Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
The Affordable Care Act: How It Expands Behavioral Health Care Coverage, Improves Care and Promotes Healthy Communities

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Bending the Cost Curve, Lowering Health Care Growth: Must Address Behavioral Health

- Better Integrated Care
- Expanded Coverage to Uninsured
- Prevention & Wellness
- Pay for Outcomes, Not Units
2014 Coverage Expansion

**133% FPL: CHILDLESS ADULTS**
- Up to $14,400 individual or $28,500 family of 4
- Feds pay 100% in first 3 year, down to 90%
- Cover foster kids up to age 26
- Un-sentenced in jails eligible

**Essential MHSA Benefits at Parity & Prevention**
- Single Entry Portal via web, phone, in person
- Simplified documentation using internet verification

**133 – 400% FPL: STATE EXCHANGES**
- Up to $43,300 individual or $88,000 for family of 4
- Small Employer & Individual covered
- Premium Tax Credits & Cost Sharing Subsidies

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Bi-directional Integration

- Primary Care Setting
  - Behavioral Healthcare

- MH/SA Treatment Provider

- Who belongs where, given high co-occurrence?
- How can we have virtual integration using technology?
- How do we deal with confidentiality, especially in SA treatment?
Integrated Care Models

Both emphasize team planning and care coordination, patient centered treatment, support for transitions from hospitals, patient & caregiver support

**Medicaid Health Home**
- Service coordination focused
- Fee For Service payments
- Flexible team of providers or settings

**Accountable Care Org (ACO)**
- New financial incentives focused
- At risk/capitated payments
- Primary care MD providers in Medicare
ACA Section 2703: Medicaid Health Homes

➤ Health homes optional coverage: CMS SMD 11/16/10
  • Includes those with chronic conditions (or at risk) in 6 diseases- includes those with MH and SUD conditions
  • Medicaid state plan amendment- may do multiples, can limit geographically or target by diagnoses, but cannot target by age
  • 90% match for initial 2 years—big incentives for states; also planning opportunities
  • SAMSHA to consult with states on prevention and treatment of those with MH and SUD conditions

➤ Several new services:
  • Comprehensive Care Management
  • Care Coordination and Health Promotion
  • Patient and Family Support
  • Comprehensive Transitional Care
  • Referral to Community and Social Support Services
Section 2703: Health Homes Under Medicaid at State’s Option

- SAMSHA to consult with states on prevention and treatment of those with MH and SUD conditions; but separate from the formal SPA process
- SAMHSA guidance letter to states in clearance
- Important issues:
  - **Screening:** Even if only chronic physical illnesses, still need SBIRT, tobacco and depression screening, since at risk for BH disorder
  - **Services:** If health home includes those with BH disorders, consider array of community and evidenced based services, such as medication assisted treatments for additions, assertive community treatment including crisis teams, supported employment, peer and recovery support services, multi-systemic therapy, etc
  - **Linkage:** Assess how primary care and behavioral health care integrate for joint planning and treatment in practical terms.
  - **BH Providers as health homes:** When program includes persons with MH and/or SA, can BH providers be health homes if meet all PH requirements.
Major Drivers in the ACA

- More people will have insurance coverage
- Medicaid will play a bigger role in MH/SUD than ever before
- Emphasis on primary care and coordination with specialty care
- Encourages home and community based services and less reliance on institutional care
- Preventing diseases and promoting wellness is a huge theme
- Move away from paying for widgets of care to paying for episodes or outcomes

But much unknown...

- State are major implementers and have much flexibility;
- But much falls to HHS? So far less than ½ working on exchanges
- Essential Health Benefits: IOM recommends cost drives coverage
- Supreme Court action on ACA: will implement without individual mandate

SAMHSA
Substance Abuse and Mental Health Services Administration
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