

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



State Best Practices in Developing and Implementing Integrated Health Care



Tipping Point

- Behavioral health is essential to health
- Prevention/early intervention is possible
- Treatment is Effective and People Recover
- Integrated primary and behavioral health care is the new standard

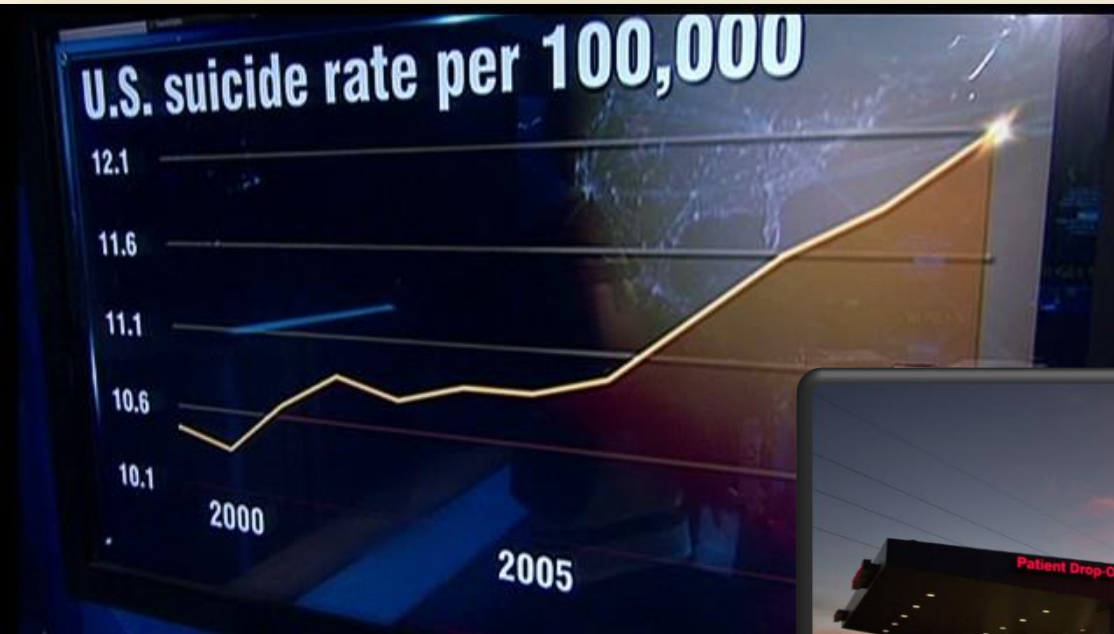


Integrated Care Works



- Eliminate the early mortality gap
- Reach people who will not access primary care
- Intervene early before medical co-morbidities develop or worsen
- Improve recovery outcomes
- Reduce expensive emergency department use

The Need is Great



Local Efforts

- Thousands of BH & PC Providers Partnerships
- New Integrated Systems of Care (ACOs)
- Community Partnerships (YMCAs, Public Health)
- Health Prevention and Promotion Initiatives
- Partnerships with Hospitals, Health Plans



Federal Efforts



Examples include:

- SAMHSA Primary & Behavioral Health Care Integration Grants
- HRSA Behavioral Health Expansion Grants & Substance Abuse Service Expansion Grants
- AHRQ - Academy for Integrating Behavioral Health & Primary Care
- CDC - Tobacco Strategies, Opioid Epidemic
- Center for Medicaid and Medicare – Medicaid Health Homes, Innovation Pilots
- NCQA Patient-Centered Medical Homes
- Commonwealth Fund, RWJ, Milbank Fund.....



CENTERS FOR MEDICARE & MEDICAID SERVICES

INNOVATION MODELS



By the Numbers...



