

A Call to Excellence

Implementing the Excellence in Mental Health Act

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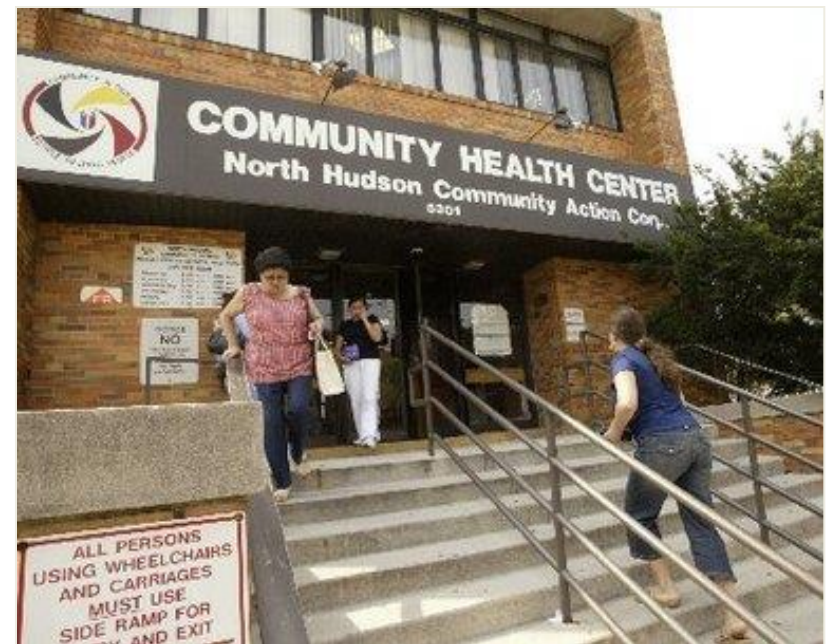
“May you live in interesting times.”



THE EXCELLENCE ACT HAS PASSED!



Q: What do vegetables and community health centers have in common?



A: A definition in US code



What is a...?

Federally Qualified Health Center?

42 U.S.C. §1396d (l)(2)

Hospital?

42 U.S.C. §1395x

Rural health center?

42 U.S.C. §1395x

Nursing home?

42 U.S.C. §1396r



How many are there?

- Nursing homes: 15,531
- Hospitals: 5,010
- FQHCs: 1,048
- Rural Health Centers: 3,755

What services do they provide?

- Clearly delineated in federal law

What is...

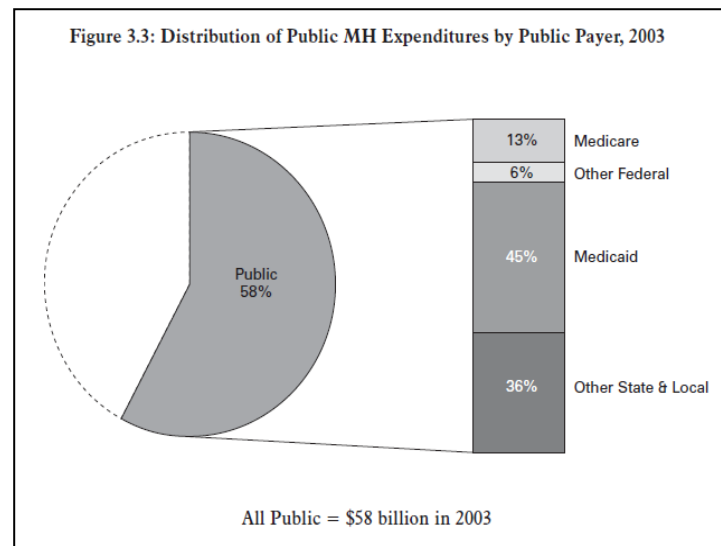
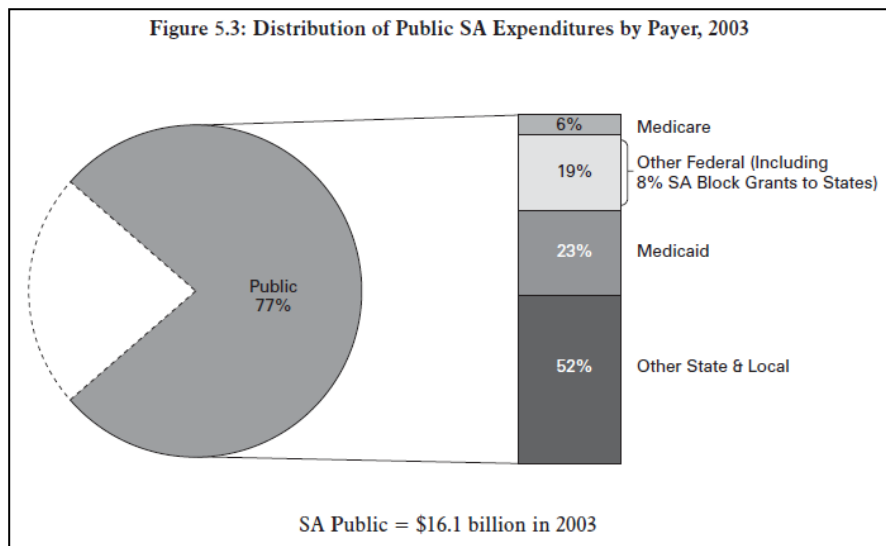
- A substance use treatment organization?
 - **No definition**
- A mental health treatment organization?
 - **No definition**
- A psychiatric rehabilitation facility?
 - **No definition**
- A community mental health center?
[§1913(c)(1)]
 - Definition is limited to participation in Medicare Partial Hospitalization Program

