Refugees
 - Breast & Cervical Cancer
 - Nursing Home & Hospice Patients
- PeachCare for Kids™ Members



Average Membership by Age



Behavioral Health Services Covered

- Crisis Intervention
- Outpatient treatment
 - Assessment, individual, group, family, medication
- Community Support Services
- Intensive Family Intervention
- Psychological Testing
- Day Treatment
- Psychiatric Residential Treatment Facility (PRTF)
- Inpatient Hospitalization



Early Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

- Provides preventive health screening of Medicaid children up to 21, or PeachCare children up to 19.
- Screening to follow state periodicity schedule
 - Assessment of growth and development
 - Identify problems related to lead exposure, dental, vision, or hearing problems
- Requires coverage for treatment services necessary to correct or ameliorate a physical or mental illness.

EPSDT

- Screening (HealthCheck)
 - Health and developmental history
 - Developmental screening
 - Physical exam
 - Immunizations
 - Laboratory tests
 - Lead screening
 - Health education/anticipatory guidance



EPSDT

- Diagnostic & Treatment Services
 - Potential problems identified during a health screening are referred for further diagnosis and treatment
 - Treatment for services that are necessary to correct or ameliorate mental health conditions are covered under Medicaid



Changes to System

- *Implementation of Managed Care*
 - Statewide implementation between June – October 2006
 - Children in managed care include most low-income Medicaid and PeachCare recipients
 - Excludes children in foster care, Children's Medical Services, or under a waiver program
 - Coverage through one of three CMOs, or traditional Medicaid



Eligibility by Program

- Managed Care
 - PeachCare for Kids
 - Low Income
 - Pregnant Women
 - Newborns of Medicaid Covered Women
 - Women with Breast or Cervical Cancer
- Fee for Service (FFS)
 - Aged, Blind, or Disabled
 - Dual Eligible
 - Supplemental Security Income (SSI)
 - Foster Care or Adoption Assistance
 - Children's Medical Service
 - Georgia Pediatric Program

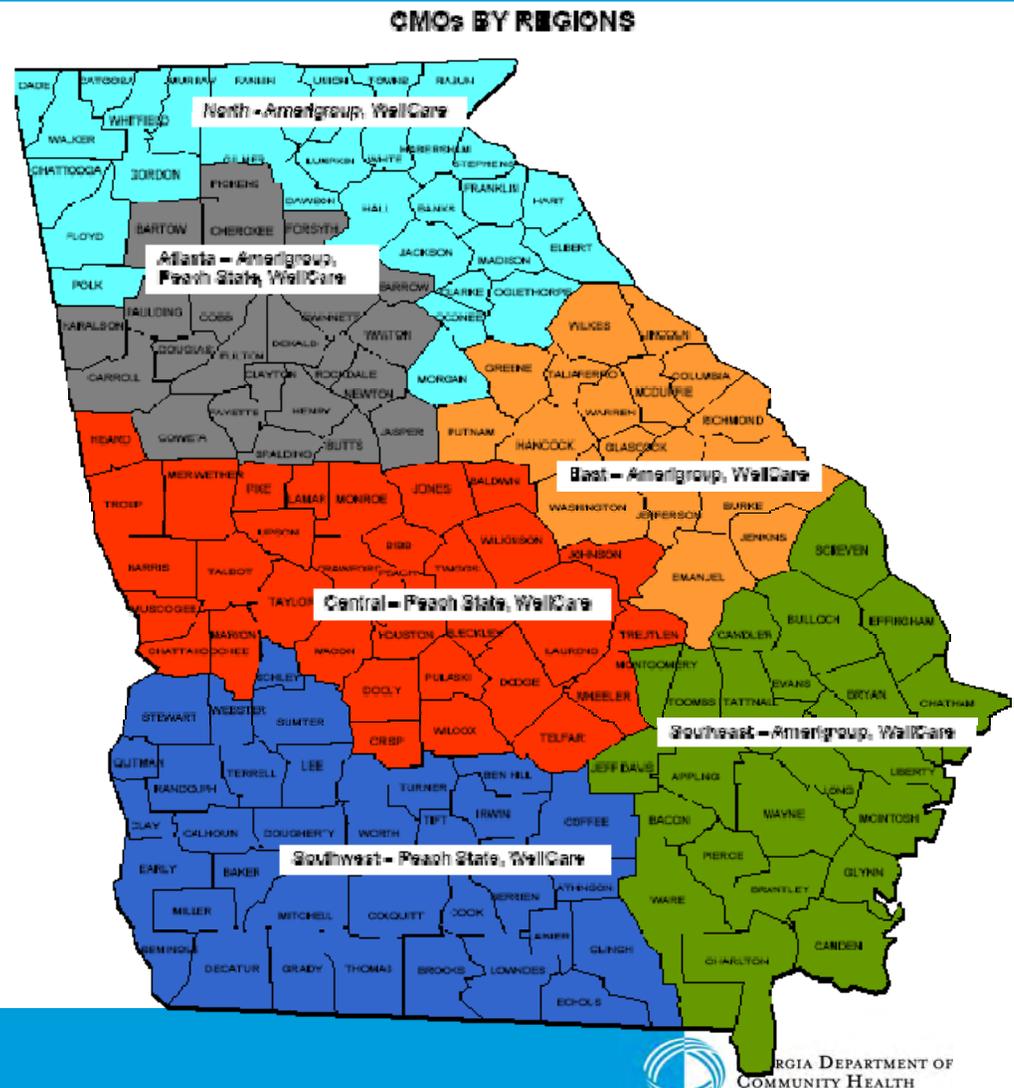


Geographic Organization

- State divided into six regions
- Each region served by at least two CMOs

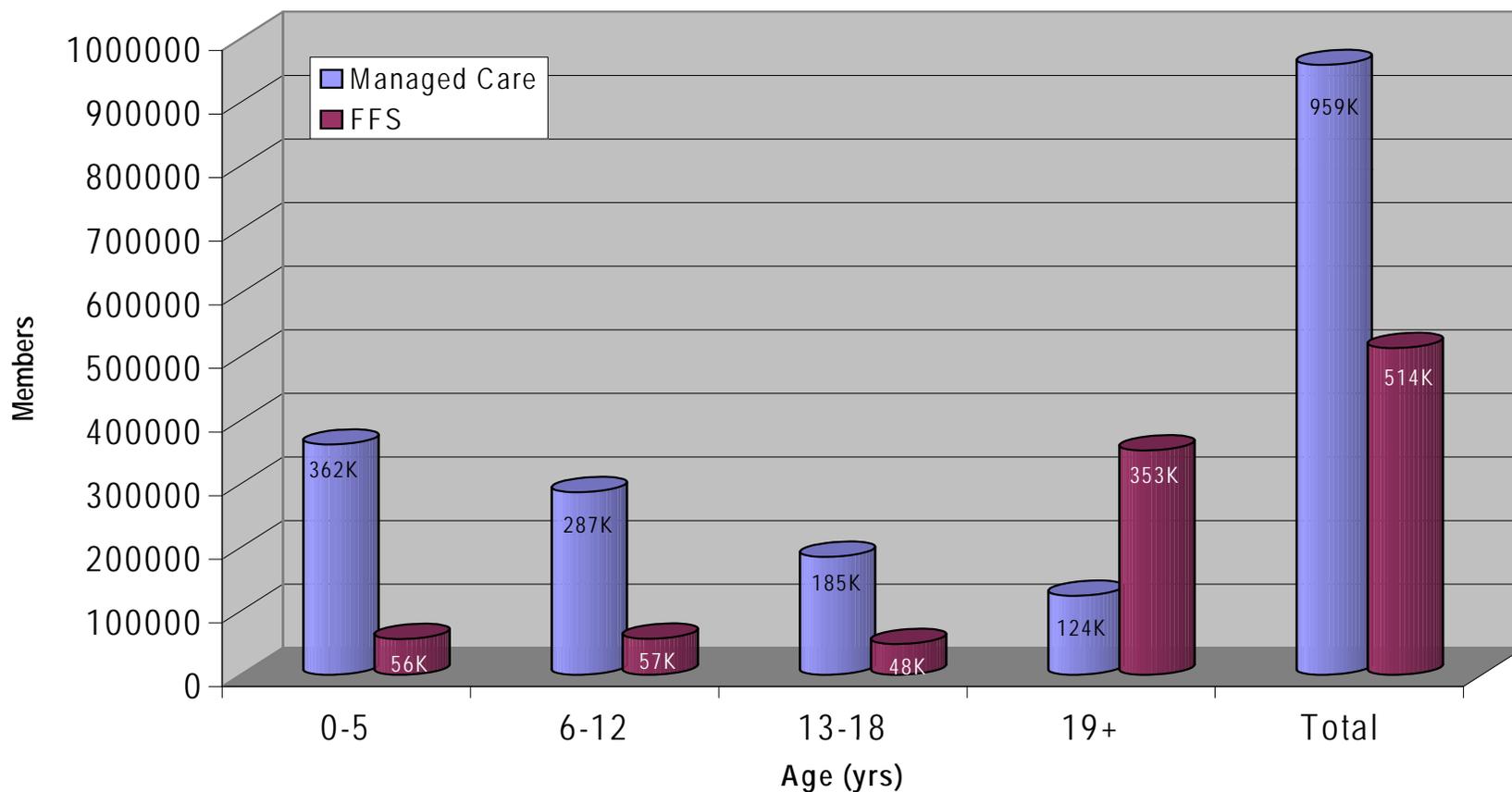
Behavioral Health Coverage

- Amerigroup
- Peach State – Cenpatico
- Wellcare - Magellan



Managed Care Distribution

Membership by Type of Coverage
December 2007



Changes to System

- Managed Care
 - Care management organizations (CMO) required to cover services in GA state plan
 - Expanded network to include independent licensed Master's therapists
 - Potential for increased access and greater integration with medical services
 - Challenges for maintaining continuity when eligibility changes

Changes to System

- Level of Care (LOC) “Unbundling”
 - Effective in July 2007, in response to directives from Centers for Medicare & Medicaid Services (CMS) as to how Medicaid dollars could be spent.
 - Impacted children in residential care facilities and essentially separated payment for clinical treatment and room, board, and watchful oversight.
 - Medicaid dollars will only pay for unique episodes of clinical treatment.
 - Medicaid cannot pay for service components that are an integral part of another program (for example case worker visits with a foster child).



Impact of System Changes

- Majority of Medicaid and PeachCare eligible children are covered through managed care entity.
- To expand access to care, Masters level therapists are covered.
- Medicaid only pays for clinical treatment services, not residential care;
 - PRTF facilities – six in Georgia
 - Outpatient services associated with other residential facilities.



Behavioral Health Care Funding

- *Department of Family and Child Services (DFCS)-custody children*
 - The clinical treatment costs of DFCS custody children with Medicaid coverage are paid by Medicaid.
 - These children will be covered by traditional fee-for-service Medicaid. Children that were in a CMO prior to being placed in DFCS custody will be covered by the CMO for a transitional period (up to 38 days).

Behavioral Health Care Funding

- *Parental Custody Children*

The clinical treatment costs of parental custody children with Medicaid or PeachCare coverage are paid by Medicaid.

