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The Affordable Care Act

National Technical Assistance Center for Children’s Mental Health, Georgetown University
The Affordable Care Act
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What We are Going to Talk About Today

We will have an interactive discussion three areas of the Act:

• Medicaid and CHIP Provisions
• New Programs and Workforce Development
• Preparing for the Near Future
The Affordable Care Act

Process for Today’s Call

• Brief introduction to each Medicaid, CHIP, and Workforce provision in the Affordable Care Act
• Opportunity to ask questions about the details of each provision
• Participant sharing of work their states are doing in that area
Medicaid and CHIP

OPPORTUNITY
Have you taken your Medicaid partner to lunch lately?
Medicaid and CHIP

Why Is This Expansion Important For State Behavioral Health Agencies?

• The expansion of Medicaid to 133% of poverty and increased CHIP coverage to about 6.5 million additional children is estimated to increase enrollment in the programs by 33% by 2019.

• This expansion will account for the largest reduction in uninsured populations, followed by the Health Exchanges.

• Large numbers of uninsured individuals, estimated at around 20%, have mental health or substance use problems (Kaiser Family Foundation, 2009).
Federal Medical Assistance Percentage (FMAP) for New Medicaid Enrollees

- 2014, 15, and 16: 100%
- 2017: 95%
- 2018: 94%
- 2019: 93%
- 2020 and beyond: 90%
CHIP

• **Maintaining CHIP Eligibility:** States must maintain current eligibility levels for CHIP through Sept. 2019.

• October 1, 2013, states will receive a 23% increase in the CHIP match rate through 2019.

**Opportunity:** This will create a significant amount of state general funds savings that could be used to fund other behavioral health services.
Medicaid and CHIP

• Express Lane Eligibility – Single eligibility form for enrollment in CHIP, Medicaid and Health Exchanges.

• Sec. 2004: Young adults who previously participated in foster care qualify for Medicaid and Early Periodic Screening, Diagnosis, and Treatment Program, until age 25. (begins on Jan. 1, 2014).
Opportunity

• Ensure that the application uses language that can easily be understood and can easily be filled out by young adults and individuals with limited education or language skills.

• Work with your state to put in place “Express Lane Eligibility” for all young adults who previously participated in foster care so that they easily qualify for Medicaid and all associated benefits, such as the Early Periodic Screening, Diagnosis, and Treatment Program, until age 25.

• Ensure that effective Navigator Services are in place to assist individuals with applications and connecting with the most plan for their needs.
Do you have a good friend on the Commission that is designing the details of healthcare reform in your state? This would be a good time to call them!

Child welfare and public health can be key allies in getting it done right.
Medicaid

- **Medicaid Medical Home Pilot:** Sec 2703: Provides states the option of enrolling Medicaid beneficiaries into a health home through a State Plan option. The Medical Homes would be designed to better serve persons with chronic illnesses, serious mental illness, and/or addiction disorders. Medical Homes can be established in community behavioral health organizations (begins 2011).
Opportunity

- Encourage your state to establish Medical Homes in community mental health centers as a means of offering high quality physical care, behavioral health treatment, and coordinated care for individuals with serious levels of mental illness, funded by increased FMAP – 90% for two years.
Medicaid

• **Increasing Access to Home- and Community-Based Services: Sec. 2401:** Creates a new Community First Choice Option, allowing States to offer community based attendant services and supports for individuals with incomes below 150% of poverty (begins October 2011).

Source: Bazelon Center: Medicaid Reforms in the Patient Protection and Affordable Care Act
Medicaid

- Sec 2402: 1915(i) State Plan amendment. States can amend their State Plans to offer HCBS as State Plan option benefits.
- Income eligibility is up to 150% of federal poverty level or 300% of the maximum SSI payment.
- States can do one plan amendment with several target populations.
- Cannot waive state-wideness, but can target a specific population
  - Children with SED
  - Children with SED of transition age
  - Children with 2 or more hospitalizations
  - Children with SED involved with child welfare

Source: Bazelon Center: Medicaid Reforms in the Patient Protection and Affordable Care Act
Medicaid

• **Medicaid Emergency Psychiatric Demonstration Project:** Sec. 2707: HHS will establish a 3-year, $75 million Medicaid demonstration project.

• Reimburse certain institutions for mental disease for services provided to Medicaid beneficiaries age 21-65 to stabilize an emergency psychiatric condition (begins October 1, 2011).
Medicaid

- **Medicaid Accountable Care Organization Pilot Program:** Sec 2706: Establishes a Pediatric Accountable Care Organization (ACO) demonstration project (Jan. 2012 – Dec. 2016).
- Allows qualified pediatric providers to be paid capitated rates to provide the overall care for a child.
- Offers fiscal incentives for reducing costs of care.

**Opportunity:** To demonstrate approaches to better identify and address behavioral health needs by primary care practitioners.
Medicaid and CHIP

• Payments to primary care physicians:
  • Medicaid payment rates to primary care physicians for primary care services be no less than 100% of Medicare payment rates in 2013 and 2014.
  • Provides a 100% federal match for meeting this requirement.

