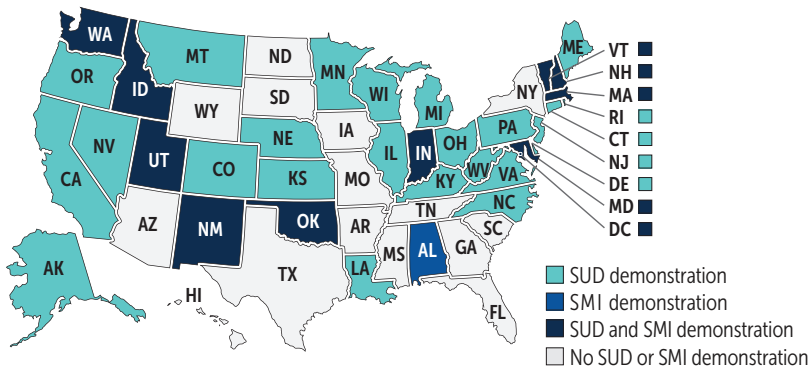


INTRODUCTION AND BACKGROUND

As the single largest payer for mental health (MH) services and substance use disorder (SUD) treatment in the U.S., Medicaid, along with the Children’s Health Insurance Program (CHIP), fills an important role in supporting care for these conditions and monitoring the effectiveness of that care.¹ As illustrated below, in 2021, 19 percent of adults with Medicaid or CHIP coverage reported regularly experiencing symptoms of anxiety and 10 percent reported that they regularly experienced symptoms of depression. Medicaid and CHIP can provide unparalleled coverage for a full array of services and supports for people with MH conditions and SUD, including services that generally are not covered by other health care programs or plans.² This infographic summarizes the characteristics, access to care, and service utilization for these beneficiaries.³

For the purpose of this infographic, the term “behavioral health” refers to mental health conditions and substance use disorders.

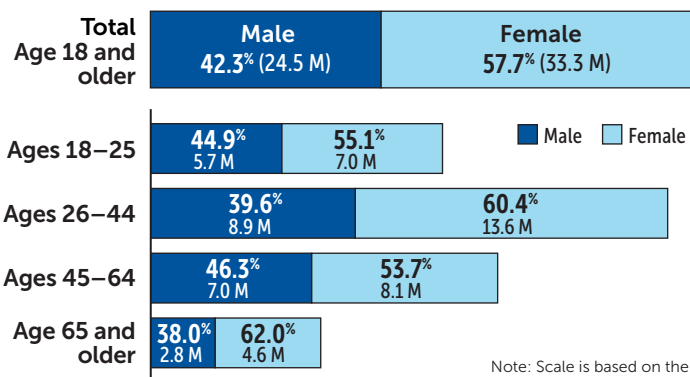
Section 1115 Substance Use Disorder and Serious Mental Illness Demonstrations⁴



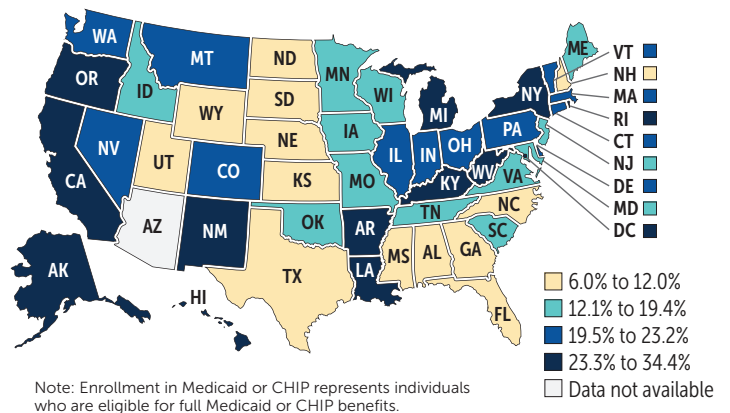
Note: This map reflects whether states have approved section 1115 SUD and/or SMI-SED demonstrations as of April 2023.