- ❖ 22 states have yet to expand Medicaid coverage under the ACA
- ❖ 27 approved Medicaid Health Home models in 19 states and DC
- ❖ 11 states with Round 2 State Innovation Models (SIM)
- ❖ 16 states carve out all behavioral health benefits from MCO contracts or the FFS system
- ❖ 50 states have some patient-centered medical homes (PCMH)/ enhanced primary care teams – CPC+

State-Level Efforts

- State Transformation and Block Grants
- Managed Care Reforms
- Reduced Financing & Regulatory Barriers
- Tele-behavioral Health
- State Based Health Foundations
- Workforce Trainings
- Health Information Technology



Massachusetts

MassHealth

- MBHP Integrated Care Management Program
- Duals Demonstration
- Primary Care Payment Reform Initiative
 - *Quality incentive payments that increase for providers based on their level of behavioral health integration*



Colorado

New Models for Integrating Behavioral Health and Primary Care - Lessons from Six Colorado Health Care Providers

- Align the Level of Integration With Patient Needs and Practice Capacity.
- Innovate and Adapt Both the Workforce and the Workplace.
- Create New Funding Models that Support Integration.
- Recognize that Patient Numbers Impact Integration Potential.
- Lead Creatively and Learn Constantly.

Colorado Blueprint for Promoting Integrated Care Sustainability

- Optimize existing revenue sources
- Resolve confusion about same-day billing restrictions
- Reduce administrative barriers
- Examine the viability of paying for new codes
- Test global funding strategies
- Standardized statewide data-collection system

Colorado

Colorado State Innovation Model (SIM)

- 3yr Practice Transformation Project
- Integrating primary and behavioral health care in 400 practices
- Bi-Directional Integration Demonstration Pilot – Creation of four SMI health homes
- Local community grants Involves health plans, providers

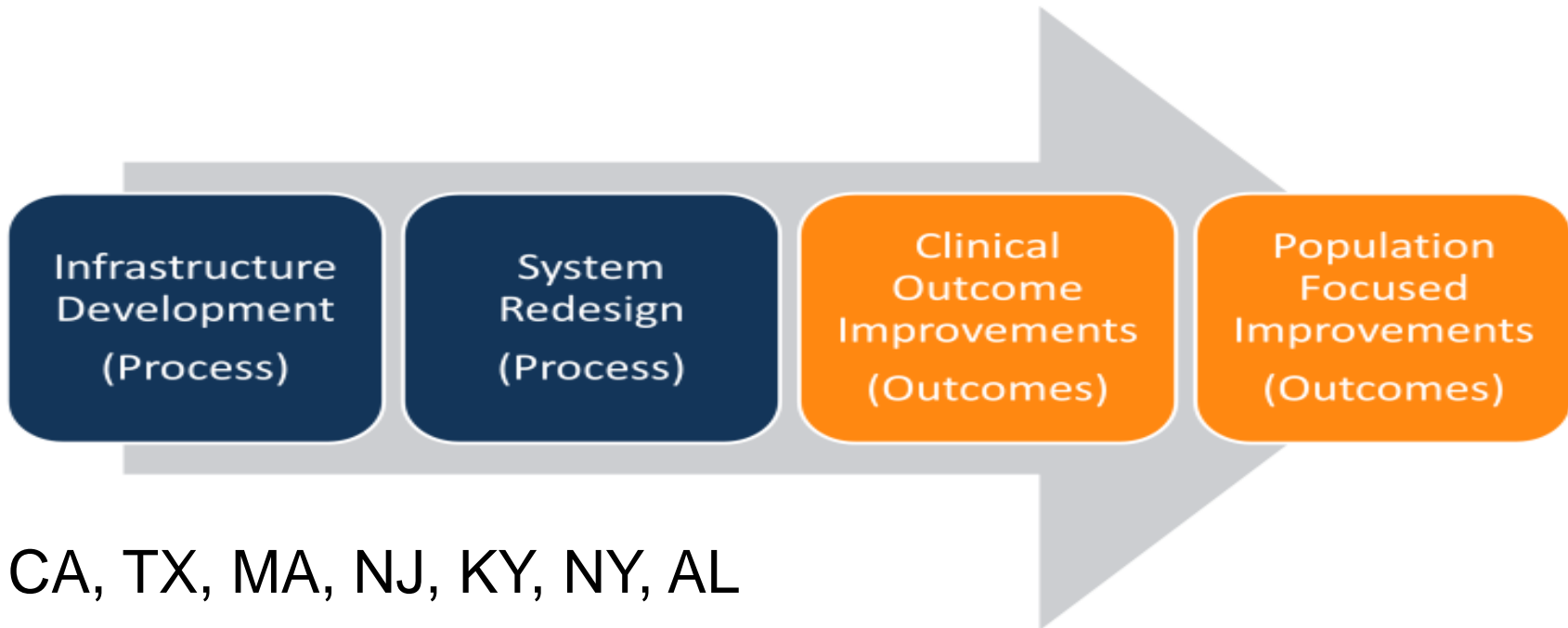
Sustaining Healthcare Across Integrated Primary Care Efforts (SHAPE)

