

# The Mental Health Parity and Addiction Equity Act (MHPAEA)

MHPAEA is a federal law that prevents health care service plans from imposing more restrictive benefit limitations on mental health and substance use disorder (MH/SUD) benefits than on medical/surgical coverage. As required, BHSF will have completed a compliance review of all services by October 2, 2017. This initiative will ensure Louisiana Medicaid recipients receiving Medicaid and CHIP services receive equal access to physical and behavioral health care.

## Defining MH/SUD Benefits

- In order to determine whether MH/SUD benefits are provided in parity with M/S benefits, the state must identify which benefits are MH/SUD benefits and which are M/S benefits.
- The state must choose a “generally recognized independent standard of current medical practice” to define MH/SUD and M/S conditions. We have tentatively identified the ICD-10 as our standard.
- Most benefits are obvious if they are a service for MH/SUD or M/S. However, in cases where a service could be for either MH/SUD or M/S, the state identifies the condition it treats and then applies the standard to define it.

## Classification

- Parity analysis for financial requirements, quantitative treatment limitations, and non-quantitative treatment limitations apply by benefit classification.
- The State determines which Medicaid services are included in each of the four classifications used in parity analysis: **Inpatient, Outpatient, Emergency Care, and Prescription Drugs.**
- Limitations on behavioral health services in each classification cannot be more restrictive than limitations on physical health services in the same classification.
- IN OTHER WORDS – the analysis isn’t a benefit-to-benefit but a classification to classification comparison.

## Louisiana Benefit Packages for Parity Analysis (Population Groups)

1. Medicaid state plan adult
2. Medicaid state plan child
3. Nursing Facility Level of Care (NFLOC)
4. CHIP
5. ABP young adults – ages 19 and 20
6. ABP adults – ages 19 through 64
7. Waiver - CSoC program
8. Waiver - Adult Day Health Care (ADHC) - home and community-based services and supports provided to elderly and adults with adult-onset physical disabilities who require a nursing facility level of care;
9. Waiver - New Opportunities Waiver (NOW) – home and community-based services and supports to individuals with developmental disabilities who would otherwise require an ICF/IID LOC;
10. Waiver - Children’s Choice (CC) - home and community-based services and supports for children with developmental disabilities up to age 19 who would otherwise require ICF/IID;
11. Waiver - Residential Options Waiver (ROW) – home and community-based services and supports focusing on self-care and self-sufficiency for individuals with developmental disabilities meeting an ICF/IID LOC, with a goal of allowing them to transition or remain in the community;
12. Waiver - Supports Waiver – home and community-based services and supports focusing on vocational and community inclusion for individuals age 18 and older with developmental disabilities who meet ICF/IID LOC;
13. Waiver - Community Choices Waiver (CCW) – home and community-based services and supports to persons aged 65 and older or, persons with adult-onset disabilities age 22 or older, who would otherwise require nursing facility LOC.

### Benefit Package:

The unique set of benefits provided to a specific population group; may have a combination of delivery systems (MCO, PIHP & FFS)

## Documentation and Information Availability

- States must submit documentation regarding MHPAEA compliance & post the info online by October 2, 2017
- Documentation (and the parity analysis) must be updated when there is a change that might impact compliance
- Certain information (criteria for medical necessity determinations and reasons for payment denials) must be made available upon request