Behavioral health care services in Georgia

Georgia Health Policy Center

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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. 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%. 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:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Virginia&lt;sup&gt;10&lt;/sup&gt;</th>
<th>Illinois&lt;sup&gt;10&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>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.</td>
<td>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.</td>
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<tr>
<th>Delaware&lt;sup&gt;10&lt;/sup&gt;</th>
<th>Connecticut&lt;sup&gt;11&lt;/sup&gt;</th>
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<tr>
<td>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.</td>
<td>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.</td>
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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.