How many are there? What services do they provide?



Why does this create problems?

Medicaid makes up a major share of public spending on behavioral healthcare...



...but substance use & mental health services are optional in traditional Medicaid.

Why does this create problems?

FQHCs and other safety net providers get paid for their actual costs of providing services...



...while behavioral health centers cobble together patchwork funding for their services.

Why does this create problems?

Major spending legislation often includes funding for established safety net providers...

ARRA

FQHC Construction: **\$1.5 billion**

FQHC Expansion: **\$500 million**

Affordable Care Act

FQHC Construction: **\$1.5 billion**

FQHC Expansion: **\$9.5 billion**

National Health Service Corps: **\$1.5 billion**

HITECH Act: \$19 billion

...but without a definition, behavioral health organizations were less easily included.

Excellence Act: The Basics

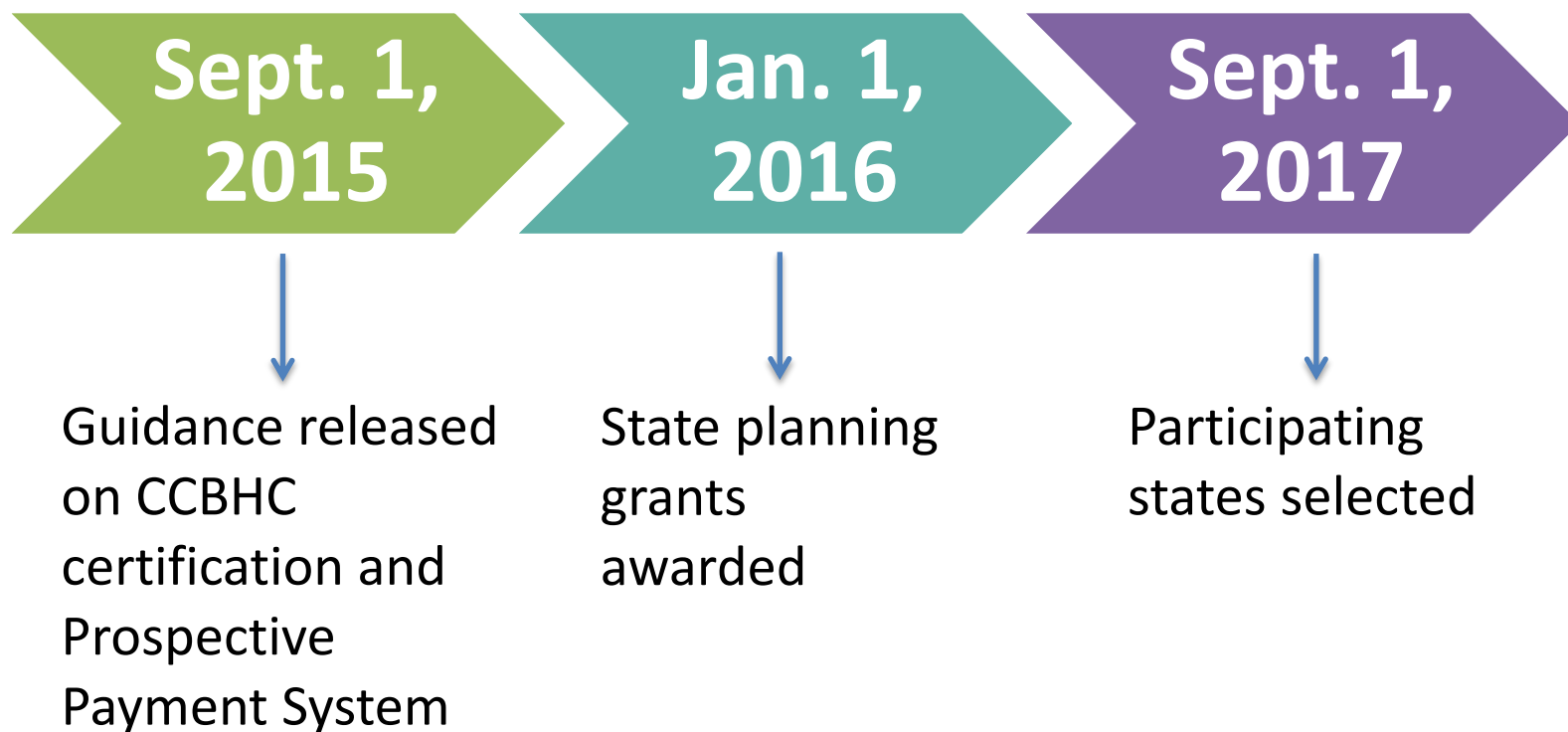
- Creates criteria for “Certified Community Behavioral Health Clinics” (CCBHCs)
- Funds state planning grants
- Allows 8 states to be selected for a 2-year demo
- Provides 90% FMAP for the demo
- Requires participating states to develop a Prospective Payment System



