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It’s expected that even more states will opt to expand in the next year, as the federal government covers the cost of expansion at 100% for the first 3 years. Medicaid expansion in the remaining states would extend health insurance coverage to an estimated 4.8 million additional people (www.urban.org/sites/default/files/alfresco/publication-pdfs/2000866-What-if-More-States-Expanded-Medicaid-in-2017-Changes-in-Eligibility-Enrollment-and-the-Uninsured.pdf).

**Mental Health Parity**

Since 2008, Mental Health Parity provisions have been strengthened, requiring that insurance plans provide the same benefits for mental health and substance use disorder services as for physical health conditions. This has given significant gains to single adults and families.
they do for medical/surgical needs. In March 2016, Medicaid and Children’s Health Insurance Program (CHIP) became subject to party laws and the Mental Health and Substance Abuse Disorder Parity Task Force was created by a Presidential Memorandum (www.hhs.gov/about/agencies/advisorycommittees/parity/). These provisions have had a particular impact on extending behavioral health access to underserved populations, including justice-involved people and LGBT individuals. While significant gains have been made in access and coverage of behavioral health services in the past few years, barriers to equal coverage still exist (www.socialworkers.org/advocacy/letters/2016/160816-%20NASW%20MH%20Parity%20Comments.pdf). The Task Force is now addressing parity on a systemic level, as well as encouraging providers and consumers to bring personal stories about experiences with insurance carriers to its attention.

Attention to Special Populations

Vulnerable populations that have been traditionally disconnected from health care services have had new opportunities to receive health care through the ACA. Consistent access to behavioral health services for persons with serious mental illness helps minimize contact with the criminal justice system and risk of homelessness.

More than 30 states have opted to suspend, instead of terminate, Medicaid coverage for incarcerated adults, which eases the process to reconnect to mental health and medical services (http://familyissue.org/product/medicaid/suspension-policies-incarcerated-people-50-state-map). In the reentry process, a 60-day special enrollment period for marketplace plans becomes available for those in or exiting the juvenile justice system are ages 26. Unaccompanied homeless youth and those in or exiting the juvenile justice system are better able to receive health coverage and services to address common needs related to mental health, sexual health, substance use disorders and chronic health conditions (http://nahe.ucf.edu/).

Using Health Care Services

Through the essential health benefits outlined in all plans offered on the exchange, (www.healthcare.gov/coverage/whatmarketplaceplanscover), individuals can receive some preventive health care services before having to contribute fees (www.healthcare.gov/coverage/preventive-care-benefits). Published resources are now helping people to better use their health insurance coverage and understand their benefits. The Centers for Medicare and Medicaid Services (CMS) From Coverage to Care initiative provides many resources explaining health terms and has handouts available in 18 languages in addition to English (www.cms.gov/AboutCMS/AgencyInformation/OMH/OMH-CoverageCare.htm).

New Models of Care

Through the ACA, the CMS Innovation Center was established to test new models of care and payment systems (https://innovation.cms.gov/). Community-Based Care Transitions Program, was one initiative advanced by the Innovation Center, which identified sites across the country to implement interventions aimed at reducing hospital readmissions for high-risk Medicare beneficiaries. In Illinois, for example, the Bridge Model engaged local health care systems in a social work-led, transitional care model that showed a significant impact in reducing hospital readmissions and improving the quality of post-discharge care for older adults (www.transitionalcare.org/).

There is new attention on the social determinants of health and the related impact on health care costs. For the first time, CMS is funding a comprehensive study to assess health-related social needs and the relationship to health outcomes and costs. The Accountable Health Communities model is a five-year study that will spend $157 million to fund 44 organizations to screen for social needs in health care settings beginning in January 2017 (https://innovation.cms.gov/initiatives/ahcml/faq.html).

Open Enrollment and Special Enrollment Periods

The next open enrollment period begins on November 1, 2016 and ends January 31, 2017. For most people, this three-month window is the only opportunity to sign up for health insurance for calendar year 2017. Rules regarding Special Enrollment Periods have been adjusted, and only those with a qualifying event (for example, having a child, getting married, losing employer based health coverage, moving, etc.) may be able to sign up for health insurance coverage when a life change occurs. For more information on special enrollment periods, go to www.healthcare.gov/coverage-outside-open-enrollment/special-enrollmentperiod/.
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For more information and to stay updated on current rules and regulations, the following resources are available:

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