- A three year initiative, the project team will select practices from the Western Colorado communities to test a global payment budget for financially sustaining integrated behavioral health care in primary care practices.

Delivery System Reform Incentive Payment (DSRIP)

Figure 1

DSRIP waivers generally focus on 4 main areas with an increasing focus on clinical and population improvements over time.



CA Includes HIV Transition Projects as a 5th category of DSRIP projects.



DSRIP

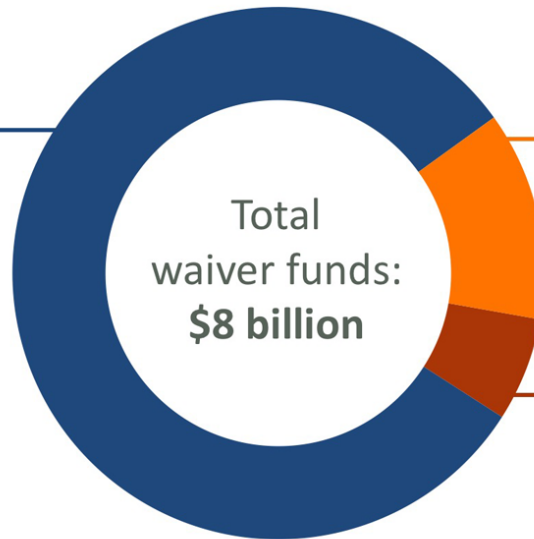
Exhibit 1

Distribution of New York's 1115 Waiver Funds

\$6.42 billion

DSRIP program funding

Planning grants
DSRIP funding
Administrative costs



\$1.08 billion
Medicaid redesign funding

Health home development
Long-term care services
Home- and community-based services

\$500 million
Interim Access Assurance Fund

Time-limited funding for safety-net providers

Note: The federal Centers for Medicare and Medicaid Services and the state allocated an additional \$1.83 billion to DSRIP, bringing total DSRIP funds to \$8.25 billion. The state also is funding a \$1.5 billion Capital Restructuring Financing Program for DSRIP.

Sources: Centers for Medicare and Medicaid Services, New York Partnership Plan Special Terms and Conditions, March 31, 2016; New York State Department of Health, Final DSRIP Valuation Overview, June 2015; and New York State Department of Health, Capital Restructuring Financing Program, April 2015.

Source: Commonwealth Fund DSRIP NY

Accountable Care Organizations

- **Minnesota** – Hennepin Health, safety-net ACO , has successfully integrated medical services with behavioral health services (and other county-funded and social services)
- **Maine** - will include behavioral health services within the total cost of care (TCOC) calculations for its Accountable Communities (AC) to promote shared accountability across historically siloed primary care and behavioral health providers
- **Oregon** - Regional Coordinated Care Organizations manage both physical and behavioral health benefits for Medicaid beneficiaries under a global budget

State-Level Opportunities and Challenges

Cross-Cutting Policy Strategies



Commonwealth Fund: State Strategies for Integrating Physical and Behavioral Health Services in a Changing Medicaid Environment

- *Administrative Strategies*
- *Purchasing Strategies*
- *Regulatory Strategies*

Workforce

Oregon: Non-Traditional HealthCare Workforce Subcommittee is charged with creating standards for community health workers, personal navigators, and peer wellness specialists

Confidentiality

Washington: Legislative language - professional...who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person.