As part of the U.S. Department of Health and Human Services’ effort to combat the ongoing opioid crisis, CMS created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with SUDs including Opioid Use Disorder. CMS also created similar flexibility to test more comprehensive approaches to care for beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED).

Number and Percentage of Adult Medicaid and CHIP Beneficiaries by Age and Sex, 2022⁴



Percentage of Adult Population Enrolled in Medicaid or CHIP by State, July 2022⁵



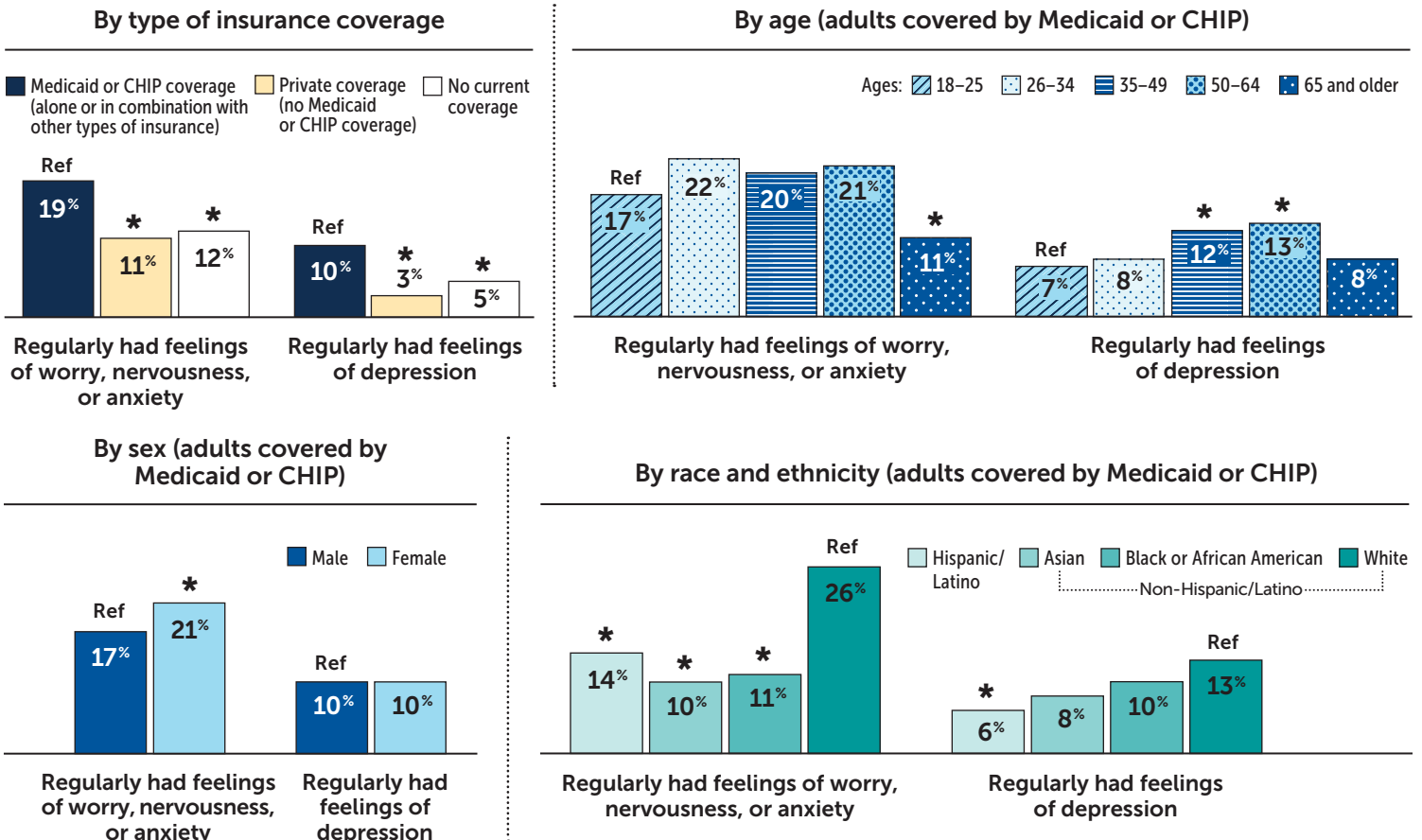
If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the following additional resources:

- The **Medicaid and CHIP Beneficiary Profile and Infographic** provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of Medicaid and CHIP beneficiaries. It is available at: <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs’ administration and outcomes. It is available at: <https://www.medicaid.gov/state-overviews/scorecard/index.html>.
- The **2021 Behavioral Health Core Set Chart Pack** summarizes state reporting on the quality of behavioral health care furnished to adults and children covered by Medicaid and CHIP during FFY 2020. It is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-behavioral-health-chart-pack.pdf>.
- The **Behavioral Health Services** section of the Medicaid.gov website provides information about services and supports to meet the health, behavioral health, and long term services and support needs of Medicaid individuals with mental health or substance use disorders. It is available at: <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html>.

Key Findings

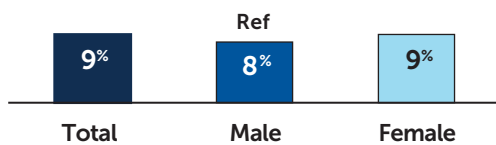
- Adults with Medicaid or CHIP coverage reported significantly higher rates of regular feelings of anxiety and depression than those with private or no current coverage.
- Among adults with Medicaid or CHIP coverage, White non-Hispanic/Latino adults reported significantly higher rates of regular feelings of anxiety than all other race and ethnicity groups shown in the exhibit.

Percentage of Adults Age 18 and Older Who Reported That They Regularly Had Feelings of Worry, Nervousness, Anxiety, or Depression, 2021⁶



Notes: All indicators are based on beneficiary self-report. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The Medicaid or CHIP coverage total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. Regularly had feelings of worry, nervousness, or anxiety is defined as: (1) feeling worried, nervous, or anxious daily and describing the level of those feelings as "somewhere in between a little and a lot" or "a lot," OR (2) feeling worried, nervous, or anxious weekly and describing the level of those feelings as "a lot." Regularly had feelings of depression is defined as: (1) feeling depressed daily and describing the level of those feelings as "somewhere in between a little and a lot" or "a lot," OR (2) feeling depressed weekly and describing the level of those feelings as "a lot."

Percentage of Adults Age 18 and Older Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans Who Reported Experiencing Serious Psychological Distress, 2021⁶



Notes: Serious psychological distress is assessed using the Kessler 6 (K6) nonspecific distress scale. The scale was developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations. The six questions in the K6 ask adults to assess the frequency of feeling sad, nervous, restless, hopeless, that everything was an effort, and worthless, in the past 30 days. The points for each question are summed to produce a total score between 0 and 24. Respondents with a score of 13 or higher are classified as experiencing serious psychological distress.

