

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



Behavioral Health is Essential To Health



Prevention Works

Treatment is Effective

People Recover

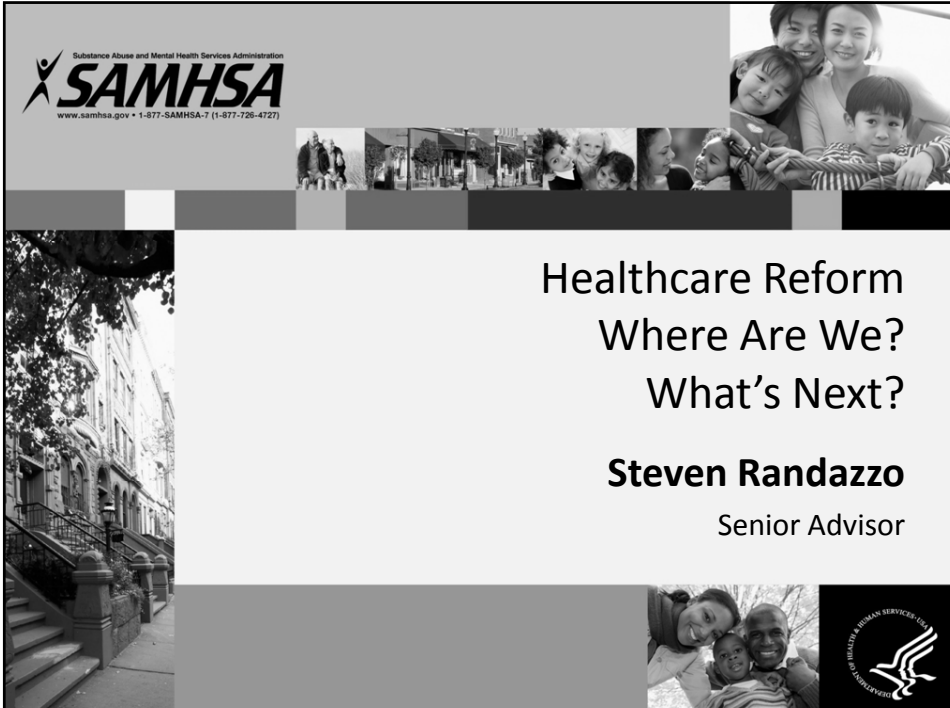


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Healthcare Reform Where Are We? What's Next?

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Really?

- 22 percent of Americans believe it has been repealed
- 26 percent unsure or unwilling to say
- 40 percent are still pretty clear its still in effect



Where Are We?

- New Plan Options for Federally Administered Pre-Existing Condition Insurance Plan in 2011
- Health plans cannot limit or deny benefits or deny coverage for a child under 19 with a “pre-existing condition (employer and individual market)
- When an insurance plan denies payment for a treatment or service, clearer appeal processes and timeframes (specific timeframes)



Where Are We?

- State consumer assistance grants will help to protect consumers from some of the worst insurance industry practices. (MAP)



Where Are We?

- Health plans can't retroactively canceling insurance coverage solely because of mistakes on your insurance application.
- The law requires insurers selling policies to individuals or small groups to spend at least 80% (individual/small group) or 85% (large group) of premiums on direct medical care and efforts to improve the quality of care.

Where Are We?

- Lifetime limits on essential benefits are prohibited in any health plan or insurance policy issued or renewed on or after September 23, 2010.
 - \$750,000—1st year
 - \$1.25 million—2nd year
 - \$2 million after September 23, 2012 but before January 1, 2014.



What's On The Horizon?

- Additional Provisions
 - Exchange Regulations (enrollment/network)
 - Essential Health Benefits (services)
 - Eligibility Regulations (eligibility changes)
- Further Drill Downs
 - National Quality Strategy
 - National Prevention Strategy



Enrollment

- 32 million more will have opportunity to be enrolled
- Evenly split between new Medicaid recipients and individuals enrolled in exchange
- Goal—make information accessible, one-stop process for Medicaid and exchanges
- Simplify current eligibility standards



Enrollment

- What Have We Learned from Massachusetts?
 - 5 Years Later
 - 20-30% of Individuals in Public SA System Uninsured
 - Total \$ to Providers have Not Changed Significantly
 - Payer Mix Has Changed
 - Eligibility Cliffs Are Steep
 - Co-Pay and Access



Enrollment

- Challenges/Opportunities
 - Some States won't have exchanges—individuals will be enrolled with Federal exchange
 - States do have increased FMAP for making Medicaid eligibility changes
 - Exchanges must develop Navigator programs



Enrollment

- Navigator Functions:
 - Maintain expertise in eligibility and enrollment,
 - Conduct public education activities to raise awareness about the Exchange;
 - Provide information and services in a fair, accurate and impartial manner;
 - Facilitate enrollment in QHPs;
 - Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman



Enrollment

- Recipients of Navigator grant include:
 - Community and consumer-focused nonprofit groups;
 - Trade, industry, and professional associations;
 - Commercial fishing industry organizations, ranching and farming organizations;
 - Chambers of commerce;
 - Unions;
 - Resource partners of the Small Business Administration;
 - Licensed agents and brokers; and
 - Other public or private entities that meet the requirements of this section.