Kansas (65-5603): communication and information by and between or among treatment facilities

Stakeholder Engagement



MA: MassHealth Regulations that Hinder the Integration of Behavioral Health and Primary Healthcare

NJ: Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey

Regulatory Barriers

Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey

- May a primary care ACF provide mental health services without also being licensed as a MHP?
- May a primary care ACF licensed by DOH provide outpatient substance abuse treatment services without also having a SA license from DHS?
- May a MHP licensed by DHS provide primary physical health services without also obtaining an ACF license from DOH?

CHCS – Considerations Integrating Behavioral Health Services within Medicaid Accountable Care Organizations

- Acknowledge and invest in provider capacity to assume downside financial risk among different provider types when designing financial strategies (HIT, Data Sharing)
- Include behavioral health measures and other relevant social outcome metrics across physical health quality incentive programs and in MCO contracts
- Consider reorganization at the state agency level to further promote more integrated oversight
- Revise licensure and other regulatory frameworks that currently serve as barriers to provider-level integration

Between bipolar and kidney disease it was a pretty upsetting time in my life...

My doctors, dialysis clinic staff, and mental health case manager are well connected. They take a team approach, and they each check on the status of my health... Today I have control over my health; it doesn't have control of me.

The coordinated care allows me to feel like I can go out and be a part of the community.

Contact Information



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Contact the SAMHSA-HRSA Center for Integrated Health Solutions to schedule a [free one hour consultation](#) with one of our [subject matter experts](#) and check out the resources we've put together to help you succeed.

Indiana Primary Care Behavioral Health Integration

***Debbie Herrmann, Deputy Director
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Addiction, Medicaid Initiatives
Family and Social Service Administration***

***In Partnership with the Indiana State
Department of Health (ISDH)***

Evolution of PCBHI in Indiana

- Indiana Division of Mental Health and Addiction (DMHA) identified PCBHI in the 2012 combined mental health and addiction Block Grant application as one of 4 priority areas.
- Formed partnership with Indiana State Department of Health along with DMHA sister agency Indiana Office of Medicaid Policy and Planning– Agency heads and executive leadership buy-in

State Agency Partnerships

- **Why these partners?**
- **Relationships/Authority**
 - DMHA – relationships with CMHC
 - ISDH – relationships with FQHC/RHC/CHC
 - Medicaid – touches all provider types
- **Common goal – Triple Aim**
 - *Improving the patient experience of care (including quality and satisfaction);*
 - *Improving the health of populations; and*
 - *Reducing the per capita cost of health care.*
- **Location, Location, Location** – Engage people where they get their care

Indiana PCBHI Activities

- **Formation of Statewide Stakeholder group fall/winter 2012**
- **Applied and Awarded NASMHPD/SAMHSA Transformation Transfer Initiative (TTI) Grant**
 - Statewide Survey-baseline on integrated care activities, barriers/challenges, needs
 - Eight (8) Education and Training Events (2013)
 - Community Health Workers (CHW) and Certified Recovery Specialist (CRS) Cross Training and certification process
- **Created five stakeholder lead sub-committees**
 - Data/Technology, Workforce Development, Funding/Reimbursement, Quality, and Policy/Future opportunities
- **Developed and established PCBHI Strategic Plan**

PCBHI Integration Defined

The management and delivery of behavioral and physical health services so that individuals receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system.