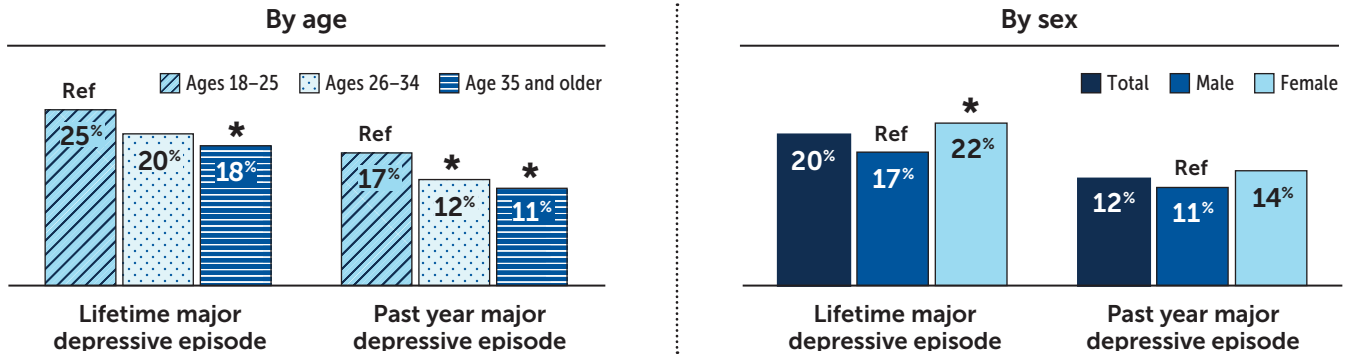
Methods Note

Statistical significance testing was conducted using a two-sided t-test (p<0.05). Significance for each measure is affected by survey design, sample size, and other factors. For each exhibit, a reference group was identified (indicated by "Ref" in the exhibit). The rate for each additional subgroup shown in the exhibit was compared to the rate for the reference group. * indicates that the subgroup rate was significantly different from the rate for the reference group. If the subgroup rate was not significantly different from the rate for the reference group, no symbol is included.

Key Findings

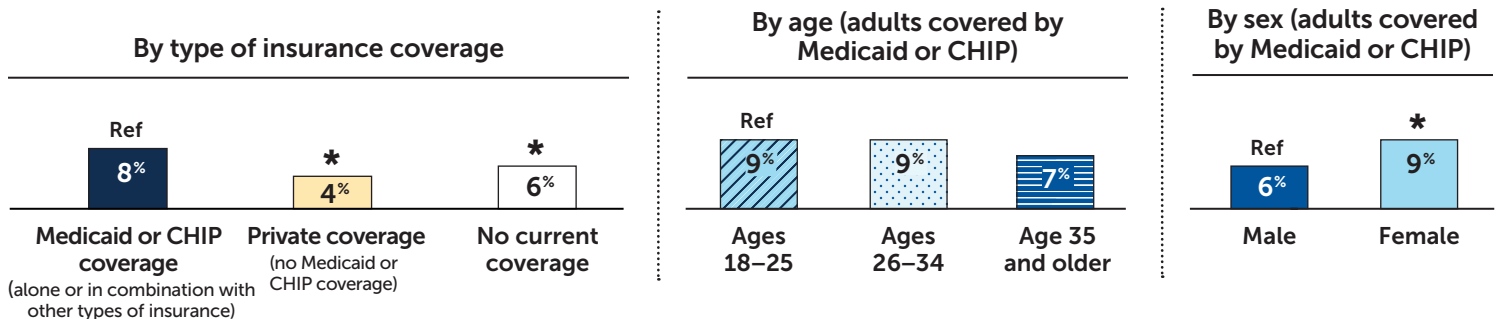
- Adults with Medicaid or CHIP coverage met criteria for serious mental illness at significantly higher rates than those with private or no current coverage.
- Among adults with Medicaid or CHIP coverage, young adults ages 18–25 reported significantly higher rates of serious suicidal thoughts and suicide plans than adults age 26 and older.

Percentage of Adults Age 18 and Older Covered by Medicaid or CHIP Who Reported Experiencing a Major Depressive Episode Ever and During the Past Year, 2020⁷



