Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Context

The most immediate and damaging actions that the Trump Administration could take center around **restricting children and families' access to health insurance** (Medicaid) (see **this post** for a fuller description of this threat). That's because without money or health insurance, it's nearly impossible to get behavioral health treatment. We identified a series of levers that the Administration signaled that it will use to limit access to Medicaid. These include:

- ending coverage for families with income from 101% to 133% of the poverty-line;
- increasing the frequency of Medicaid redetermination from yearly to every 6 months;
- making it harder to provide behavioral health services in settings children / youth already spend time in (schools, and also juvenile corrections facilities).

...we need to be ready for the widest possible set of threats to public behavioral healthcare.

What to Expect

It would be time-consuming for the Trump Administration to wade through the legislative process of changing these effective and popular program features. However, we have already seen that appointees of the Administration appear willing to suspend normal operating procedures and **cede control of oversight to individuals working for private, unregulated entities**. These individuals are explicit that they are **now targeting the operations of the Centers for Medicare and Medicaid Services (CMS)**.

What to Do

These events indicate that we need to be ready for the widest possible set of threats to public behavioral healthcare. We need to move quickly and purposefully. Otherwise, we'll see a wholesale loss of healthcare for families and youth who critically need it. We could wait for the Administration to act and then try to react. Or we could use our collective wisdom and the policies and resources currently at our disposal to be more responsive and more effective as systems. This series focuses on the latter.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

In this brief we'll focus on **three tactics** that people at any level of a system can take. Our goal with these tactics is to **mitigate the loss in the number of children and families covered** because of both procedural changes (such as procedures used in the Medicaid 'unwinding') and explicit policy changes (such as ending coverage for adults in families with incomes exceeding 100% of the federal poverty line).

These tactics are the **most effective when people at every level of the system are aligned**: state administrators, agency administrators, advocates and practitioners. Note that many of these actions can be taken without buy-in from people in other roles, but they become more difficult to successfully execute. The role of state administrators in setting a vision and acting collaboratively and responsively cannot be overstated.

Tactic 01: Supercharge Outreach and Education.

State Medicaid agencies vary wildly in how effectively they connect with and enroll eligible individuals in Medicaid. This isn't a myopic or blaming view that I hold: it's a consistent finding of diverse research groups. Despite the fact that Medicaid enrollment **improves care affordability and reduces parental distress**, many eligible parents do not enroll. Data from Medicaid expansion efforts indicates that the states' Medicaid enrollment rate for eligible individuals and families **ranges from 43% to 83%**. **Pre-expansion enrollment data** indicate that more than 4 million children were eligible for Medicaid, but not enrolled.

This tremendous variation by state tells us that there are things that we can do to improve outreach and education to make sure that everyone who is eligible for Medicaid is enrolled and educated about the services that they are entitled to. We'll walk through a series of steps that system administrators, contracted agencies, and advocates (including front line providers) can take to improve enrollment in Medicaid.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Tactic 01: Supercharge Outreach and Education (cont.)

System Administrators. System administrators can start by asking: are we doing what we're supposed to be doing for outreach and education? There is substantial low-hanging fruit regarding outreach and education. The Centers for Medicare and Medicaid Services (CMS) developed a series of tools to facilitate multi-lingual community outreach regarding Medicaid and Medicaid enrollment. These tools briefly disappeared, and then were made available again at **CMS website** at the time of this posting. Given the removal of federal documents that we are currently experiencing, I have also stored these documents in a growing **archive of federal resources**.

There are two key pieces to outreach and education that we identify as frequently overlooked. These are: (1) partnering with diverse community organizations and settings to spread the word and (2) connecting families to trusted individuals to answer questions, foster trust and follow up to make sure that applications are completed. In terms of the first, organizations such as churches, day care centers, schools, recreational and after school sites are places frequented by working families. They are prime sites for connecting with staff, providing brochures and flyers, and setting up outreach fairs and other in-person events to facilitate sign eligibility determinations and enrollment with Medicaid.

Federal resources for outreach to these sites are archived here. We note that addressing low health literacy is important for many potential enrollees. The way that outreach materials are created can have important effects on their usefulness, and for that reason we note the importance of **addressing literacy barriers in these materials**. Adults looking to enroll may also be assisted by resources like **how-to videos and other primarily visual explainers**.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Tactic 01: Supercharge Outreach and Education (cont.)

Agency Administrators. As a contracted agency administrator, there are several steps that you can take to facilitate outreach. First, local agencies often have a better sense of the community settings in which outreach may be particularly effective. Communicating local community information to state officials in charge of outreach can be helpful. Agencies can also set up their own outreach efforts using materials provided by the state, or modified to best fit the information needs of the local community.

Advocates and Front-Line Staff are truly the 'face' of Medicaid. They can amplify social media messages regarding enrollment, distribute sign-up materials at community sites, and answer questions about child and adult eligibility criteria. Advocates and front-line staff can inform individuals in their own professional networks about resources for Medicaid enrollment. They can also identify appropriate sites for in-person information and Medicaid sign-up events, and staff those events. Advocates and front-line staff, along with families, should be engaged in the **design of the enrollment process**. This allows for the identification of barriers to enrollment, and creative solutions for addressing those barriers.

Tactic 02: Expand the Workforce to Reflect the Communities being Served.

The second piece to the puzzle is connecting families to trusted individuals. Studies have found that parents strongly prefer having someone help them complete eligibility applications, and that they are more likely to complete the application if this person speaks their language. In the past decade behavioral health systems have increasingly funded and embraced the use of **Peer Partners** and **Community Health Workers**.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Tactic 02: Expand the Workforce to Reflect the Communities being Served (cont.)