*Adapted by the Indiana Stakeholder group from the
World Health Organization*

PCBHI Concepts to Implementation Phase

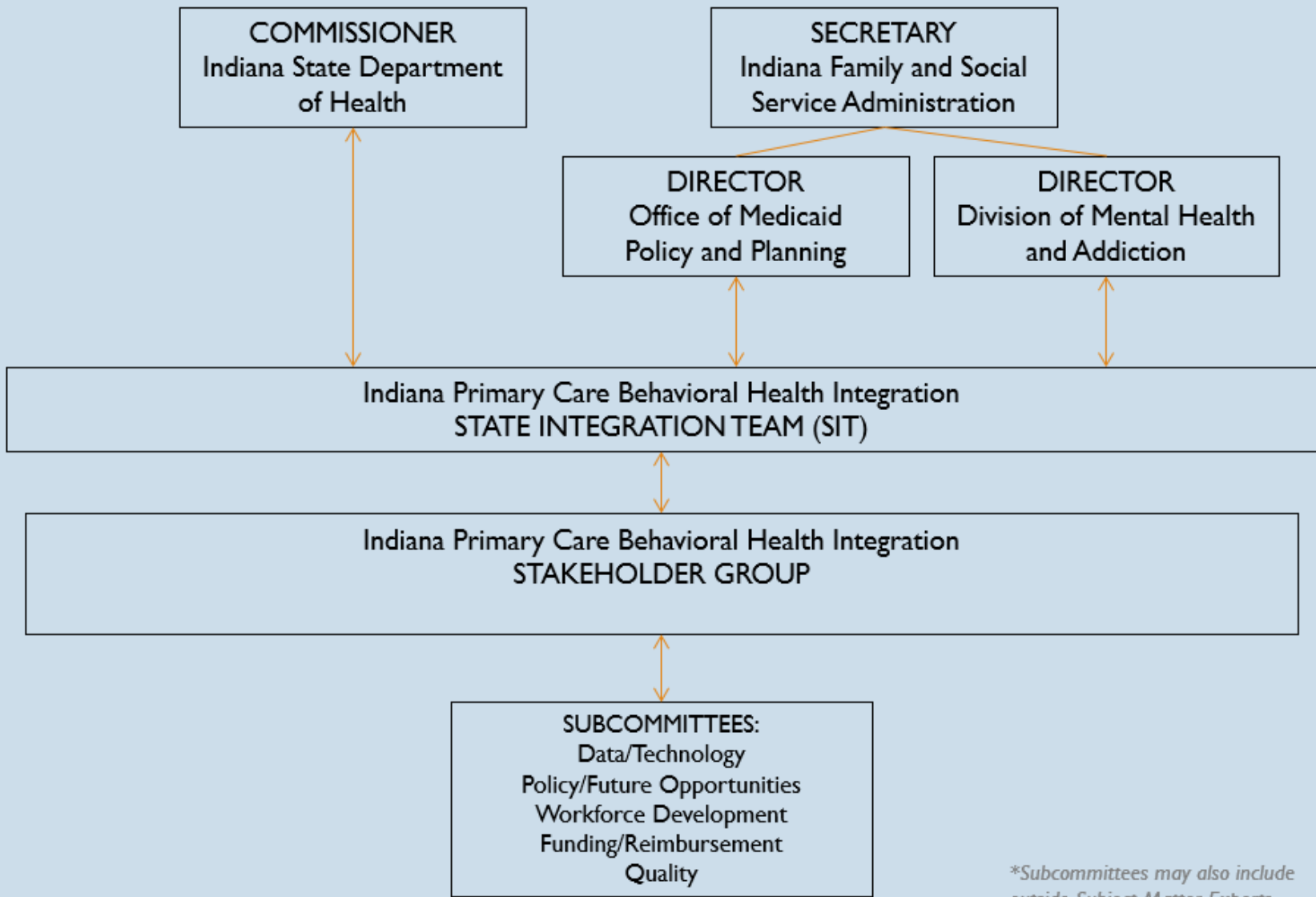
- **December 2014 – PCBHI Stakeholder kickoff**
- **2015 used Strategic Plan to design implementation strategies and create an Operations Manual**
- **Activate Subcommittees:** Stakeholder volunteers – Led by volunteer Chairs ; increased meeting frequency from quarterly to every other month for 2-3 hours; SIT members on each subcommittee
- **State Integration Team (SIT):** FSSA and ISDH increase meeting frequency every other week for 1.5 hours
- **State Specialty Type Development Team**