Opportunity: To work with primary care practitioners to do behavioral health screens and referrals.
Money Follows the Person

- $2.25 billion in grants to extend the Money Follows the Person Rebalancing Demonstration to more states.
- Under the MFP demonstration, states will receive an enhanced Federal Medical Assistance Percentage (FMAP) for a one-year period for each individual they transition from an institution to a qualified home and community-based program.
- The extension of the MFP Demonstration program goes through 2016.
New Programs and Workforce Development
New Programs Opportunities

• Sec. 4001: National Prevention, Health Promotion and Public Health Council

• Sec. 4002: Prevention and Public Health Fund
  – $500 million in 2010, increasing to $2 billion by 2015

• Sec. 4101: School Based Health Clinics

• Sec. 4108: Incentives for Prevention of Chronic Diseases in Medicaid

• Sec. 4201: Community Transformation Grants

• Maternal and Child Health Early Childhood Visitation Program
Workforce Opportunities

- Training for Behavioral Health Professionals: 
  Sec. 5306-756: Allows the HHS secretary to award grants to schools for the development, expansion, or improvement of training programs in social work, graduate psychology programs, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health (funding from 2010 to 2013).
Workforce Opportunities

• Loan Repayment for Pediatric Behavioral Health Specialists in Underserved Areas: Sec. 5203: Establishes and authorizes funds for a Pediatric Specialty Loan Repayment Program for individuals who are employed in health professional shortage or medically underserved areas for at least two years and provide pediatric medical subspecialty; pediatric surgical specialty; or child and adolescent mental and behavioral health services, which include substance abuse prevention and treatment services.
Workforce Opportunities

• Educating Primary Care Providers About Behavioral Health: Sec. 5405: Establishes and authorizes funds for a Primary Care Extension Program to educate primary care providers about preventive medicine; chronic disease management; mental and behavioral health services, which include substance abuse prevention and treatment services; and evidence-based and evidence-informed therapies and techniques.
Workforce Opportunities

- **Community Health Workforce Grants:** Sec. 5313: Authorizes grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.
Workforce Opportunities

• **Maternal, Infant, and Early Childhood Home Visiting Program:** Supports evidence-based home visiting programs focused on improving the wellbeing of families with young children (Begins August 2010).

• Nurses, social workers, or other professionals meet with at-risk families in their homes, evaluate the families’ circumstances, and connect families to services such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance (HHS, July 21, 2010).

**Opportunity:** Shape programs to include behavioral health screenings and interventions.
Preparing for the Near Future
It’s time for action! Educate your state coalitions of families, consumers, and agencies on opportunities ahead. Once they see the opportunities, they might sign on to help get the right policies and practices put in place.
Preparing for the Future

- What will happen to potential savings from the increased FMAP for CHIP and Medicaid match for new enrollees?
- Could this funding be used to support children in juvenile justice or child welfare?
- Child welfare and juvenile justice will want deep end psychiatric residential treatment and hospitalization provided for their children, and Parity will require that it be provided (medical necessity criteria can be used).
Preparing for the Future

- The organization that can manage deep-end services will become the most valued to the payer and the community. Who can do this for one or more systems?
- The organization that has a full array of specialty services will be able to keep children out of institutions. This will be important to payers and communities.
- Will care management entities become valuable entities to states for coordinating services and controlling costs?
- Will the responsibility for managing health and mental health care become the responsibility of the local mental health agency in some states?
Preparing for the Future

- Will Medical Homes, prevention, early intervention prevent the need for more intensive services?
- Who will treat individuals with mild MH/SA problems?
- Who will serve the individuals with moderate and severe conditions?
- How will school based mental health care for children be integrated?
Preparing for the Future

- How will mental health link with primary health care in your state?
- Will there be mental health carve-outs?
- Will this be used as a time to integrate health care and mental health care, i.e. carve-ins?
- Will the Exchanges create another health care silo, i.e. Medicaid, CHIP, and now the Exchanges?
- How will fee for service fare? Will it go away?
Preparing for the Future

- What system assessments need to be done ahead of time to prepare to make your case for the children?
- What data will you need to build your case?
- What will the structure look like? How will mental health fit within the health care structure and vice versa?
- State level structures will effect the local level structures.
- Structure trumps process.
- Systems trump programs.
Citations and Resources

This presentation utilized documents from the following organization web-sites:

- National Council for Community Behavioral Healthcare

- The Kaiser Family Foundation
  [www.kff.org](http://www.kff.org)

- The Robert Wood Johnson Foundation
  [www.rwjf.org](http://www.rwjf.org)

- The Bazelon Center for Mental Health Law
  [www.bazelon.org](http://www.bazelon.org)

- The federal Centers for Medicare and Medicaid
  [www.cms.gov](http://www.cms.gov)

- The Washington Post
  [www.washingtonpost.com](http://www.washingtonpost.com)
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