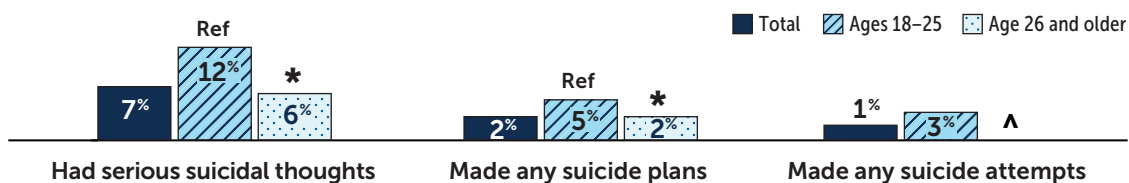
Notes: A respondent was classified as having a major depressive episode (MDE) in their lifetime if they reported experiencing at least five out of the nine criteria used to define an adult as having had MDE in their lifetime, where at least one of the criteria is a depressed mood or loss of interest or pleasure in daily activities. Respondents who were classified with lifetime MDE and who reported that during the past 12 months they had a period of depression lasting 2 weeks or longer, while also having some of the other symptoms mentioned were classified as having a past year MDE.

Percentage of Adults Age 18 and Older Who Met Criteria for a Serious Mental Illness (SMI) in the Past Year, 2020⁷



Notes: Serious mental illness (SMI) is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder resulting in substantial impairment in carrying out major life activities. SMI is estimated based on a statistical model of a clinical diagnosis and responses to survey questions on distress (Kessler-6 scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule), past year major depressive episode, past year suicidal thoughts, and age.

Percentage of Adults Age 18 and Older Covered by Medicaid or CHIP Who Reported That They Had Serious Suicidal Thoughts, Made Any Suicide Plans, or Attempted Suicide During the Past Year, 2020⁷

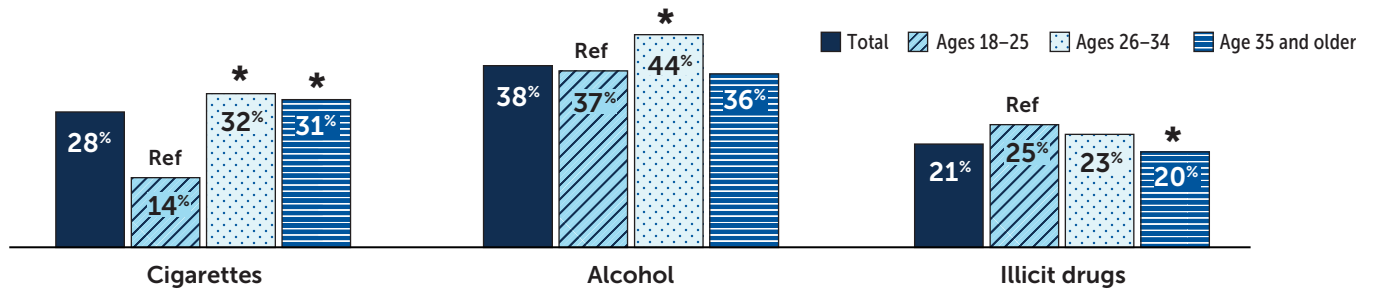


^ Results for age 26 and older are not shown because they are unreliable due to the relative confidence interval width. Because these results are unreliable, statistical significance of difference by age group was not assessed.

Key Findings

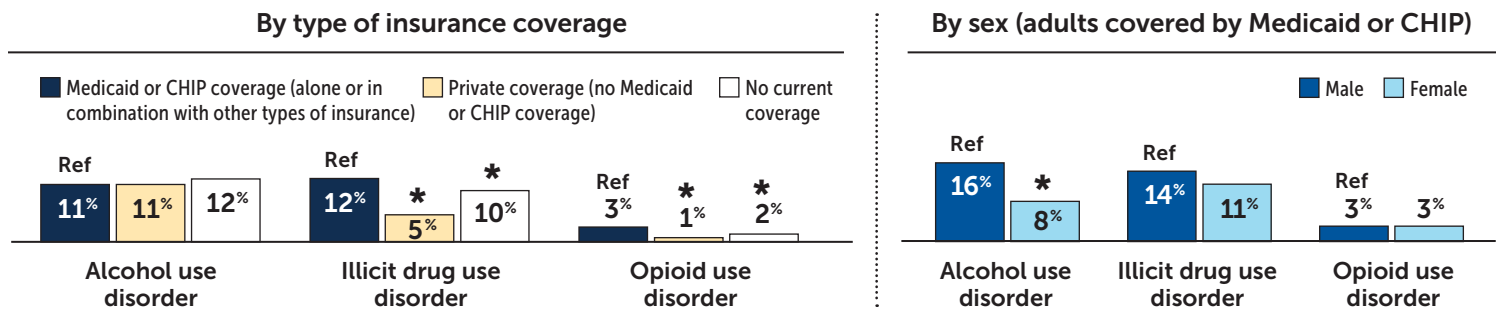
- Adults with Medicaid or CHIP coverage met criteria for illicit drug use disorders (including opioid use disorders) at significantly higher rates than those with private or no current coverage.
- Among adults with Medicaid or CHIP coverage, males met criteria for alcohol use disorders at significantly higher rates than females. There were no significant differences in reported rates of illicit drug use disorders by sex.