Connecting the Dots: Linking Certification to Funding

Role of Integrated Care Specialty Type Development Team:

SIT leadership + Medicaid staff + FSSA Office of General Council (OGC):

- To assess rule/SPA requirements and assist in development for implementation,
- Ensure alignment with existing state and federal statutes, and
- Develop formal “recognition” for PCBHI. “Recognition” evolved to be “Certification” of Integrated Care Entities, which is the prerequisite for applying to Indiana Medicaid for the new Medicaid Integrated Care Specialty type.
- The Medicaid Integrated Care Specialty type will be linked to integrated care funding.



**Subcommittees may also include outside Subject Matter Experts (SMEs)*

Role of PCBHI State Integration Team

- Ensure programs are consumer/family driven and recovery focused.
- Finalize and implement state guidelines.
- Design and implement strategies for PCBHI program oversight and quality assurance activities.
- Provide recommendations to state leadership to further develop and implement PCBHI as a sustainable practice approach.

Statewide Stakeholder Group

- Provide expertise, knowledge, recommendations, and guidance to the state
 - Membership included but is not limited to individuals representing:
 - FQHC, CHC, RHC, CMHCs
 - Consumers
 - Advocates
 - Trade associations
 - Health information exchanges
 - Experts in physical and behavioral healthcare
 - SAMHSA PCBHI grantees
 - Payers

PCBHI Subcommittee/State's Objectives

Policy: Implement guidelines and standards that allow flexibility and applicability across public healthcare systems.

Funding: Establish incentives and/or reimbursement methodology for service delivery practices that do not have an existing funding.

Data/Technology: Advance information sharing by implementing core data requirements that will utilize and improve current data systems.

PCBHI Subcommittee/State's Objectives

Future Opportunities: Explore opportunities for new initiatives that are aligned with Indiana PCBHI goals, i.e. Excellence Act and Health Homes.

Workforce Development: Prepare and expand workforce competency and capacity to deliver integrated primary and behavioral health care.

Quality Assurance: Develop a quality assurance plan that will provide recommendations for program quality, outcome measures, and performance evaluation.

Agency Types Eligible for ICE Certification

Integrated Care Entity (ICE) certification for eligible agency types who meet State defined standards for delivering integrated care across public healthcare systems:

- Community Mental Health Center (CMHC)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)
- Community Health Centers (CHC)

PCBHI Guiding Principles: Theoretical Tenants

- Holistic approach
- Recovery focused
- Personal resiliency
- Healthcare prevention
- Empower healthy lifestyles

PCBHI Core Requirements: Elements Associated with Best Practice

1. Screening (behavioral and physical health)
2. Integrated care plans
3. Interdisciplinary team meetings
4. Real-time psychiatric/medical consults
5. Leadership support
6. Evidence based practice and training
7. Electronic health records and data sharing
8. Quality outcome measures

PCBHI Implementation Status

- **Final stages of Operations Manual development**
- **Items drafted with proposed standards and requirements include but are not limited to:**
 - * Service delivery design, requirements, and standards
 - * Provider agency qualifications for certification
 - * Certification process
 - * Target population

PCBHI Implementation Status

Core standards/requirements have been established and will be applicable across all eligible provider types.

