Federal Policy Update

National Council for Behavioral Health
News From Washington

• FY 2019 Appropriations bills advance.
• Various executive and legislative actions repeal or undercut portions of the ACA.
• CMS moves to permit work requirements, other restrictions on Medicaid benefits.
• Congress considers opioid legislation.
FY 2018 Appropriations

- Massive omnibus spending bill passed in March
  - **+$10.1 billion** for federal health spending
    - SAMHSA, NIH, CDC receive increases
    - $4 billion dedicated to addressing opioid crisis
  - Key programs:
    - **CCBHCs** (+$100 million)
    - **Primary and Behavioral Health Care Integration (PIPBHC)** (level funding)
    - **Mental Health First Aid** (+$5 million)
    - **Opioid State Opioid Response (SOR) grants** (+$1 billion)
    - **SAPT Block Grant** (level funding)
FY 2019 Appropriations

House and Senate Agree to a Labor-HHS and Defense “minibus” in September 2018

- **+$2.3 billion** for federal health spending
  - SAMHSA, NIH receive increases
  - **$3.8 billion** dedicated to addressing opioid crisis
- Key programs:
  - **Certified Community Behavioral Health Clinics** (+$150 million)
  - **Primary and Behavioral Health Care Integration (PIPBHC)** (level funding)
  - **Mental Health First Aid** (+$1 million)
  - **Opioid State Opioid Response (SOR) grants** ($1.5 billion or level funding; *part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund*)
  - **SAPT Block Grant** (level funding)
  - **Mental Health Block Grant** (level funding)
<table>
<thead>
<tr>
<th>Agency/Program</th>
<th>FY 2019 Minibus</th>
<th>FY 19 vs FY 18</th>
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<tbody>
<tr>
<td>SAMHSA</td>
<td>$5.7 billion</td>
<td>+$580 million</td>
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<tr>
<td>Mental Health Block Grant</td>
<td>$722.5 million</td>
<td>Level funding</td>
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<tr>
<td>SAPT Block Grant</td>
<td>$1.9 billion</td>
<td>Level funding</td>
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<tr>
<td>Primary/BH Integration (PBHCI)</td>
<td>$49.9 million</td>
<td>Level funding</td>
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<tr>
<td>Mental Health First Aid</td>
<td>$21 million</td>
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<tr>
<td>State Opioid Response Grants</td>
<td>$1.5 billion</td>
<td>Level Funding</td>
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<td></td>
<td></td>
<td>($500 million replaces STR funds)</td>
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<tr>
<td>CCBHCs Expansion Grants</td>
<td>$150 million</td>
<td>+$50 million</td>
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<tr>
<td>NIH</td>
<td>$39.1 billion</td>
<td>+$2 billion</td>
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SAPT Block Grant Funding: Appropriations vs. Actual, 2006-2017

-29% or -$542 million
State Opioid Response Grants

• Purpose: To support evidence-based prevention, treatment and recovery support services for opioid use disorders (OUD).

• Funding noncompetitive; distributed via a formula based on unmet need for OUD treatment and drug poisoning deaths in each state. 15% set-aside for 10 states hit hardest by opioid crisis.

• Funds are to be used to supplement, not supplant, current state efforts to combat opioid abuse.
Addiction Treatment Quality

• House Energy and Commerce Subcommittee on Oversight and Investigations looking at:
  – Patient Brokering
  – Certification for facilities, including recovery homes

• SAMHSA changing how agency evaluates evidence-based programs
  – National Registry of Evidence-Based Programs and Practices (NREPP) shut down
Tax Cuts and Jobs Act of 2017

Impact on insurance markets

• Repealed the ACA’s individual mandate
  – Little to no impact on premiums in CY 2018
  – Substantial premium increases expected in future years as healthy enrollees drop coverage
  • CBO estimates a 10% increase in premiums nationwide; Center for American Progress estimates a 16.40% increase nationwide (taking into account the individual mandate repeal and short term health plan expansion)

Did you know: The tax bill also doubled the standard deduction, shifting incentives away from charitable giving, resulting in an projected $13.1 billion loss in giving.
Meanwhile, at the White House...

Action on EHBs, AHPs and STLD policies

New Essential Health Benefits Selection Process

Association Health Plans (AHPs)

Short Term Health Plans (STLD plans) Fact Sheet

Less comprehensive health plans, including plans lacking strong MH/SUD coverage
Emphasis on “Flexibility”

“Today, we commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population…”

–Former Sec. Tom Price & Administrator Seema Verma
Likely Medicaid waiver proposals

- Work requirements
  - KY decision has put these waivers under scrutiny
- Drug testing
- Higher cost sharing
- Use of HSAs
- Special enrollment & lockout periods
- Time limit on coverage
  - CMS rejected KS lifetime limit on coverage
“Disability” is often touted as a category of exemption from new waiver requirements.
Medicaid Work Requirements

• CMS released guidelines for states to create work requirements
  – Proposals approved in Kentucky, Indiana, Arkansas, New Hampshire; seven other states have applications under review
Work Requirements Halted

Key Takeaways on Court Decision:
• Did not overturn work requirements outright
• Sets two important precedents:
  1. States must evaluate waiver’s impact on coverage
  2. Medicaid provides equal treatment of all groups covered by its statute, including Medicaid expansion populations.
Opioid Legislation

Breakout potential for 2018: Opioid-related legislation

– House and Senate have been working on packages for months
– Timeline: In flux
House Response

- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (H.R. 6) includes measures to:
  - Expand Telehealth
  - Disseminate Recovery Housing Best Practices
  - Strengthen SUD Workforce
  - Incentivize EHR use
  - Preserve MAT prescribing expansions
  - Extend Parity to CHIP
Other House Measures

• IMD CARE Act: In-patient OUD treatment for individuals for up to 30 days

• The Overdose Prevention and Patient Safety Act: Would align 42 CFR Part 2 with HIPAA
Senate Response

- Senate Health, Education, Labor, & Pensions (HELP) Committee passed the Opioid Crisis Response Act (S. 2680) that would include many of same initiatives:
  - Expand Telehealth
  - Disseminate Recovery Housing Best Practices
  - Strengthen SUD Workforce – NHSC bills
  - Preserve MAT prescribing expansions
  - Reauthorize the Opioid State Targeted Response Grant Program
  - Spur development for new pain & addiction treatments
Caveats

• Few bills spend money
• Not a comprehensive response
• Investment via grants, not coverage
Potential Solution: CCBHCs

Built on the concept that the way to expand care is to pay for it

- **National definition** re: scope of services, timeliness of access, etc.
- Standardized **data and quality reporting**
- **Payment rate** that covers the real cost of opening access to new patients and new services…
  - …including non-billable activities like outreach, care coordination, and more…
CCBHC Scope of Services

- Pt. Centered Treatment Planning
- Outpatient MH/SA
- Screening, Assessment, Diagnosis
- Crisis Services Mobil Emergency Crisis Stabilization
- Psychiatric Rehab
- Peer Support

Targeted Case Management

Primary Health Screening & Monitoring

Armed Forces and Veteran’s Services

- Must be delivered directly by CCBHC
- Delivered by CCBHC or a Designated Collaborating Organization (DCO)
CCBHC Payment
Establishment of a Prospective Payment System

Prospective Payment System

Yearly average cost of all services provided. Funding is more secure.
Evidence-based practices

• **Based on community needs assessment**, states must establish a minimum set of required evidence based practices, **such as**:
  - Motivational Interviewing
  - Cognitive Behavioral individual, group, and on-line therapies (CBT)
  - Dialectical Behavioral Therapy (DBT)
  - First episode early intervention for psychosis
  - Multi-systemic therapy
  - Assertive Community Treatment (ACT)
  - Forensic Assertive Community Treatment (F-ACT)
  - Community wrap-around services for youth and children
  - And more…
In the first 6 months of implementation…

CCBHCs added 1160+ new positions to their staff… and mass hiring continues!

“CCBHC status has allowed us to court and hire more highly qualified candidates, because we can now offer more competitive salaries.”
Key staff expansions

Within the first 6 months, CCBHCs hired:

- 72 psychiatrists
- 64% hired peer recovery specialists

Within the first year:

- 90% of CCBHCs have a psychiatrist on staff with an addiction specialty/focus
- 398 new staff with an addiction specialty or focus
In the first 6 months of implementation:

87%

of CCBHCs report an increased number of patients served, representing up to a 25% increase in total patient caseloads for most clinics.
By end of Year 1:

68% of CCBHCs have decreased patient wait times

After initial call or referral, how long (on average) does it take CCBHC patients to access services?*

- Same-day access: 46%
- Between 1-3 days: 16%
- Between 4-7 days: 16%
- Between 8-10 days: 16%
- 11 or more days: 4%
National evaluation study topics

Mathematica/RAND evaluation holds the keys to sustaining & expanding CCBHCs

1. **Access to care**: How has access increased?
2. **Scope of services**: Are CCBHCs able to fully implement the scope of services?
3. **Quality**: What is the quality of care provided to CCBHC clients?
4. **Costs**: Do the PPS rates cover the full cost of care for the CCBHCs?
5. **Savings**: What is CCBHCs’ impact on inpatient, emergency, and ambulatory service utilization rates as well as state and federal Medicaid costs?
CCBHC Expansion Grants

Funding and Awardees

• Up to $2 million per grantee, per year for 2 years (Total = $4 million)
• Up to 25 clinics will be selected
• Total available funding ~$48 million
• Grant terms begin Sept 30, 2018 and extend through Sept. 30, 2020 (6 months after end of CCBHC demo in Oregon)
Excellence Act Expansion:
S. 1905/H.R. 3931

Sens. Roy Blunt and Debbie Stabenow

Reps. Leonard Lance and Doris Matsui
Shifting Focus from Volume to Value

- Reduce ED overcrowding
- Improve bed availability
- Reduce inpatient length of stay

Incentives for health system investment in behavioral health care

- Prevent unnecessary readmissions
- Improve clinical outcomes & reduce cost of care for complex, chronically ill populations
Medicare Payment Rule

• Proposed 2019 Medicare Physician Fee Schedule (MPFS) and Quality Payment Program (QPP)
  – Key Provisions:
    • Bundled payment for the care and management of substance use disorders (SUD)
    • Expanded telehealth options
    • Reduced billing documentation requirements
2018 Get Out the Vote (GOTV) Efforts

• **Voter Toolkit for 2018 Midterms**
  – How to Register Voters in your clinic

• **GOTV Webinar**
  – Wednesday, Aug. 15th at 2:30pm ET
As former Senate Majority Leader Everett Dirksen (R-IL) said...

“When I feel the heat, I see the light.”
Questions?

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