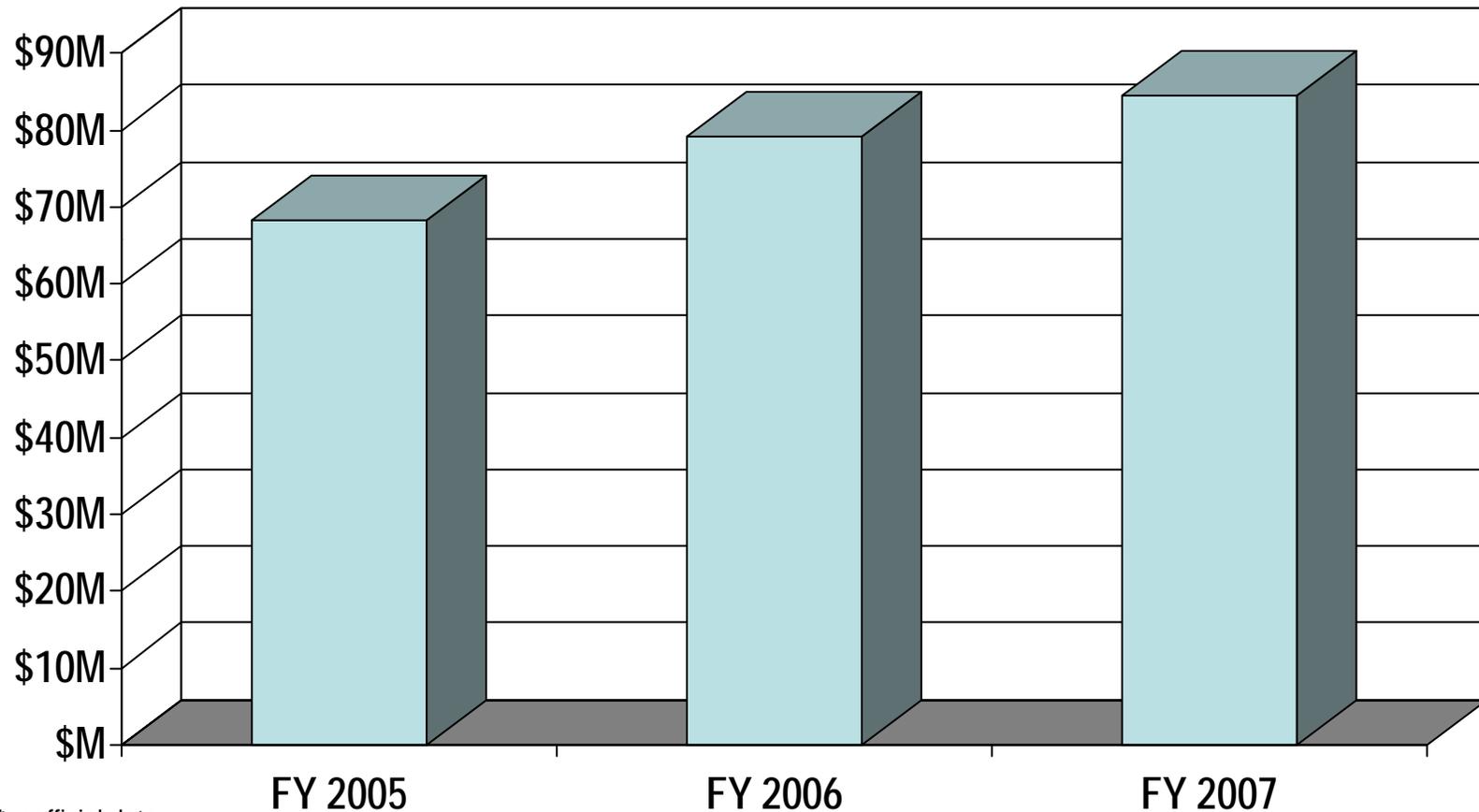
- The majority of these children will be enrolled in a CMO, unless their eligibility is through a waiver program or they are in Children's Medical Services or Georgia Pediatric Program.

Behavioral Health Care Funding

- *Department of Juvenile Justice (DJJ) Children*
 - DJJ children that are not incarcerated, with Medicaid or PeachCare coverage can have clinical treatment costs covered by Medicaid.
 - The majority of the children served by DJJ will likely be covered by a CMO, unless coverage is through a waiver program.
 - Once incarcerated in a juvenile correction facility, children are no longer eligible for continued Medicaid coverage.

