Excellence in Mental Health Act

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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

- **Sept. 1, 2015**: Guidance released on CCBHC certification and Prospective Payment System
- **Jan. 1, 2016**: State planning grants awarded
- **Sept. 1, 2017**: Participating states selected
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
Qualifying 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 be 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.
Focus Areas

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

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