Essential Benefits

- | | |
|--|---|
| • Ambulatory patient services | • Prescription drugs |
| • Emergency services | • Rehabilitative and habilitative services and devices |
| • Hospitalization | • Laboratory services |
| • Maternity and newborn care | • Preventive and wellness services and chronic disease management |
| • Mental health and substance use disorder services, including behavioral health treatment | • Pediatric services, including oral and vision care |



Essential Benefits

- Two statutory goals that frame EHBs
 - Essential Benefits Package shall be based on the typical employer plan and
 - Ensure that there is no discrimination by age, disability or lifespan



Essential Benefits

- IOM is undertaking a study that will make recommendations on the criteria and methods for determining and updating the essential health benefits package.
- The IOM will not define specific service elements of the benefit package.
 - Review how insurers determine covered benefits and medical necessity
 - Provide guidance on the policy principles and criteria when examining QHPs for appropriate balance among
 - categories of care;
 - the health care needs of diverse segments of the population; and
 - nondiscrimination based on age, disability, or expected length of life.
- Additionally, the IOM will offer advice on criteria and a process for periodically reviewing and updating the benefits package.
- <http://iom.edu/Activities/HealthServices/EssentialHealthBenefits.aspx>



Essential Benefits

- What degree of specificity is required?
- How should the Essential Benefits Package distinguish medical versus non-medical services?
- How should a medical service be defined?
- Should the package contain any non-medical services?
- What level of state or regional coverage variation is acceptable?
- How should the Essential Benefits Package deal with existing mandates that differ either subtly or greatly from state to state?



Essential Benefits

- How should the Essential Benefits package reconcile the two statutory goals?
 - Basing the Essential Benefits Package on the typical employer plan and
 - Ensuring that there is no discrimination by illness?
- What information should insurers need to provide that can be used to inform future changes in the Essential Benefit Package?
- What does affordability mean? Affordable to whom (e.g. consumers, employers, government, etc.)?



Important Questions for Us

- What Are Important Inputs Regarding Service Coverage?
 - What services do they need? –need more than a tea leaf exercise.
 - What’s the modality that will work? ICTs?
 - What does the evidence say about what works for these populations?
 - How much will these individuals need?
 - What will it cost?
 - What are the cost offsets to the healthcare system?



How Does Good and Modern Services Fit?

- The goal of a “good” and “modern” system of care is to provide a full range of high quality services to meet the range of age, gender, cultural and other circumstances.
- The vision for the system is grounded in a public health model that addresses:
 - Determinants of health
 - System and service coordination
 - Health promotion
 - Prevention, screening and early intervention
 - Treatment, and recovery and resiliency supports to promote social integration and optimal health and productivity.
- SAMHSA believes that a good system is achievable and is a step to developing an “ideal” service system.



Proposed Continuum of Services

- Health Homes
- Prevention and Wellness Services
- Engagement Services
- Outpatient and Medication Services
- Community Supports and Recovery Services
- Intensive Support Services
- Other Living Supports
- Out of Home Residential Services
- Acute Intensive Services



Where Are We At?

- Defined New Services in the Following Areas:
 - Prevention
 - Children and Family Support Services
 - Recovery Services
- Definitions available at www.samhsa.gov
- Looking at Level of Evidence of Services
- Technical Expert Panel—start with youth and SUD



Accessibility

- What Will Drive Access
 - Availability of workforce
 - Credentials required the practice acts and plans to deliver the service
 - Existing infrastructure to deliver services
 - The math works for all parties
 - Payer
 - Provider
 - Patient



Accessibility

- Exchanges and Networks
 - Qualified Health Plans have to ensure adequate access to essential health benefits
 - Exchanges must include essential community providers (ECP). ECP serve predominantly low-income, medically-underserved individuals.