➤ Designed and drafted:

- *Core screens (physical and behavioral health)*
- *Core data set*
- *Data/Technology infrastructure/flow*
- *Core outcome/performance measures*

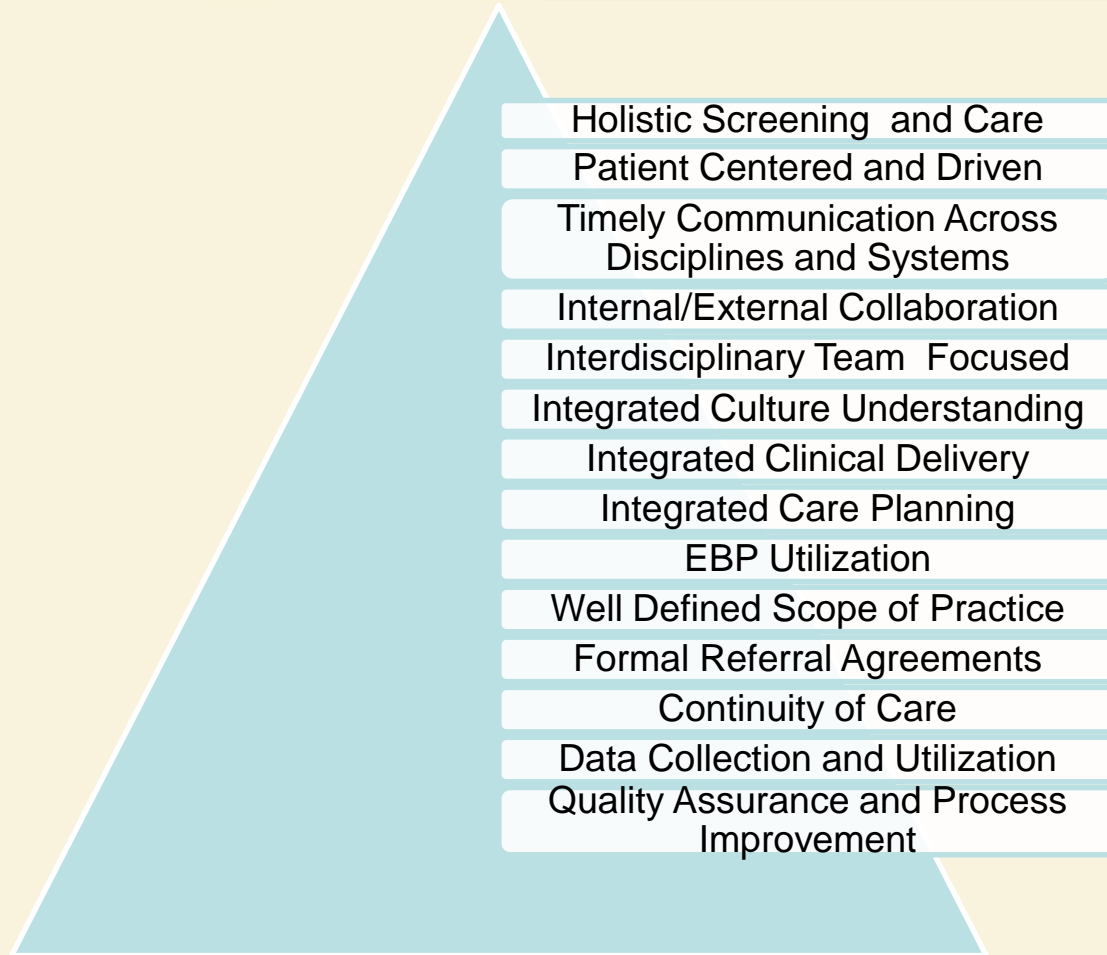
➤ Challenges - strategies TBD

* Funding model - Value Based - Capitation/Bundled + Quality Bonus/Pay for Performance