Percentage of Adults Age 18 And Older Covered by Medicaid or CHIP With Any Self-Reported Substance Use in Past 30 Days, 2020⁷



Notes: Cigarettes do not include e-cigarettes and vaping. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives).

Percentage of Adults Age 18 And Older With Substance Use Disorders for Alcohol, Illicit Drugs, or Opioids During the Past Year, Based on Self-Report, 2020⁷



Notes: Substance use disorder measures are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). Opioid use disorders are a subset of illicit drug use disorders.

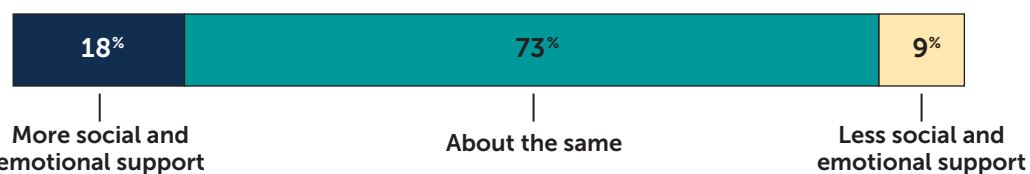
SELF-REPORTED SOCIAL SUPPORT

Percentage of Adults Age 18 and Older Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans Who Reported Receiving Needed Social and Emotional Support, 2021⁶



Note: Data are based on beneficiaries' perception of how often they receive the social and emotional support they need.

Perceived Social and Emotional Support Now Compared With 12 Months Ago, Among Adults Age 18 and Older Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans, 2021⁶



Note: Data are based on beneficiaries' perception of how their current level of social and emotional support compares with their level of social and emotional support 12 months ago.

Comparing the Public Health Emergency (PHE) period (March 2020 to April 2022) to the pre-PHE average (January 2018 to February 2020), Medicaid and CHIP claims data show:⁴

19%↓

The average monthly rate of mental health services per 1,000 beneficiaries ages 19–64 was about 19% lower during the PHE period



12%↓

The average monthly rate of SUD services per 1,000 beneficiaries ages 19–64 was about 12% lower during the PHE period

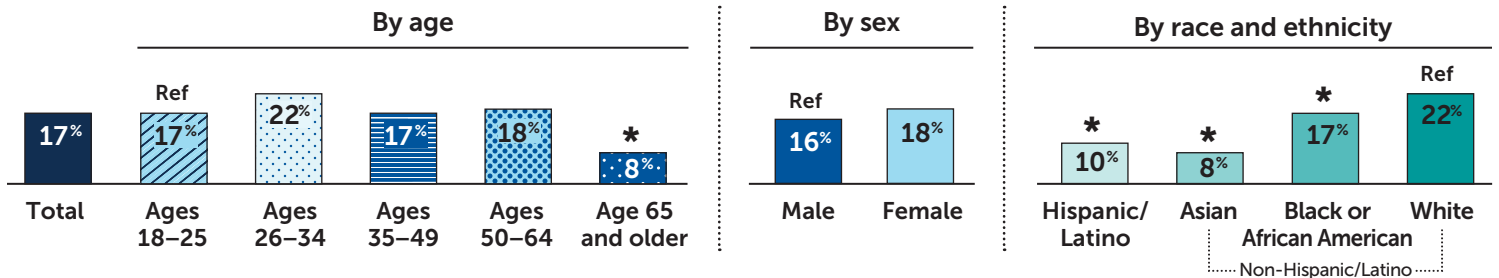
Note: The pre-PHE average is the average of all values for that month in the years that predate the PHE, using data from January 2018 through February 2020.