Preliminary Data

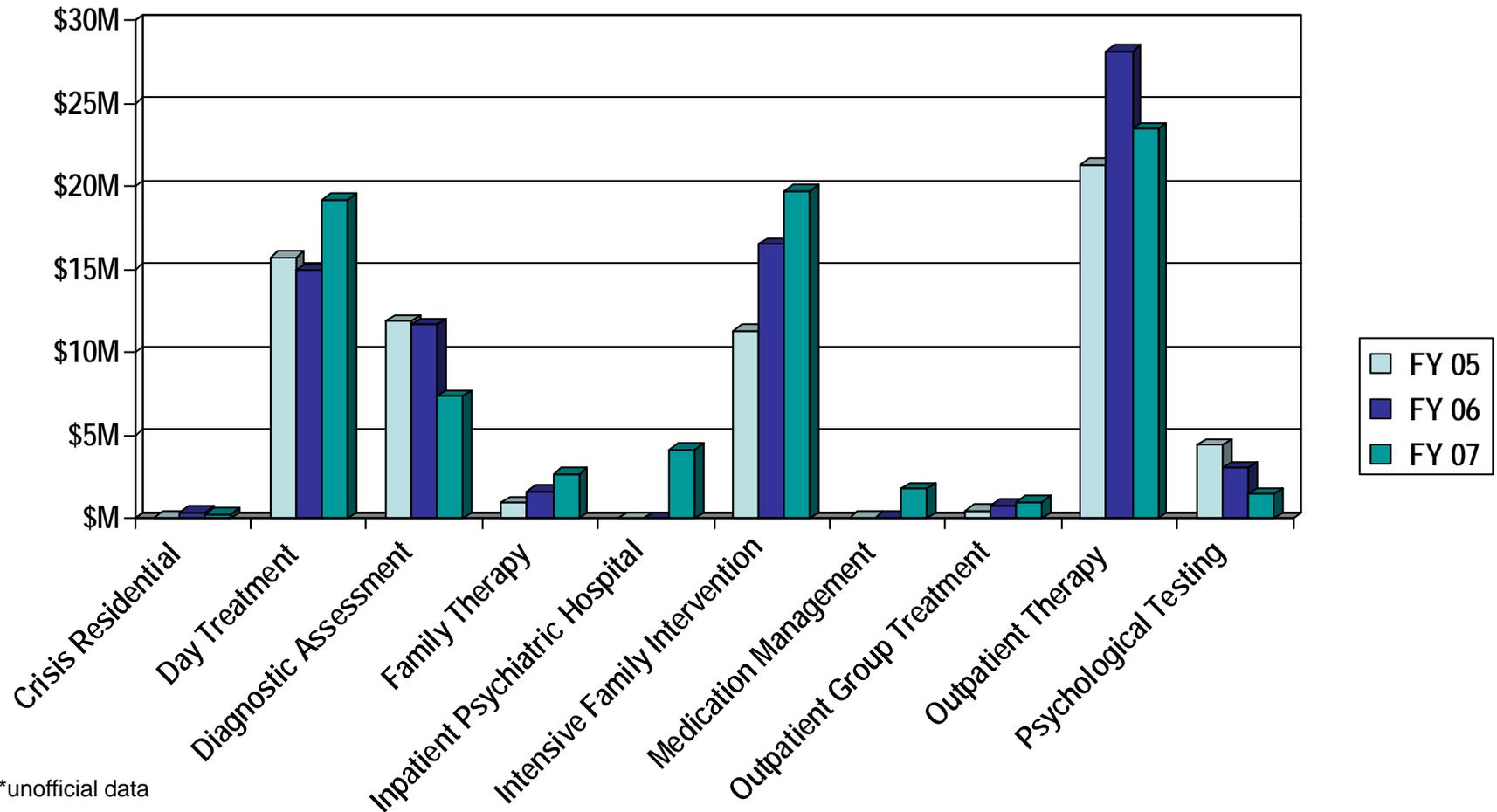
Trends in Mental Health Spending



*unofficial data

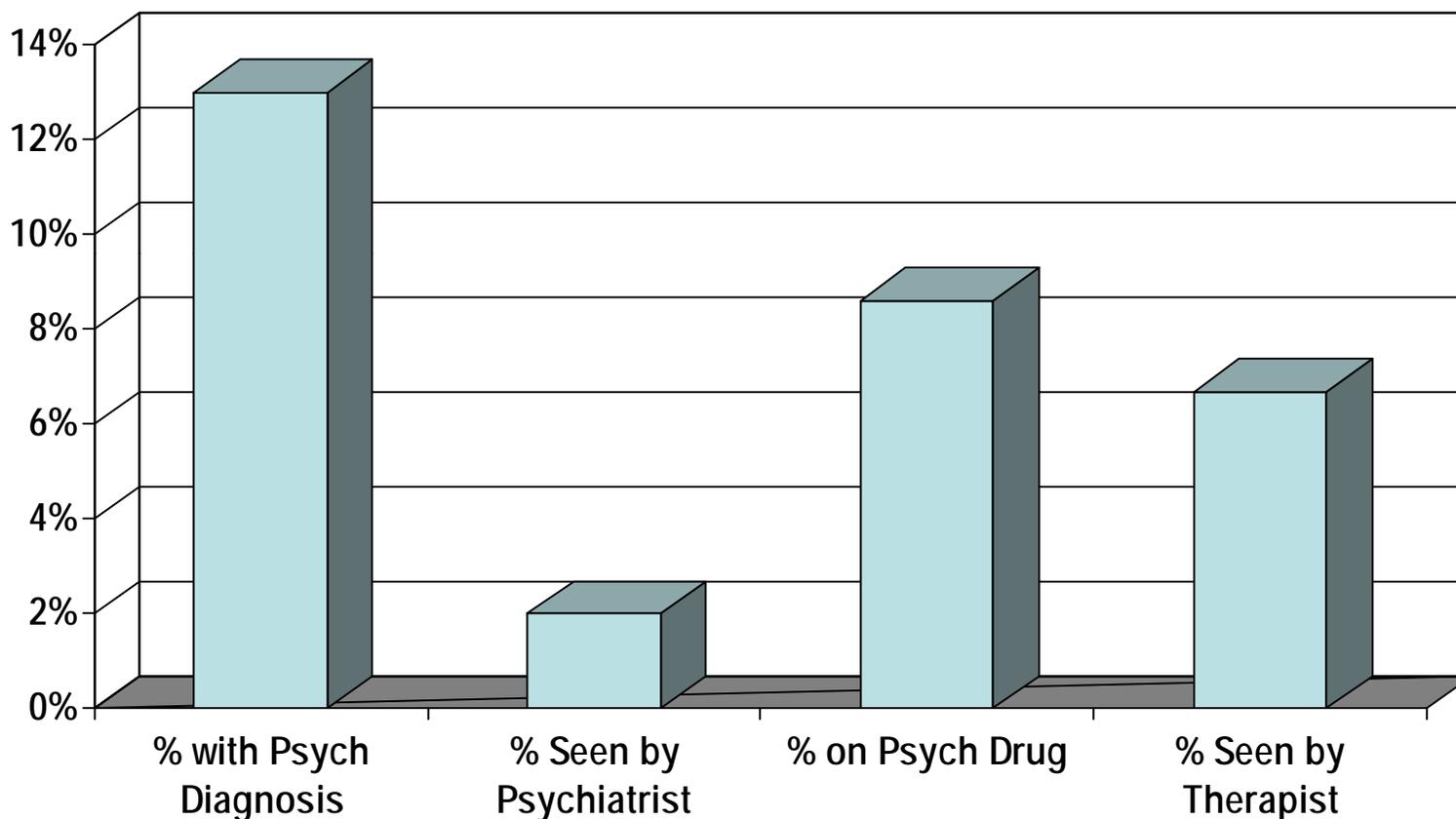
Preliminary Data

Trends in Mental Health Spending By Service



*unofficial data

Behavioral Health in Overall Population



*includes both adults and children
unofficial data

Opportunities

- Improve communication/collaboration across multiple systems and payers
- Improve linkage between medical and mental health care system
- Provide resources to practitioners to assist in increasing the appropriate diagnosis and treatment of children in most appropriate setting

