# Impact of the Medicaid Expansion on Behavioral Health Expenditures

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| Mar. 2010 | • President Obama signs the Patient Protection and Affordable Care Act (ACA).  
• DHHS's Division of Public and Behavioral Health (DPBH) serves 11,853 behavioral health clients, 15% are Medicaid recipients. Most services are paid for with General Funds. |
| Dec. 2012 | • Governor Sandoval "opts in" to the Medicaid expansion, allowing adults under 138% FPL to enroll in Medicaid coverage.  
• DPBH serves 10,599 behavioral health clients, 18% are Medicaid recipients. |
| Jan. 2014 | • Newly Eligible Nevadans up to 138% of FPL enroll in Medicaid coverage. Most are covered by Managed Care.  
• DPBH serves 11,144 behavioral health clients, 37% are Medicaid recipients. |
| 2014      | • Clients with health care coverage begin to seek behavioral health care in the community, reducing DPBH behavioral health caseloads.                                                                                   |
| June 2014 | • DPBH serves 10,734 behavioral health clients, 32% are Medicaid recipients. 34% of the Medicaid recipients are Newly Eligible clients whose services are funded with 100% federal funds.  
• Fiscal Year 2014 revenues for Newly Eligible clients are approximately $3.5 million in federal funds. |
| July 2014 | • Medicaid Managed Care Safety Net Payments begin, enhancing the rates received for services provided by DPBH's behavioral health providers.                                                                            |
| June 2015 | • DPBH serves 9,113 behavioral health clients, 36% are Medicaid recipients. 22% of the Medicaid recipients are Newly Eligible clients whose services are funded with 100% federal funds.  
• Fiscal Year 2015 revenues for Newly Eligible clients are approximately $4.1 million in federal funds. |
| June 2016 | • DPBH serves 7,276 behavioral health clients, 41% are Medicaid recipients. 14% are Newly Eligible clients whose services are funded with 100% federal funds.  
• Fiscal Year 2016 revenues for Newly Eligible clients are approximately $3.5 million in federal funds. |
| Jan. 2017 | • The federal match for Newly Eligible clients is reduced to 95%.                                                                                                                                                  |
• General Fund revenues in DPBH’s budget for Fiscal Years 2014-2017 have been reduced by nearly $72 million due to the Medicaid Expansion.

• General Fund budget reductions of approximately $26 million have occurred during the same time period due to other Medicaid savings including:
  - Medicaid administrative claiming,
  - Enrollment of clients that were eligible for Medicaid prior to the Medicaid expansion, and
  - Medicaid Managed Care Safety Net Payments.

• Under newly released CMS regulations, Medicaid Managed Care Safety Net Payments will no longer be allowed after Fiscal Year 2017.

• DPBH Behavioral Health caseloads would have remained steady at approximately 11,000 clients if Nevada had not opted-in to the Medicaid expansion.

• Newly eligible clients are primarily in Medicaid managed care and are choosing to receive treatment from providers in the community instead of treatment at state facilities.

• Other clients with payer sources are increasingly seeking care in the community, reducing the need for the state to provide direct services.