- 1. Implementation timeline**
2. Certification criteria
3. Prospective payment system
4. State planning grants
5. What can you do today?



Implementation timeline



Questions

- When will the RFP for state planning grants be released?
- How much flexibility will states be given in implementing certification and payment criteria?



1. Implementation timeline
- 2. Certification criteria**
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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



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

- “Such as the Secretary requires...”



HHS Secretary Sylvia Mathews Burwell

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



Questions

- Will it be possible to establish all of the necessary relationships?
- How easy will it be to provide all of the required services?
- What will the start up costs be?
- Others?



1. Implementation timeline
2. Certification criteria
- 3. Prospective payment system**
4. State planning grants
5. What can you do today?



Prospective Payment System

- Guidance to be released by Sept. 1, 2015
- States establish their own PPS
 - Do this during the planning process
 - Prior to application to be demo state
- No payments for inpatient care, residential treatment, room and board, or other non-ambulatory services
- No payments to satellite facilities of CCBHCs if facilities established after April 1, 2014



Questions

- Will PPS be the same for CCBHCs as it is for FQHCs?
- What data will drive rate-setting for the first year?
- Will there be a “wrap around” payment for managed care?
- What support do providers need to complete cost reports?

1. Implementation timeline
2. Certification criteria
3. Prospective payment system
- 4. State planning grants**
5. What can you do today?



Requirements

- Planning grants awarded by Jan. 1, 2016
- **Only states that receive planning grants** will be eligible to participate in the demonstration program
- \$25 million available



States must...

- **Solicit input** from patients, providers, and other stakeholders
- **Certify clinics** as CCBHCs
- **Establish a PPS** for services furnished by participating CCBHCs



Questions

- What parameters will HHS set for states to get planning grants?
- How detailed must a state's PPS and certification criteria be described in their planning grant applications?
- How many grants will be awarded?



1. Implementation timeline
2. Certification criteria
3. Prospective payment system
4. State planning grants
- 5. What can you do today?**



First steps



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

- Opportunity dances with those who are already on the dance floor.

- H. Jackson Brown, Jr.



First Step in a Process



FQHCs: 5 Decades of Unfolding

1960s	Migrant Health Act of 1962 for farm workers/families Economic Opportunity Act of 1964 funds CHCs
1970s	Section 330 of the Public Health Services Act - Community Health Center Program – Section 330(e) - Migrant Health Center Program – Section 330(g) National Health Service Corps begins
1980s	Health Care for the Homeless Program – Section 330(h) The 3 Types of CHCs become known as FQHCs FQHC Cost-Based Payments for Medicare & Medicaid
1990s	Free Federal Tort Protection (Malpractice Insurance) Public Housing Primary Care Program – Section 330(i)
2000s	Prospective Payment System States Required to Cover Difference between Rates & PPS Expansion of Funding and Capacity, adding BH Services

Questions?

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