Accessibility

- Law identified 2 categories of ECP:
 - Health care providers defined in section 340B(a)(4) of the PHS Act; and
 - Providers described in section 1927(c)(1)(D)(i)(IV) of the Act as set forth by section



Accessibility

- FQHCs
- Consolidated health centers
- Migrant health centers
- Health care for the homeless
- Health centers for residents of public housing
- Office of tribal programs or urban Indian organizations
- Entity receiving Ryan White Care Act funds



Accessibility

- State-operated AIDS Drug Assistance Program
- Black lung clinic funded under the Black Lung Benefits Act
- Comprehensive hemophilia diagnostic treatment center
- Native Hawaiian health center funded under the Native Hawaiian Health Care Act



Accessibility

- **SEC. 2. IMPROVEMENTS TO SECTION 340B PROGRAM.**
 - (M) An entity receiving funds under title V of the Social Security Act (relating to maternal and child health) for the provision of health services.`
 - (N) An entity receiving funds under subpart I of part B of title XIX of this Act (relating to comprehensive mental health services) for the provision of community mental health services.`
 - (O) An entity receiving funds under subpart II of such part B (relating to the prevention and treatment of substance abuse) for the provision of treatment services for substance abuse.`



Accessibility

- What do we know about MH/SA providers?
 - Serve predominantly low-income and/or uninsured individuals.
 - Mostly non-profit, state or county providers
 - In certain States more than 85 percent of the individuals served by these organization are enrolled in Medicaid, Medicare or are uninsured.
 - According to the Health Resources and Services Authority, approximately 3,700 areas nation wide as mental health professional shortage areas.
 - These organizations are often licensed or certified by the State to offer mental health or substance abuse services.



Quality

- What is the Quality Framework?
 - Better care—quality, safety, access and reliability of how care is delivered and experience of individuals
 - Affordable care—addresses costs for families, government and the private sector
 - Healthy People/Healthy Communities—improving the health and wellness at the individual, provider and community level




Prevention

- What is the National Prevention Strategy?
 - Report Published June 2011 - <http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>
 - 4 Strategic Directions
 - Healthy and Safe Community Environments
 - Clinical and Community Preventive Services
 - Empowered People
 - Elimination of Health Disparities
 - 7 Priorities – Aimed at Addressing the Leading Causes of Death
 - Tobacco Free Living
 - Alcohol and Other Drug Abuse
 - Mental and Emotional Wellbeing
 - Injury and Violence Free Living
 - Sexual Health
 - Healthy Eating
 - Active Living
 - Need Partners in Prevention to Make this Successful



What Should You Be Concerned About?

- People Are Dying Younger
- Younger People in our systems are not exempt from (or at risk of) chronic conditions
- Significant connection between heart conditions and drug use--Hospitalizations 
- About 1/3 of all cigarette smokers have an MH/SUD
- 30% of all individuals with a MH/SUD may have 3 chronic conditions



Primary Care And Coordination

- Individuals with SUD/SMI have 2 or more chronic health conditions
- SA providers are unlikely to have formalized partnerships with primary care providers
- States are being offered greater incentives to innovate regarding coordination
- Need evidence/promising practice on models for integration—especially for SUD



Has Anyone Asked You?

- What do you think is your State's best approach to Health Homes?
- Do you know who runs your State's primary care organization or primary care association?
- Who is forming an ACO in your State and do they have a clue about SUD?
- What hospitals are participating in the federal Patient Safety Initiative?



Mental Health and Addictions Parity

- Requires group health insurance plans (those with 50 or more insured employees) that offer coverage for MH/SUD to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan.
- DOES NOT require group health plans to cover MH/SUD benefits.
- Parity extended in 2014 through the Affordable Care Act for individual plans sold through the State Exchanges



Mental Health and Addictions Parity

- What work has been done?
 - Discussions with employers
 - Discussion with states and providers
 - SAMHSA Webpage on parity
 - Consumer Tip Sheet on Parity
- More needs to be done, need State's help to get the message out.



Resources Available from SAMHSA

- Online: www.samhsa.gov/healthreform
 - Mental Health and Addictions Parity Information
 - www.samhsa.gov/healthreform/parity
 - Primary Care and Behavioral Health Care Integration
 - www.samhsa.gov/healthreform/healthhomes
 - Consumer Tip Sheets
 - Webinar Schedule and Archive
 - ACA Grant Fact Sheets
- SAMHSA/HRSA Center for Integrated Health Solutions
 - www.centerforintegratedhealthsolutions.org



Resources Available from SAMHSA

- Resource Line: 1-877-SAMHSA
- Mental Health and Substance Abuse Treatment Locator: www.samhsa.gov
- Educational Publications to Order (free of charge): www.store.samhsa.gov



Closing Thots



Think Long Term

“if you are planning for one year, grow rice

“If you are planning for twenty years, grow trees”

“if you are planning for centuries, grow people”



Think Long Term

- What are the service needs of people in your State/jurisdiction? Unknowns?
- What are the outcomes that are important to your system?
- What tougher choices are you going to need to make over the next year to be ready for 5 years from now?
- Get out of comfort zone—new partners are critical

