

Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet

The Center for Medicare & Medicaid Services (CMS) is pleased to announce the Improving Behavioral Health Follow-up Care Affinity Group. This affinity group will help state Medicaid and CHIP agencies identify and explore opportunities to improve access to, and coordination of, follow-up care for beneficiaries who visit an emergency department or are hospitalized for a mental health or substance use condition. The affinity group will begin in July 2021.

Why Focus on This Topic?

In 2019, Medicaid and CHIP covered nearly 200 million behavioral health services, including nearly 150 million mental health services and about 43 million substance use disorder (SUD) services. About 3 percent of mental health and 10 percent of SUD services were emergency department visits.¹ In 2020, during the COVID-19 pandemic, delivery of behavioral health services declined dramatically and remains well below previous years' levels.² These data suggest that many Medicaid and CHIP beneficiaries may not be getting the care they need to manage their behavioral health conditions.

Timely follow-up care for children and adults with behavioral health-related emergency department (ED) visits or hospitalizations leads to decreased suicidal ideation, reduced hospital readmissions, and improved medication adherence.³ At the health system level, timely follow-up care is associated with decreased behavioral health costs due to reductions in preventable ED or hospital visits for primary mental health services that could be provided in an outpatient setting. Conversely, longer wait times for follow-up appointments is significantly associated with decreased patient satisfaction and increased patient no-shows, which contribute to poor patient outcomes and higher costs.^{4,5}

For individuals hospitalized for behavioral health conditions, including substance use disorders, recommended post-discharge treatment includes a visit with a mental health provider within 30 days of discharge, and ideally, within 7 days of discharge.⁶ However, use of follow-up care among Medicaid and CHIP beneficiaries often falls short of these recommendations. In 2019, a median of 32 percent of adult Medicaid beneficiaries and 42 percent of beneficiaries ages 6 to 17 received follow-up care within 7 days of discharge, and 55 percent of adults and 66 percent of children received care within 30 days of discharge.^{7,8}

A variety of tools and strategies exist within Medicaid and CHIP programs to ensure that beneficiaries have access to behavioral health follow-up care, including effective data exchange, dedicated managed care plans, care coordination models, and enhanced provider reimbursement. Using these and other strategies, state Medicaid and CHIP agencies have a unique opportunity to

ensure timely access to high-quality follow-up care for this population during the pandemic recovery period and beyond.

The Opportunity

The Improving Behavioral Health Follow-up Care Affinity Group will provide technical assistance (TA) to state Medicaid and CHIP agencies and their partners through group webinars and one-on-one meetings. Quality improvement (QI) advisors and subject-matter experts will provide state teams with individualized guidance including QI tools to identify, implement, and test initiatives and then scale those that prove successful. To support the development and implementation of QI projects, affinity group activities will include monthly small group workshops and individual state calls during which a QI coach will provide state-specific consultation. Technical assistance support will be available through summer 2022.

This affinity group is part of a larger [Improving Behavioral Health Follow-up Care Learning Collaborative](#), which includes a series of webinars covering the role of Medicaid and CHIP in behavioral health, the use of data for QI initiatives, and state case studies for how to identify and design effective change activities. While listening to the webinars is not a pre-requisite for the affinity group, the webinar materials are available on-demand.

States with active Medicaid health homes for behavioral health populations, including serious mental illness (SMI), severe emotional disturbance (SED), and substance use disorder (SUD), may choose to either engage their health home as a “testing ground” for selected QI strategies or expand or enhance existing strategies in the health homes to the state’s broader Medicaid population.

State Team Learning Objectives

As part of the affinity group, state teams will:

- Meet virtually, on a monthly basis for workshops and one-on-one state coaching calls, learning from QI advisors, SMEs, and peers;
- Develop partnerships between state Medicaid/CHIP and behavioral health agencies, health systems, and other partners and advocates;
- Develop and implement projects to ensure timely identification of beneficiaries requiring follow-up after hospitalization or ED visit for a behavioral health condition;
- Improve capacity to link or share data across providers and health care settings to drive improvement in care coordination; and
- Identify effective approaches to providing follow-up care to implement in their state.

Application and Selection Process

To participate in the affinity group, please complete and submit the [expression of interest \(EOI\) form](#) by 8:00 PM ET, Thursday, July 15, 2021. In addition to behavioral health and other relevant state Medicaid staff, states are encouraged to include staff from other state agencies, Medicaid/CHIP managed care plans, and providers as part of their QI team.

Upon receipt of the EOI form, CMS and the TA team will contact the state lead to schedule a call to discuss the state's goals.

The criteria for selection for the affinity group will include the following:

- Well-articulated goals for participation in the group;
- An understanding of the state's challenges and opportunities related to improving access to behavioral health follow-up care;
- Access to data on beneficiaries with behavioral health conditions and current service use;
- A state team that includes Medicaid/CHIP and behavioral health agency staff and other partners, including Medicaid Health Home program staff, if applicable; and
- A commitment to action, with support from Medicaid/CHIP agency leaders.

Please send questions to MACQualityImprovement@mathematica-mpr.com.

References

1. CMS analysis of state-submitted 2019 TMSIS data
2. <https://www.medicaid.gov/state-resource-center/downloads/covid19-data-snapshot.pdf>
3. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201500104>
4. <https://www.nejm.org/doi/full/10.1056/NEJMp1704478>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6221005/>
6. <https://www.samhsa.gov/sites/default/files/suicide-risk-practices-in-care-transitions-11192019.pdf>
7. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf>
8. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf>