

Excellence in Mental Health Act

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NATIONAL COUNCIL

FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

Healthy Mind, Strong Community





THE EXCELLENCE ACT HAS PASSED!



A Call to Excellence

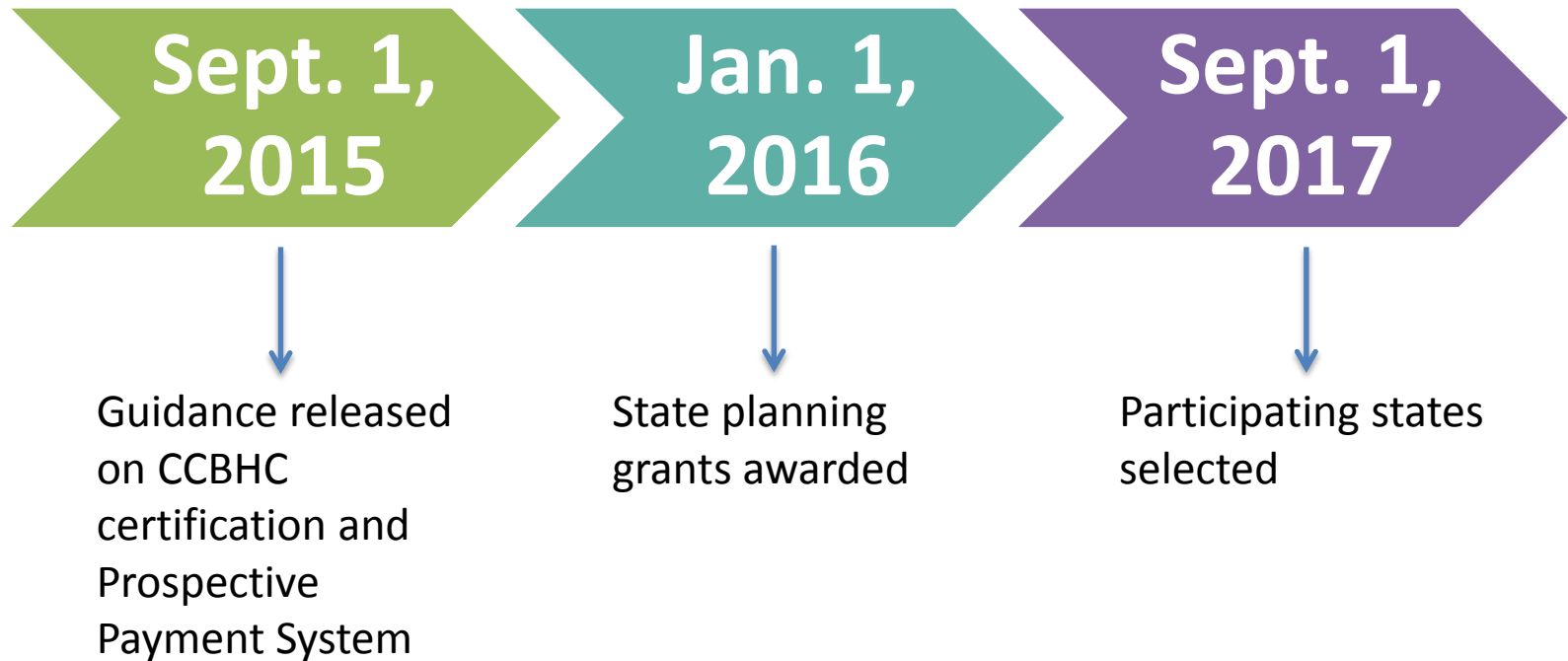
- Healthcare change is rampant...
- States are experimenting with payment and delivery models...
- Community providers struggling to move from special silo status to equality...
- From incremental improvement to fast paced change



The basics

- Creates criteria for “Certified Community Behavioral Health Clinics” (CCBHCs)
- Funds state planning grants
- Allows 8 states to be selected for a 2-year demo
- Provides enhanced FMAP for the demo
- Requires participating states to develop a Prospective Payment System

Implementation timeline



Who can become a CCBHC?

- Nonprofit organizations or local government centers...
- ...that meet the CCBHC criteria





Scope of services

- Crisis mental health services
 - ✓ Including 24-hour mobile crisis teams
- Screening, assessment & diagnosis
- Person-centered treatment planning
- Outpatient mental health AND substance use services



Evidence-based Practice



Peer & Family Support

Scope of services (cont.)

- Primary care screening and monitoring of key health indicators
- Targeted case management
- Psychiatric rehabilitation
- Peer support and family support
- Services for members of the military and veterans





Care coordination partnerships

- Federally Qualified Health Centers
- Rural health clinics
- Inpatient psychiatric facilities and substance use detox and residential programs
- Other community services (e.g. schools, child welfare, housing agencies, etc.)
- Dept. of Veterans Affairs medical centers/clinics
- Inpatient acute care hospitals



Staffing requirements

- Diverse disciplinary backgrounds
- State-required licensure and accreditation
- Culturally and linguistically competent



Availability & accessibility of services

- Services provided regardless of patient's ability to pay
- Use of sliding scale for payment
- Crisis management services available 24-hours



Quality reporting requirements

- Encounter data
- Clinical outcomes data
- Quality data
- “Such as the Secretary requires...”



Sylvia Mathews Burwell, HHS Secretary

Opportunities

- Ability to provide more comprehensive and accessible services...
 - ✓ That are responsive to consumer and family need
 - ✓ Provide critical support for local law enforcement
 - ✓ Build or enhance community partnerships
 - ✓ Provide avenue for additional federal investments

Requirements

- **September 1, 2015**, the Secretary shall issue guidance for the establishment of a Prospective Payment System.
 - No payments for inpatient care, residential treatment, room and board, or other non-ambulatory services
 - No payments to satellite facilities of CCMHCs if facilities established after April 1, 2014
- State PPS rates will be developed during planning process, prior to application to be a demonstration state



Conditions regarding payments

- **Only for Services**
 - That are described in the demonstration application
 - For which payment is available under the State Medicaid program; and
 - That are provided to an individual who is eligible for medical assistance under the State Medicaid program

Requirements

- **No later than January 1, 2016**, HHS must award planning grants to states for the purpose of developing proposals to participate in the demonstration program.
- **Only states with planning grants will be eligible** to participate in the demonstration program
- States must:
 - ✓ **Solicit input** from patients, providers, and other stakeholders;
 - ✓ **Certify clinics** as CCBHBs; and
 - ✓ **Establish a PPS** for mental health services furnished by a CCBHC participating in the demonstration program.

Applications must include

- Target Medicaid population to be served
- List of participating CCBHCs
- Verification that the State has certified the organizations as a CCBHC
- Description of services to be covered
- State confirmation that it will pay the PPS rate
- “Such other information as the Secretary may require...”

The Secretary shall give preference to:

- Most complete scope of services to individuals eligible for Medicaid
- Improve availability of, access to, and participation in, required CCBHC services and assisted outpatient treatment in the State
- Demonstrated potential to expand availability and quality of mental health services without increasing net federal funding

Annual HHS Reports to Congress on:

- Assessment of access under demonstration compared to other areas of state
- Assessment of quality and scope, compared to non-participating clinics
- Assessment of the impact on State and Federal costs for inpatient, emergency and ambulatory services
- Report on recommendations for future of the program: due by December 31, 2021

What can you do today?



- Examine your current scope of services against requirements in the statute.
- Begin talking to your state agencies about benefits of CCBHC status/participation in the demonstration.
- Build community and political support.

- Staffing Requirements
- Availability and Accessibility of Services
- Care Coordination
- Scope of Services
- Quality and Other Reporting

Questions?

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