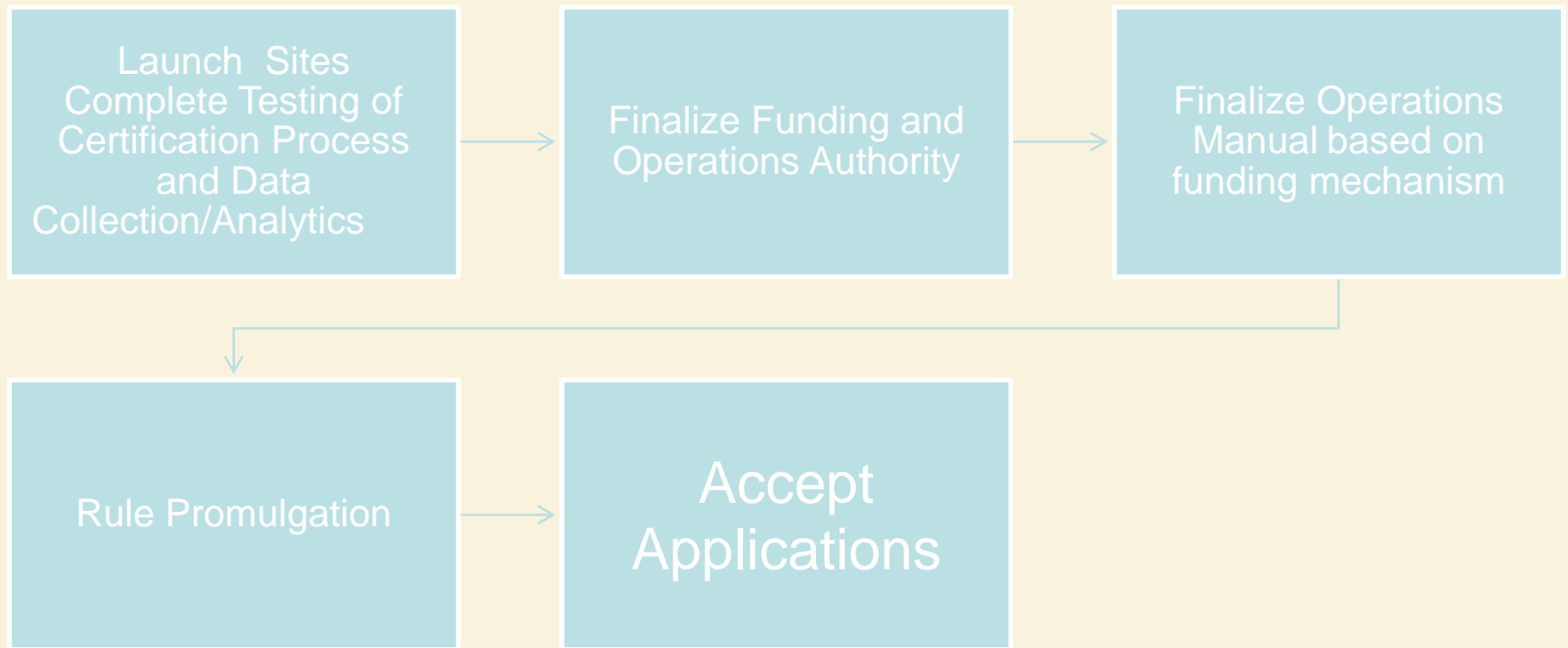
PCBHI Infrastructure

- Operations Manual - nuts and bolts
- Integrated Care Entity (ICE) Certification process linked to Medicaid Specialty Type
- Data/Technology Infrastructure Tool selected Case Management Technologies (CMT) – ProAct data analytic tool
- Quality measures selected – link to Quality Bonus and/or Pay for Performance (value-based)

Minimum Required Standards of Integration



PCBHI Next Steps



PCBHI Next Steps

- **Final stage – problem solving funding mechanism for long term sustainability**
- **Indiana Challenges:**
 - Split between Managed Care and FFS
 - Most mental health and addiction services are carved out of managed care
 - Payment system for FQHC/RHC is PPS vs. FFS for CMHC and CHC
 - Some best practice integrated care activities are not covered for all 4 provider types – mixed bag 😊

Thank You!

QUESTIONS?

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Or

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