SELF-REPORTED SERVICE USE

Key Findings

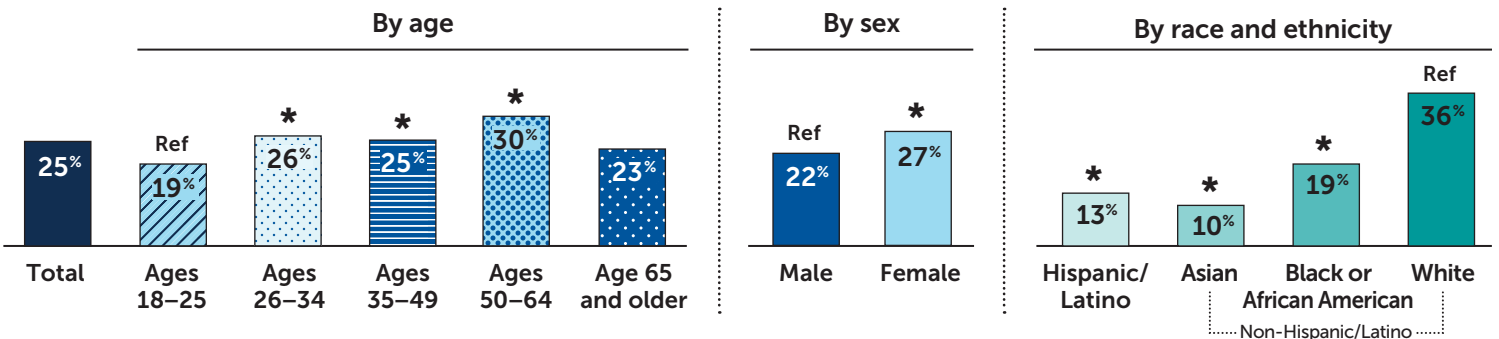
Among adults with Medicaid or CHIP coverage, White non-Hispanic/Latino adults reported significantly higher rates of both mental health counseling or therapy and medication for emotional or behavioral health issues than all other race and ethnicity groups shown in the exhibit.

Percentage of Adults Age 18 and Older Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans Who Reported Receiving Mental Health Counseling or Therapy in Past 12 Months, 2021⁶



Notes: All indicators are based on beneficiary self-report. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality.

Percentage of Adults Age 18 And Older Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans Who Report That They Currently Take or Have Taken Medication for Emotional or Behavioral Health Issues in the Past 12 Months, 2021⁶



Notes: All indicators are based on beneficiary self-report. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. This indicator includes respondents who met one or more of the following criteria: (1) currently taking prescription medication for worried, nervous, or anxious feelings, (2) currently taking prescription medication for depression, or (3) took prescription medication to help with any other emotions, concentration, behavior, or mental health during the past 12 months.

DATA SOURCES

- <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html>.
- <https://www.medicaid.gov/sites/default/files/2023-07/cmcs-mntl-health-substance-disrdr-actn-plan-overview.pdf>.
- Data include beneficiaries enrolled in CHIP who are older than 18 for states that enroll pregnant women.
- Based on Centers for Medicare & Medicaid Services (CMS) administrative data.
- Based on CMS administrative data and U.S. Census data.
- Based on Mathematica analysis of National Health Interview Survey data.
- Based on Mathematica analysis of National Survey on Drug Use and Health data.

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