

Emerging Healthcare Environment



DBHDD

Presentation for the Department of Behavioral Health & Developmental Disabilities Board

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Office Of Medicaid Coordination & Health System Innovation

April 2016

Purpose of Learning Series

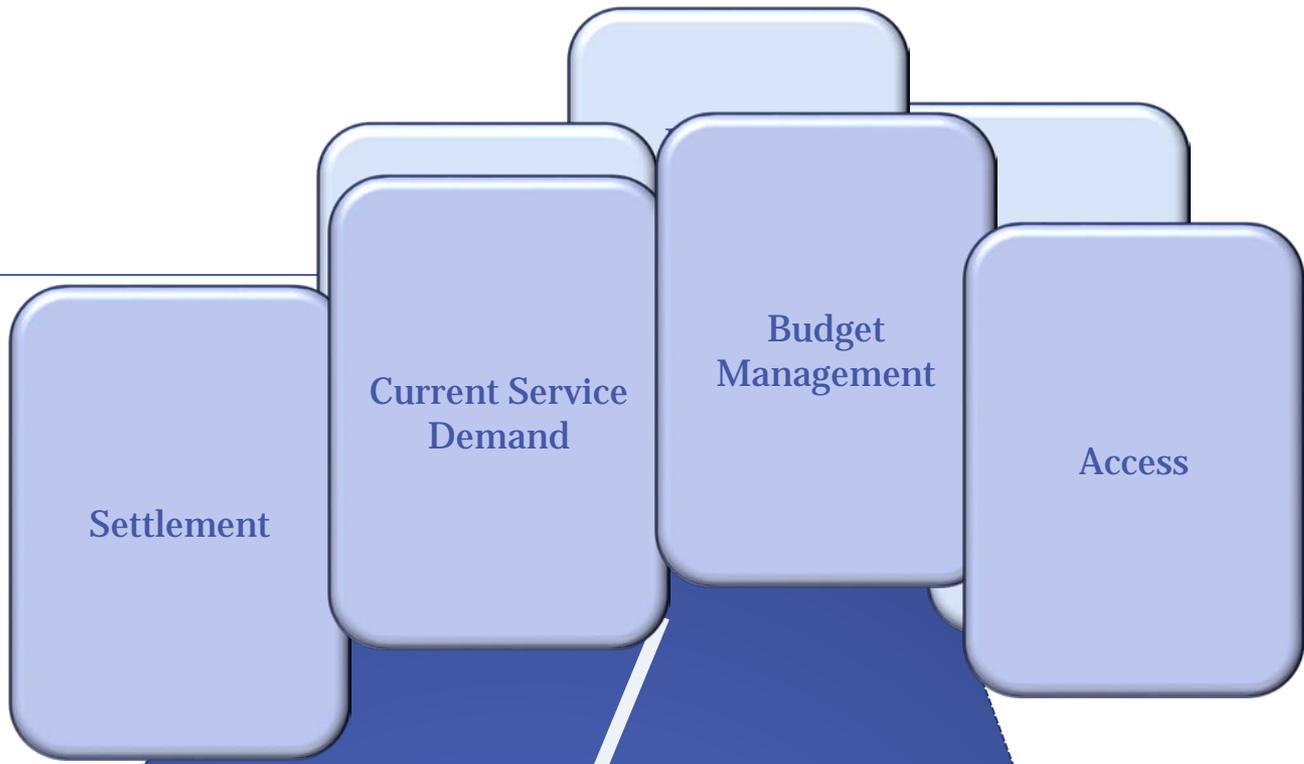
**PROVIDE A FRAMEWORK FOR LEARNING AND
EXAMINATION OF CHANGE TO NATIONAL
HEALTH LANDSCAPE**

**CONSIDERING STRATEGIES WHICH EMPOWER
THE SYSTEM FOR ULTIMATE READINESS FOR
EMERGING PRACTICE**

Approach and Commitment

**AS A TEAM, PARTICIPATE COLLABORATIVELY
IN A LEARNING SERIES TO:**

- 1) Thoughtfully Consider Basic Content Material Related to the Current/Emerging Health Landscape; and**
- 1) Participate in Conversation About Implications/Opportunities for the DBHDD System.**



DBHDD: Scope in Law

§ 37-1-20. Obligations of the Department of Behavioral Health and Developmental Disabilities

- 2) Direct, supervise, and control the medical and physical care and treatment;** recovery; and social, employment, housing, and community supports and services based on single or co-occurring diagnoses provided by the institutions, contractors, and programs under its control, management, or supervision;
- 3) Plan for and implement the coordination of mental health, developmental disability, and addictive disease services with physical health services, and the prevention of any of these diseases or conditions, and develop and promulgate rules and regulations to require that all health services be coordinated and that the public and private providers of any of these services that receive state support notify other providers of services to the same patients of the conditions, treatment, and medication regimens each provider is prescribing and delivering;**
- 4) Ensure that providers of mental health, developmental disability, or addictive disease services coordinate with providers of primary and specialty health care so that treatment of conditions of the brain and the body can be integrated to promote recovery, health, and well-being;**



DBHDD

Department of Community Health (State Medicaid Authority)

Department of DBHDD (State BH Authority)

GMO Models

Amerigroup

Amerigroup Foster Care

Cenpatico

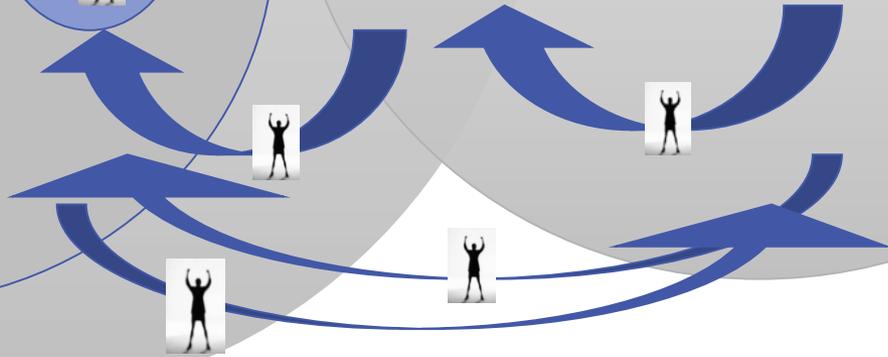
Wellcare

Medicaid Fee-for-Service

IDD Waiver

DBHDD Covered Lives
(non-Medicaid)

Private Insurance



Parity



MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

**PREMISE: Individual and Group Insurance
Plans Who Offer MH Coverage Must Do So at an
Equivalent Coverage to the Medical Benefits
Offered by that Plan**

Parity

A group health plan and a health insurance issuer offering health insurance coverage in the group or individual market must ensure that

Financial requirements
(such as copays and deductibles)

and

Treatment limitations
(such as visit limits)

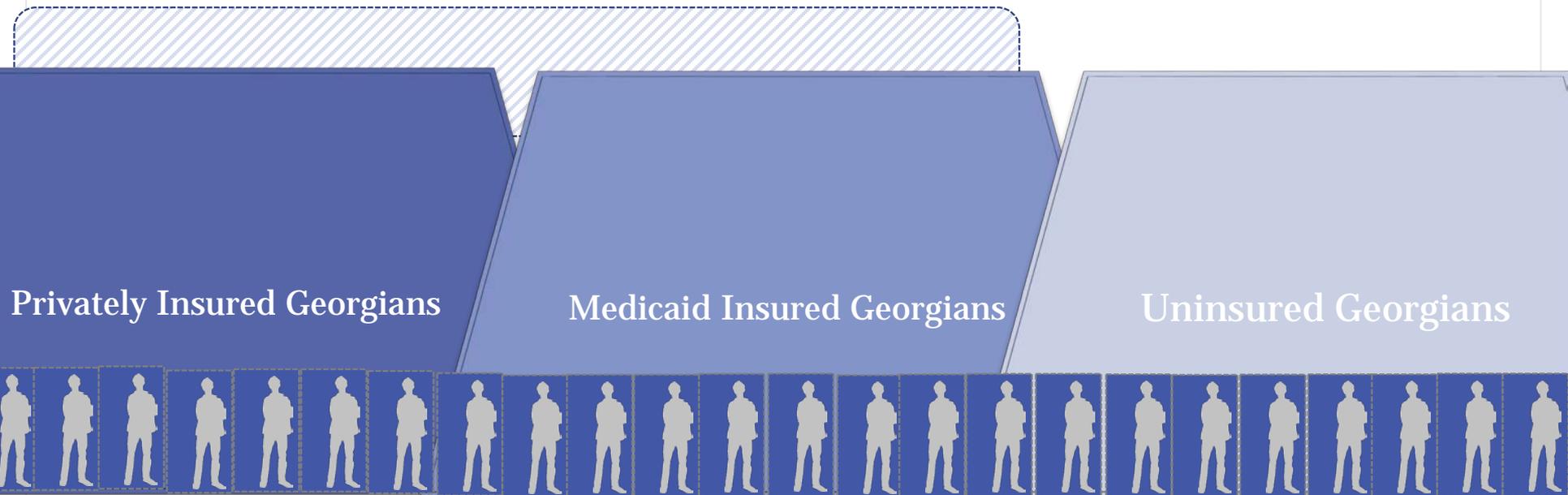
applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

Parity

**MHPAEA DOES NOT MANDATE
THAT A GROUP HEALTH
PLAN OR A HEALTH
INSURANCE ISSUER PROVIDE
MENTAL HEALTH OR
SUBSTANCE USE DISORDER
BENEFITS.**

Parity

Applicability



Essential Benefits

The Affordable Care Act requires non-grand fathered health plans to cover essential health benefits (EHB), which include items and services in the following ten benefit categories:

- (1) ambulatory patient services;
- (2) emergency services;
- (3) hospitalization;
- (4) maternity and newborn care;
- (5) mental health and substance use disorder services including behavioral health treatment;**
- (6) prescription drugs;
- (7) rehabilitative and habilitative services and devices;**
- (8) laboratory services;
- (9) preventive and wellness services and chronic disease management; and
- (10) pediatric services, including oral and vision care.

DBHDD Benefits

Medicaid Benefits

Essential Health Benefits

Acute

Inpatient Psychiatric
 Acute Detoxification
 Crisis Stabilization Program
 Forensic Hospitalization
 PRTF
 BHCCs
 Mobile Crisis

Inpatient Psychiatric
 Acute Detoxification
 Crisis Stabilization Program

 PRTF

Inpatient Psychiatric
 Acute Detoxification

Outpatient

Individual Counseling
 Group Counseling
 Family Counseling
 Crisis Intervention
 Physician Assessment/Management
 Nursing Assessment/Care/Med Admin
 Case Management
 Community-Based Skills Training
 Assessment
 Physical Therapy/Occupational Therapy/Speech
 Group Training
 Family Training
 Service Planning

Individual Counseling
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 Physician Assessment/Management
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Rehabilitative

Assertive Community Treatment [IFI, CST]
 Peer Support
 Intensive Residential
 Semi-Independent Residential
 Community-Based Forensics
 Supported Employment
 Psychosocial Rehabilitation
 Medication Assisted Treatment [Opioid Maintenance]
 Community-based Detoxification
 Financial Assistance (Bridge, Transition)
 Intensive Community-based Care Coordination
 Transportation

Assertive Community Treatment [IFI, CST]
 Peer Support
 Intensive Residential
 Semi-Independent Residential

 Psychosocial Rehabilitation
 Medication Assisted Treatment [Opioid Maintenance]
 Community-based Detoxification

 Intensive Community-based Care Coordination
 Transportation

LTSS

DD Waiver Services
 C&A MH Waiver Services
 PASRR

DD Waiver Services
 C&A MH Waiver Services
 PASRR

Prevention

Peer Support Whole Health
 Wellness Centers
 Clubhouse
 Prevention/Early Intervention Activities

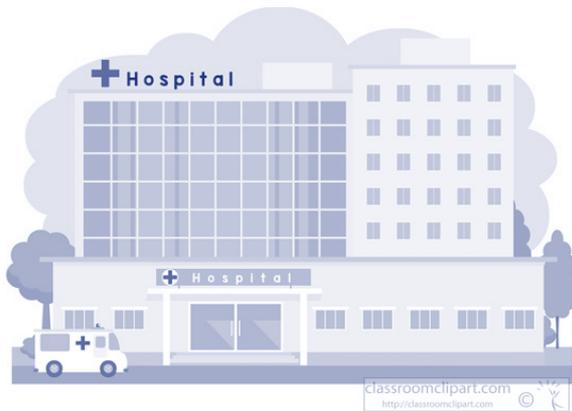
Peer Support Whole Health

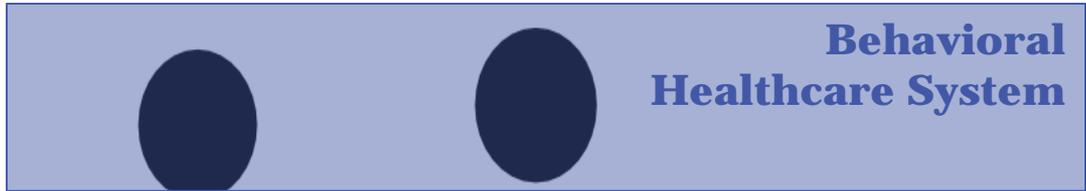
Affordable Care Act: THEMES

- **PREVENTION**
- **MENTAL HEALTH/ADDICTION INTEGRATION**
- **BEHAVIORAL HEALTH/HEALTH INTEGRATION**
- **YOUNG ADULT COVERAGE**
- **WORKFORCE DEVELOPMENT**
- **HEALTH INFRASTRUCTURE DEVELOPMENT**
- **BALANCING INCENTIVE PROGRAM**
- **HEALTH INSURANCE EXCHANGES**
- **MEDICAID EXPANSION**
- **NEW MODELS FOR HEALTH CARE (HEALTH HOMES)**

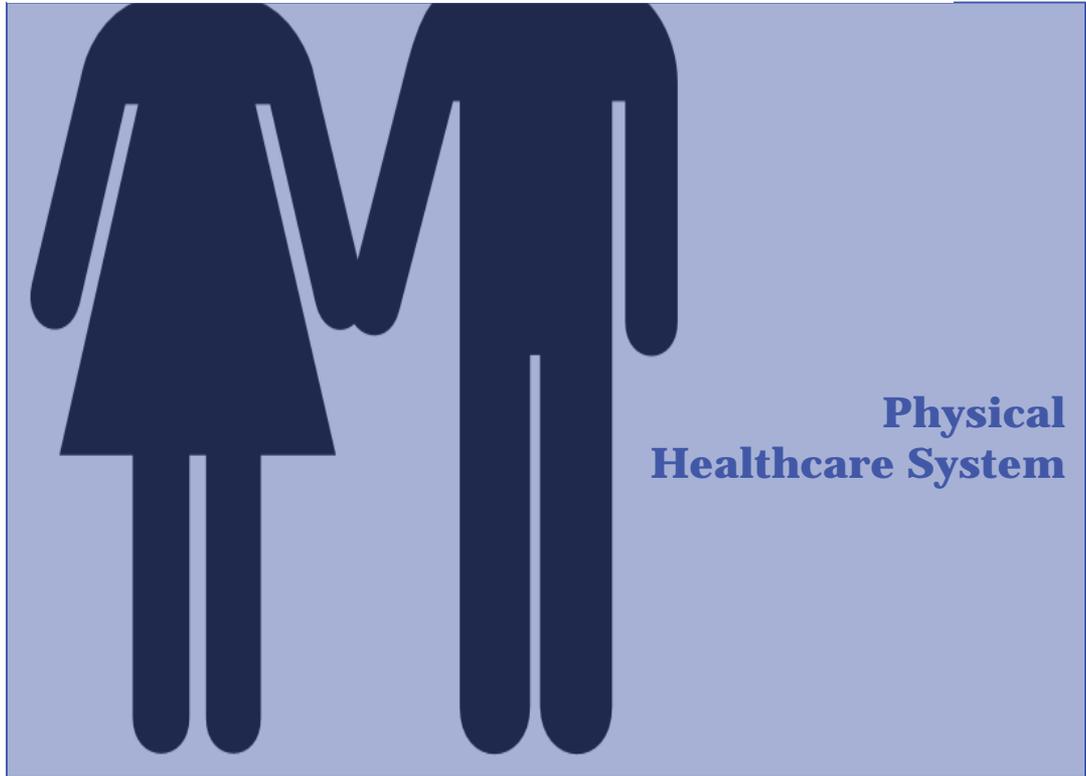
Integration Theme: Historical Concepts of Health/BHDD

Health Systems





**Behavioral
Healthcare System**

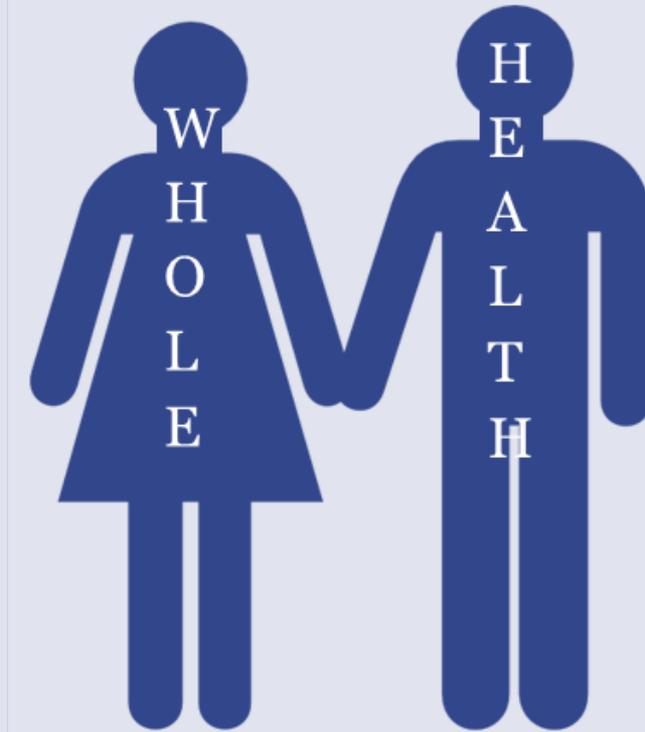


**Physical
Healthcare System**

Traditional Health Systems

Where we're going...

Integrated Health System



Emerging Health Systems



NASMHPD Report 2006

National Association of State Mental Health Program Directors, July 2006

- **INCREASED MORBIDITY AND MORTALITY ASSOCIATED WITH SERIOUS MENTAL ILLNESS (SMI)**
- **INCREASED MORBIDITY AND MORTALITY LARGELY DUE TO PREVENTABLE MEDICAL CONDITIONS**
 - Metabolic Disorders, Cardiovascular Disease, Diabetes Mellitus
 - High Prevalence of Modifiable Risk Factors (Obesity, Smoking)
 - “Epidemics within Epidemics” (e.g., Diabetes, Obesity)
- **SOME PSYCHIATRIC MEDICATIONS CONTRIBUTE TO RISK**
- **ESTABLISHED MONITORING AND TREATMENT GUIDELINES TO LOWER RISK ARE UNDERUTILIZED IN SMI POPULATION**

IN OTHER WORDS...

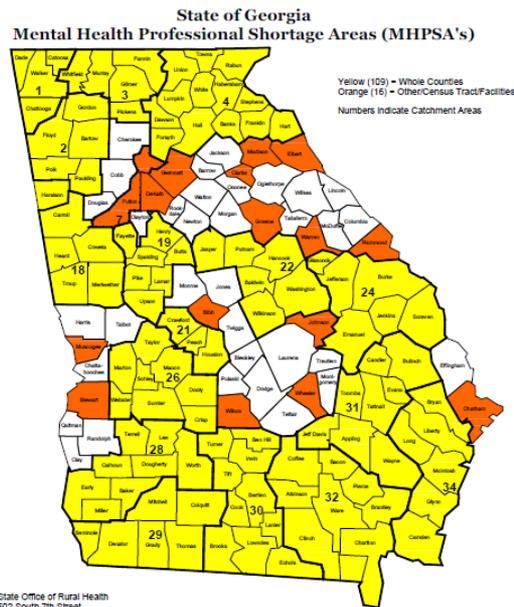


NASMHPD Report 2006

National Association of State Mental Health Program Directors, July 2006

**...PEOPLE WITH SERIOUS
MENTAL ILLNESS SERVED BY
OUR PUBLIC MENTAL HEALTH
SYSTEMS DIE, ON AVERAGE, AT
LEAST 25 YEARS EARLIER THAN
THE GENERAL POPULATION.**

Workforce Development Theme: Georgia Challenges



State Office of Rural Health
502 South 7th Street
Cordell, GA 31015
Ph: 229-401-3050
Source: <http://www.hmsa.gov>
January 2013



Health Professional Shortage Areas (HPSAs) Primary Care Physicians Georgia, 2014



Medically Underserved Areas (MUAs) Georgia, 2014



Exchanges



DBHDD Benefits

Medicaid Benefits

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Peer Support Whole Health

Georgians enrolled in health insurance for OE2

541,080



OE2 is the second health insurance open enrollment period. OE2 ran from

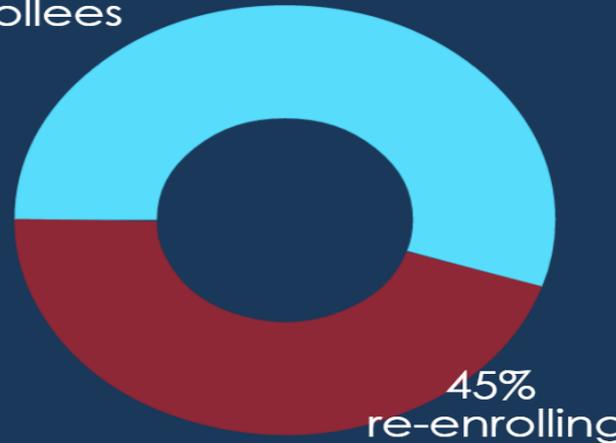
**Nov. 15, 2014-
Feb. 15, 2015**

Georgia by the Numbers

Nearly 9
in 10
qualified
for tax
credits



55% new
enrollees



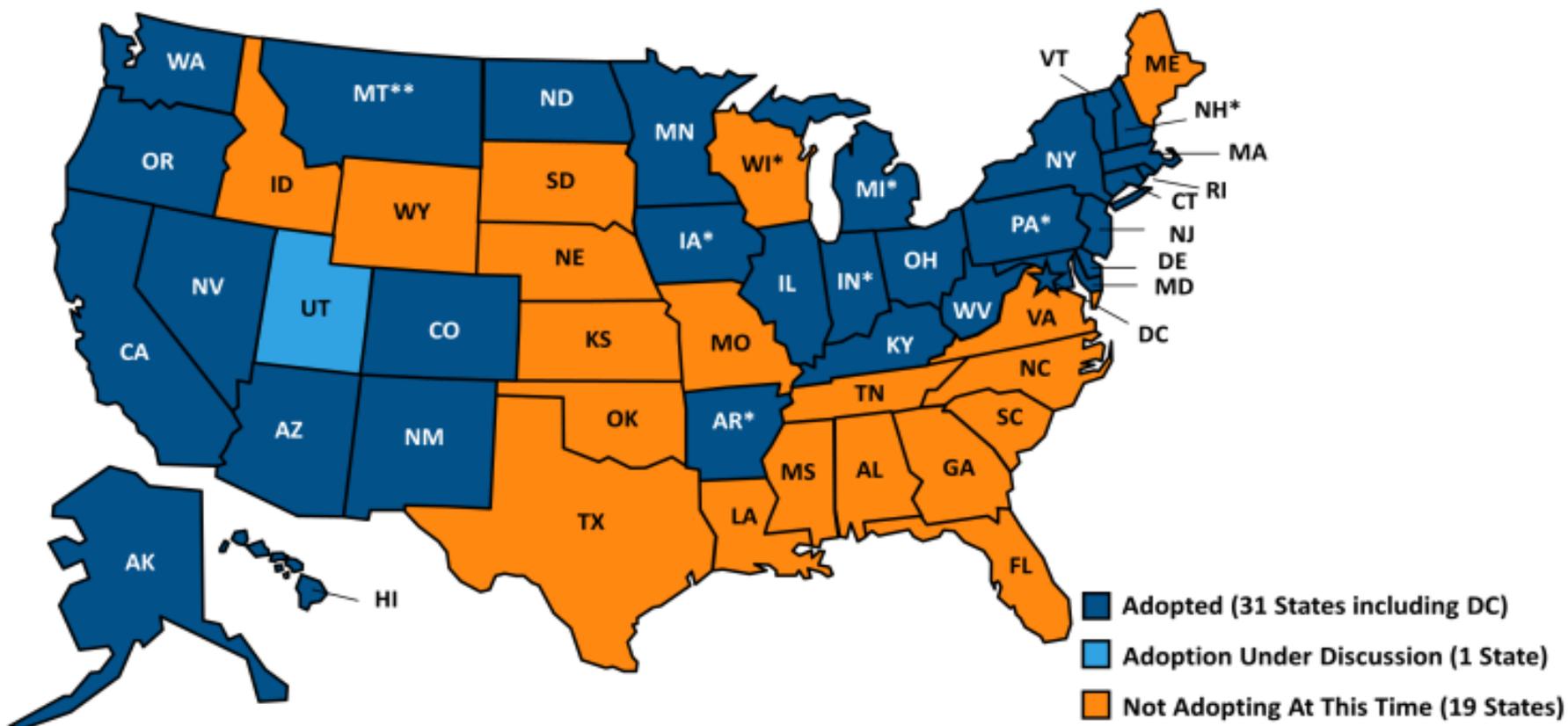
**\$73/
month**

was the average
premium paid for
an individual
plan after tax
credits

Expanded Medicaid Eligibility

- The Affordable Care Act (ACA) offers states an option to increase Medicaid eligibility for adults up to 138% FPL.
- This is equal to an annual income of \$16,200 for an individual and \$ 27,700 for a family of three in 2015.
- This expanded eligibility would primarily help parents and other working adults who are not offered coverage through their jobs and cannot afford other coverage.

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. **MT has passed legislation adopting the expansion; it requires federal waiver approval. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated September 1, 2015.

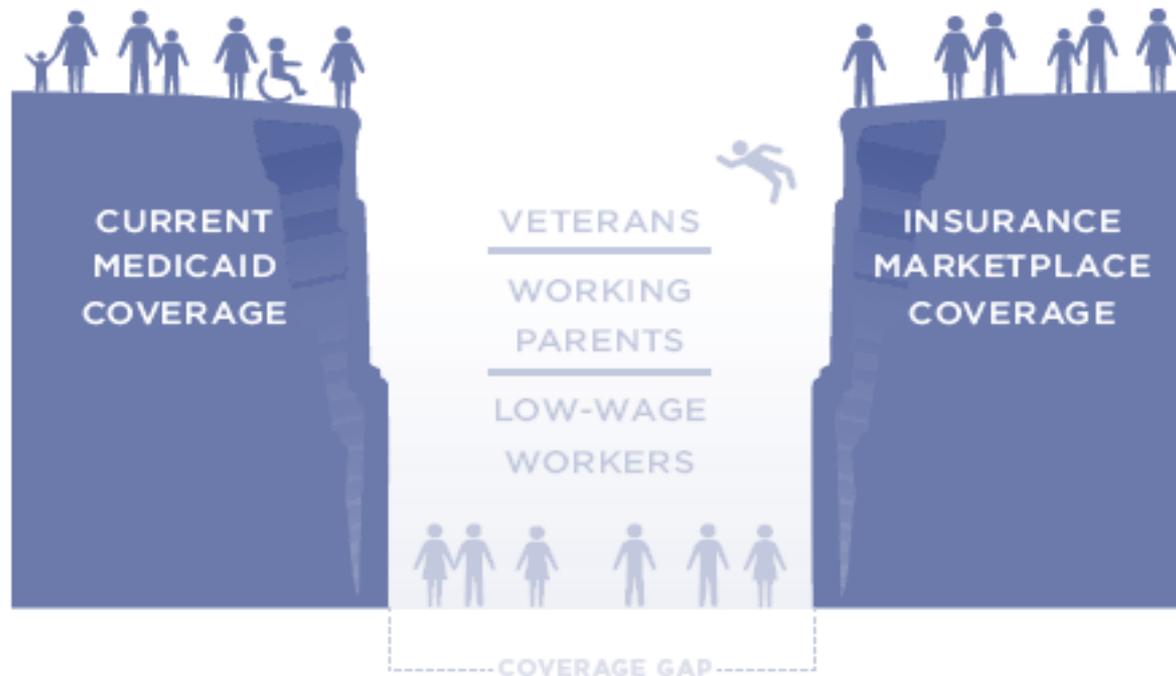
<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



Georgia Rankings

- 44th Ranking for highest rate of uninsured children
- 46th Ranking for highest rate of uninsured parents
- 48th Ranking for highest rate of uninsured adults

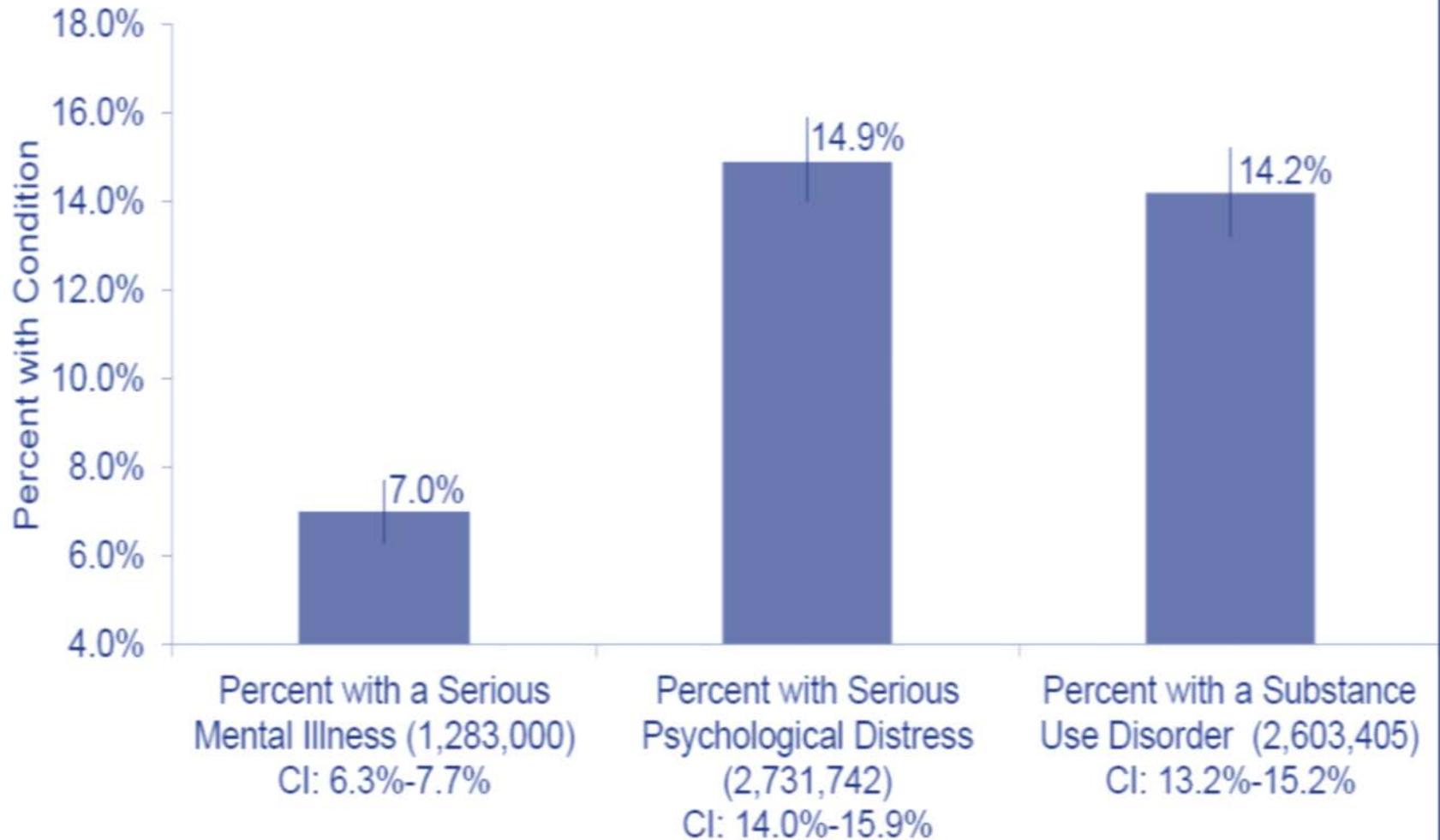
Georgia's Health Insurance Coverage Gap



300,000
uninsured Georgians

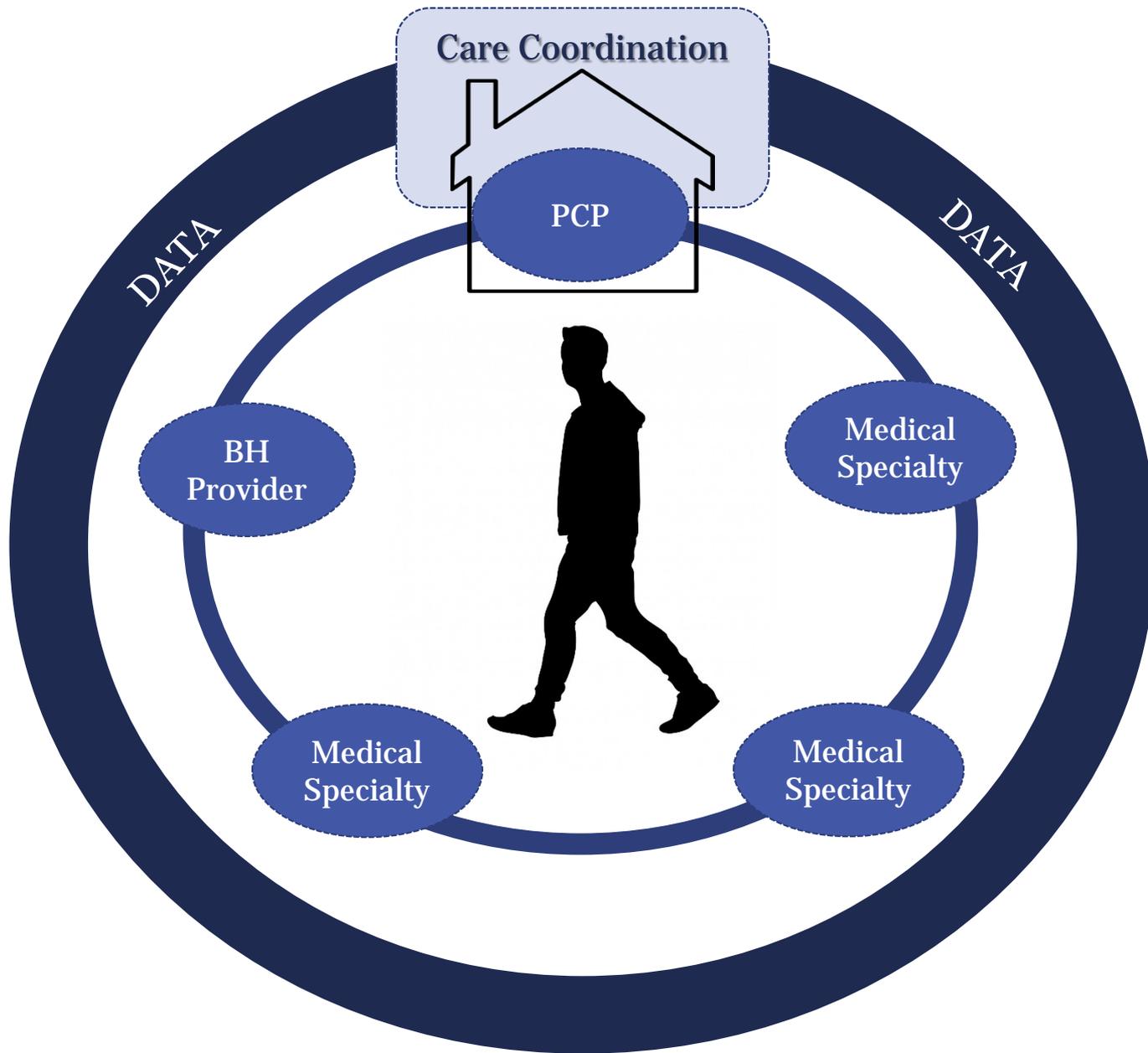
are now in the coverage gap, where they are ineligible to enroll in Medicaid and do not earn enough to get tax credits on [healthcare.gov](https://www.healthcare.gov).

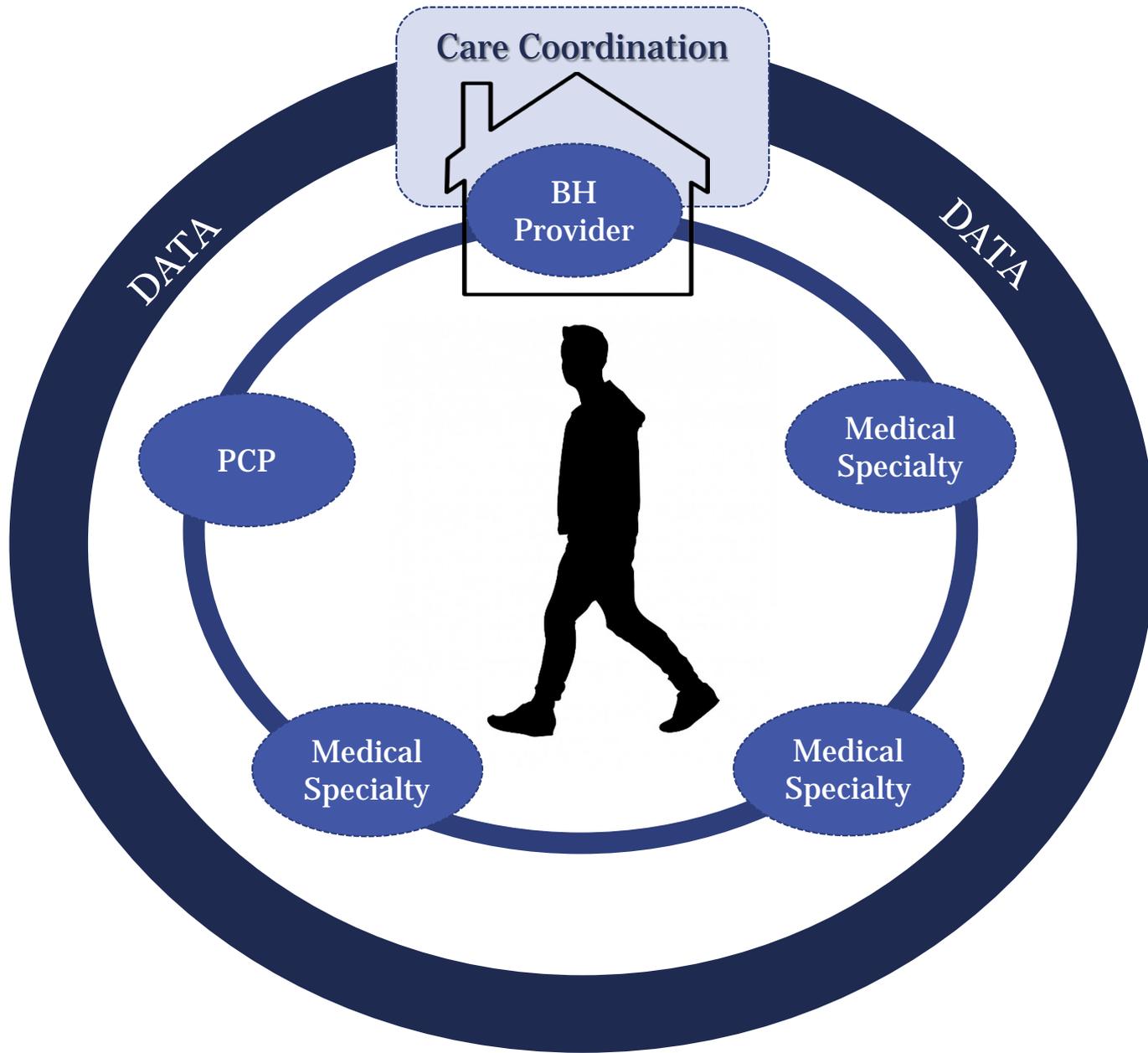
Uninsured Adults Ages 18-64 with Incomes \leq 138% FPL (18 Million)



New Modeling Themes

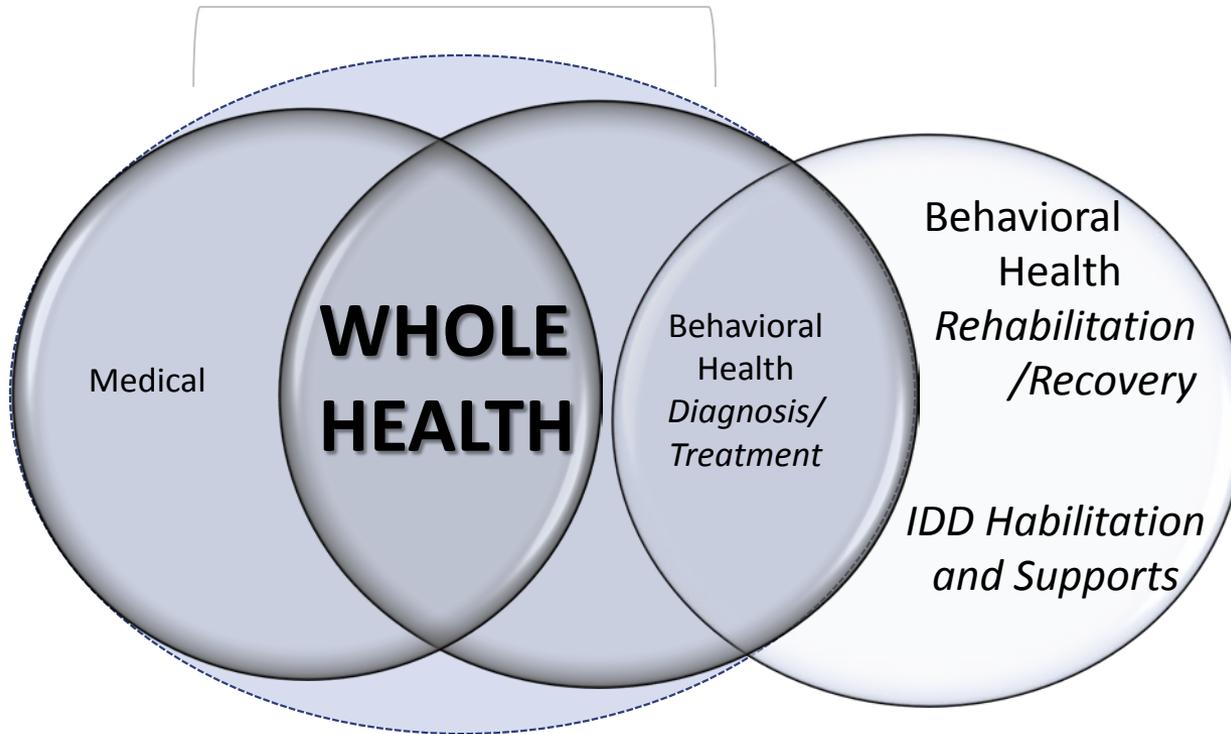








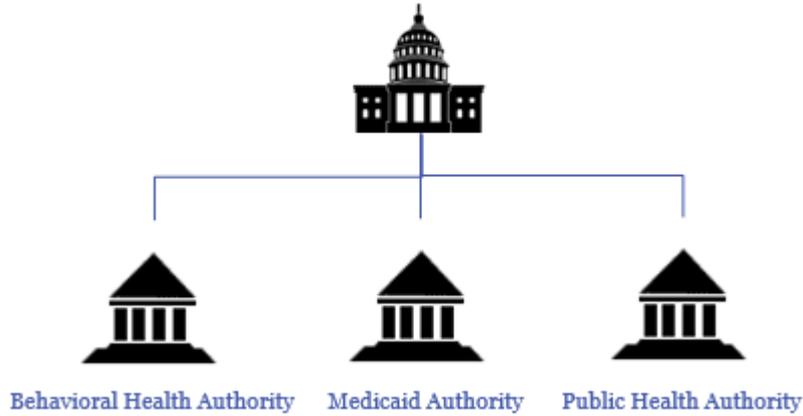
DBHDD



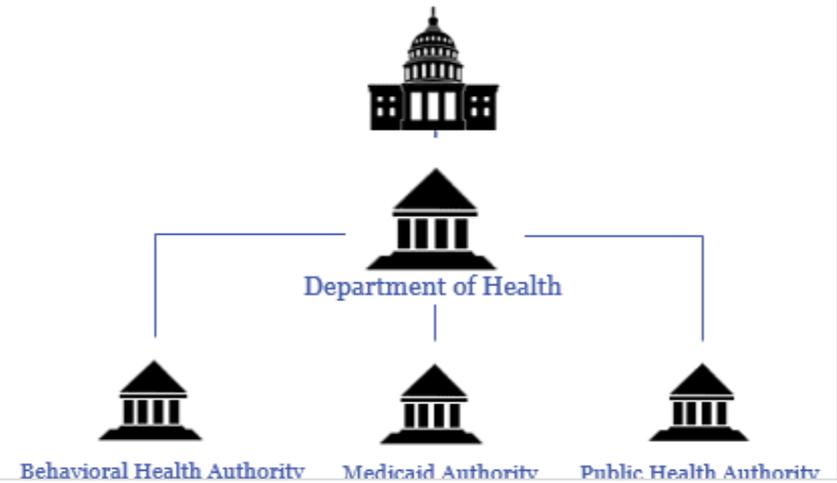
Examination of Peer States

LEARNING FROM OTHERS

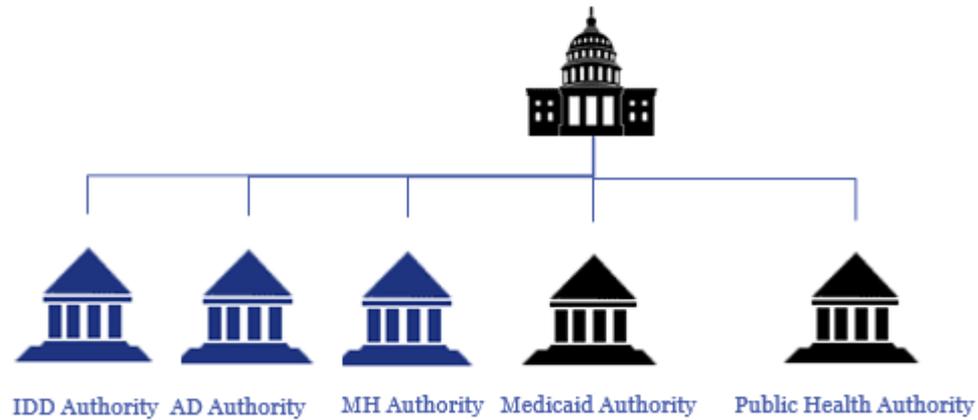
Model A



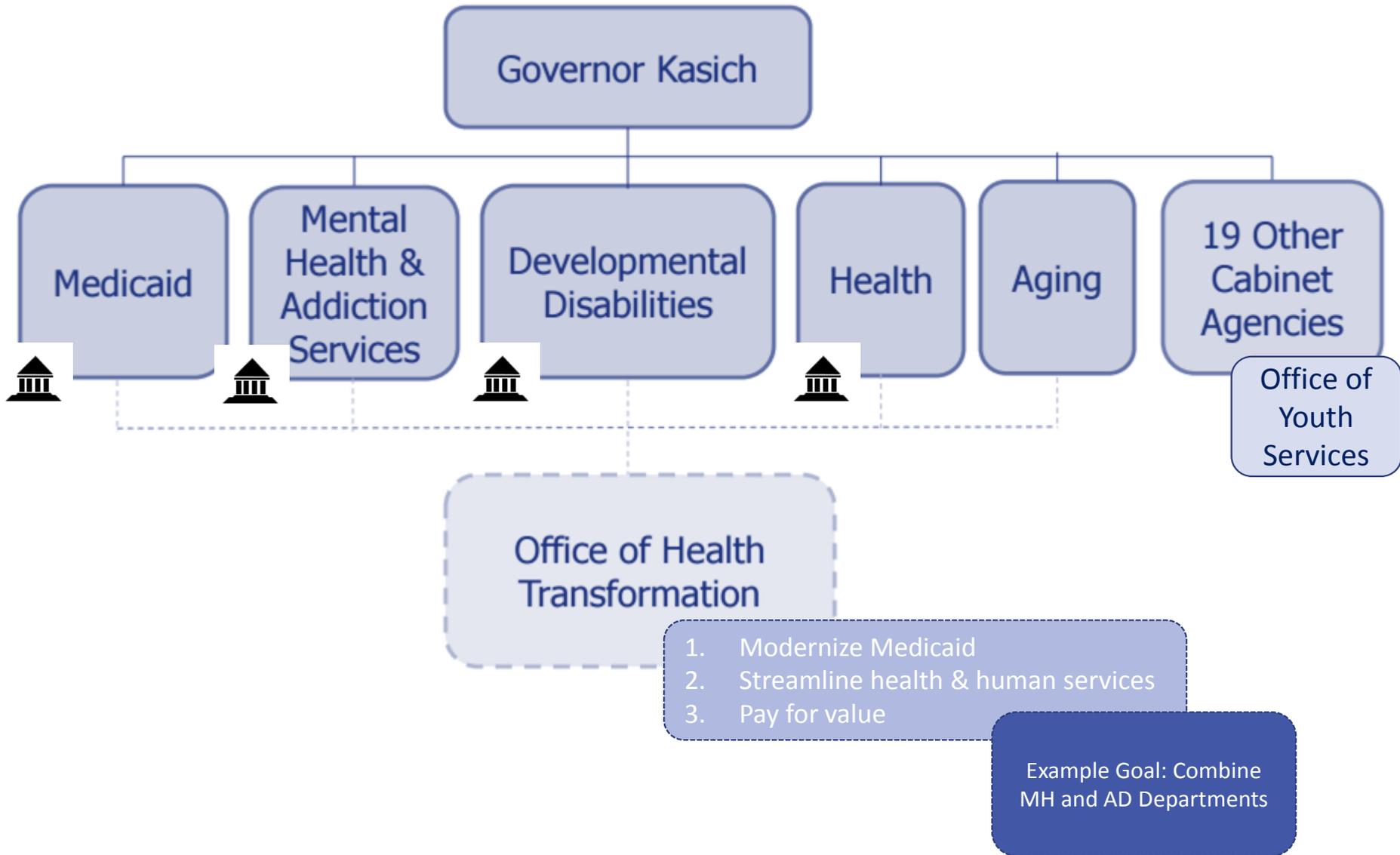
Model B

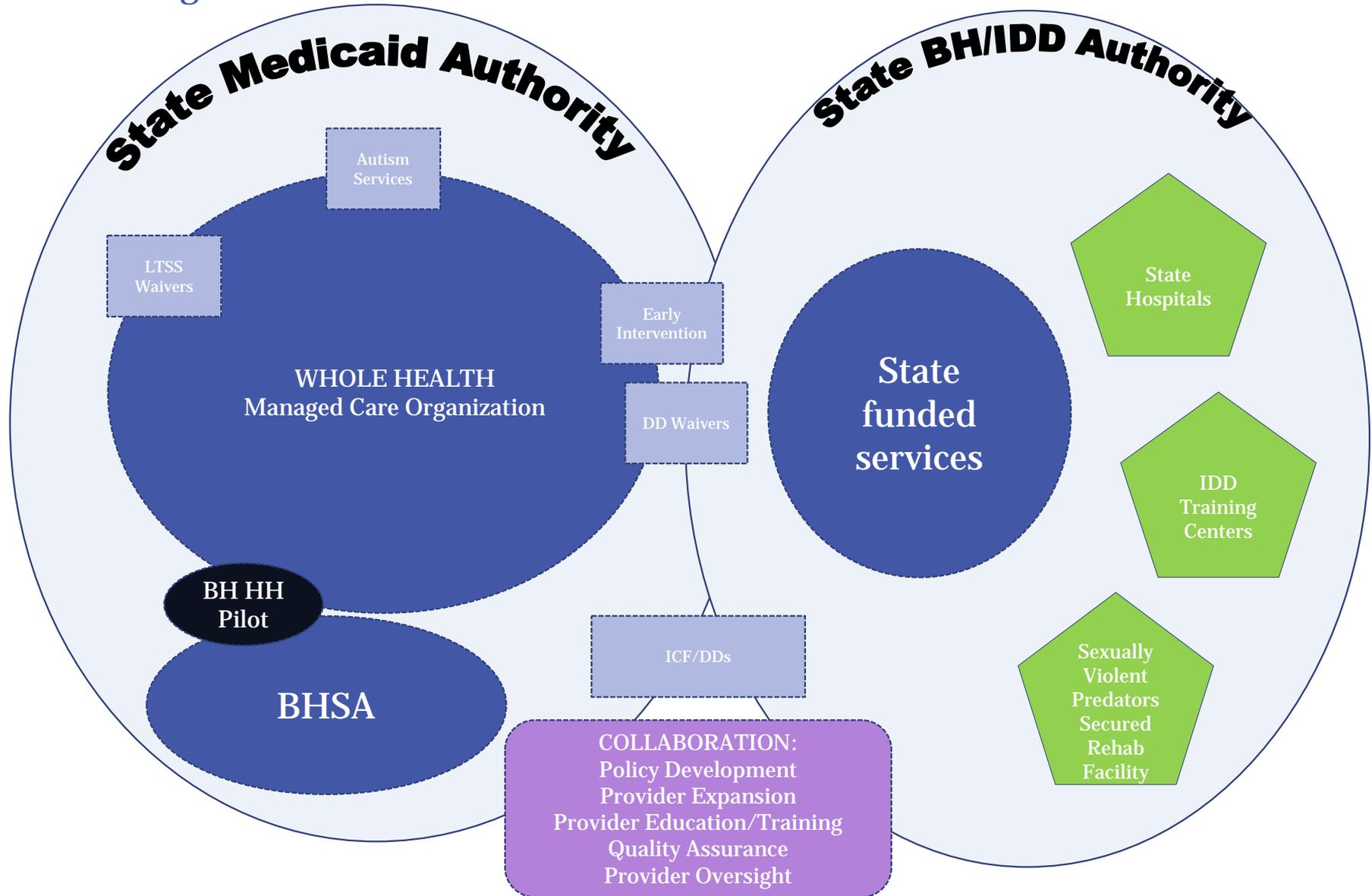


Model C



State of Ohio





Opportunities?

HOW DOES THIS WORK IMPACT INDIVIDUALS WE SERVE?

HOW DOES THIS WORK IMPACT OUR PROVIDER NETWORK?

ARE THERE STEPS WE NEED TO TAKE FOR OUR CURRENT WORK? FUTURE WORK?

WHAT IS OUR ROLE AS THE BEHAVIORAL HEALTH/IDD AUTHORITY NOW? FUTURE?

HOW DO WE CONTINUE TO STRENGTHEN THESE ROLES AS THE BH/IDD AUTHORITY

SUMMARY