In both instances, these staff members are more likely to have lived experiences similar to community members seeking to enroll in Medicaid. Many times they are recruited from, and live in, the same community as persons we are seeking to enroll. They often speak the language or languages spoken in the community and understand local social conventions. They often have relatively recent experiences navigating the system themselves, or helping a family member navigate the system. This authentic experience helps provide credible responses to questions asked by parents.

We have also found that these professionals spend more time in direct contact with families than other treatment or care coordination professionals. This likely generates trust and provides repeated opportunities for families to follow through and complete tasks such as applying for Medicaid and setting up a first appointment for care.

System Administrators can take three high-impact actions regarding workforce development. First, they can include Peer Partners and Community Health Workers in the Medicaid State Plan, in order to define their roles and ensure funding for their positions. Second, they can create clear job roles and linked training and certification standards. Finally, they can provide a clear ladder for career advancement within the role.

Agency Administrators also have an important role in setting up Peer Supports and Community Health Workers for success. Agencies need to clarify, and administrators need to message, the tasks that are appropriate to people in these roles and the tasks that are inappropriate. These staff need to be included in both the regular cadence of meetings and information provided to other professionals in the agency, and in the leadership structure of the agency. Finally, our focus groups with Peer Partners have highlighted the importance of providing both administrative and clinical supervision to people in these roles. Because families and youth trust these adults, they often disclose sensitive clinical information. Community Health Workers and Peers need to know how to address their own self-care, and appropriate responses and avenues for additional help that they can provide to youth and adults.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Tactic 02: Expand the Workforce to Reflect the Communities being Served (cont.)

Advocates and Front-Line Staff. The roles of Peer Partners and Community Health Workers overlap with other advocates and front-line staff. Community Health Workers often operate as the face of the healthcare system in local communities, engaging in community events and interfacing with families in natural community settings. They help educate and connect families to healthcare resources. Peer Partners frequently operate as navigators and advocates. They help potential enrollees translate technical terms and service system jargon into understandable terms and prompts, and advocate for the family's voice throughout the care process.

The information that Peer Partners and Community Health Workers gather about how to help local families enroll in Medicaid can be invaluable to other professionals. They can identify process 'sticking points' where families need additional assistance. They may also be able to identify instances in which there needs to be extra attention and care paid to messaging to certain groups of individuals. This includes using materials that are in the primary language of individuals being served, but also instances in which local or group-specific idioms are important to consider.

We note that a culture of respect and **mutual appreciation between Peer Partners, Community Health Workers and other treatment professionals** (licensed clinicians, clinical supervisors) is important in fostering these exchanges.

Tactic 03: Use Presumptive Eligibility to Reduce Burden and Service Wait Times.

As we've seen, Medicaid eligibility and enrollment numbers frequently diverge. One reason that people don't enroll in Medicaid is because of the burden experienced in completing the application process. Here we focus on reducing that barrier via presumptive eligibility. Presumptive eligibility is an initial screening process used by states to determine that an individual is likely eligible for Medicaid before they complete their full Medicaid application. It allows for Medicaid-reimbursable services to be provided during the period between this initial determination and the final determination of eligibility.

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Tactic 03: Use Presumptive Eligibility to Reduce Burden and Service Wait Times (cont.)

System Administrators. At the State Plan level, the use of **presumptive eligibility** (PE) reduces the initial burden of application while providing access to services until an eligibility determination can be made. Presumptive eligibility may increase the chances that the **hardest-to-reach children and families are enrolled in Medicaid**. The process can be used to provide immediate services and a personalized 'on-ramp' to completing the full Medicaid eligibility application and enrolling in Medicaid. This lets parents and youth know that the system can provide them with genuine help and care while eligibility determination processes take their time to complete.

Agency Administrators. **Agency administrators need to be at the table** as state administrators design their eligibility determination processes. PE provides agencies with a way to provide immediate aid and onboarding to individuals as they wait for an eligibility determination. Agencies can facilitate enrollment by creating a process whereby families who present needing services can get immediate access via a presumptive eligibility determination. Then they can be provided with one-on-one assistance in collecting necessary documents and completing a full Medicaid eligibility determination. For families who do not qualify for Medicaid services, agencies need to identify alternate service providers or funding sources to which to refer these families and youth.

Advocates and Front-Line Service Providers. States have wide latitude to determine which individuals can make initial presumptive eligibility determinations. **Per CMS' Implementation Guide on Presumptive Eligibility, p. 3:**

> Qualified entities may include health care providers, schools, community-based organizations, agencies that determine eligibility for other health or social services programs, jails, or entities of the courts, among others.

Advocates can learn who these entities are and create a warm hand-off to such entities. Front-line service providers can identify if their role allows them to be trained for and to conduct PE screenings. For qualified entities, pairing PE screenings with outreach activities allows for a rapid and seamless process of education and initial enrollment.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid

Trump, Take 2

Bolstering Access to Children's Public Behavioral Health

Summary

Together, we've covered the use of three system-development tactics aimed at increasing Medicaid enrollment. These tactics can mitigate some federal efforts to reduce access to care. They also position the system to be ready to pivot if policies shift back towards providing more families and youth with healthcare coverage.

These tactics do not magically change the federal policy environment or address what happens when families are no longer financially eligible for Medicaid-funded services. Instead, they are initial actions that we can take now to make our systems more responsive to the children and families we are committed to serving.

In solidarity,

Nate.

Contact: nisrael@unionpointgroup.org
See more at: unionpointgroup.org/medicaid