Improving Access to Care through Medicaid 1115 Waivers

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• This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
• 1 in 5 adults experience a mental illness each year
  – 1 in 25 adults experience a serious mental illness

• 3.7% of adults experience a co-occurring substance use disorder and mental illness

• Just under half of U.S. adults with mental illness receive treatment

• The average delay between onset of mental illness symptoms and treatment is 11 years
Co-Ocurrence

• Many people with SMI and SUD also have a co-occurring physical health condition
  – People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.

• Individuals with serious mental illness believe their physical health problems – such as diabetes and chronic pain - rather than psychological health make it difficult for them to secure jobs.
Co-Occurrence

- As many as 40 percent of all patients seen in primary care settings have a mental illness.
- 27 percent of Americans will suffer from a substance use disorder during their lifetime.
- 80 percent of patients with behavioral health concerns present in ED or primary care clinics.
- Approximately 67 percent of patients with behavioral health disorders do not receive the care they need.
- 68 percent of adults with mental disorders have comorbid chronic health disorders, and 29 percent of adults with chronic health disorders have mental health disorders.
Care Integration: “The care that results from a practice team of primary care and behavioral health clinicians and other staff working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”

• Many ways to integrate care
Benefits of Care Integration

✓ Increases access to behavioral health care and early intervention
✓ Improves health outcomes for patients with mental illness and/or SUD
✓ Improves health behaviors
✓ Improves patient experience
✓ Reduces overall health care costs
✓ Reduces stigma
Role of Medicaid

• Covers over 70 million individuals, or more than 1 in 5 Americans
• Largest payer of mental health and substance use disorder services
• Medicaid expansion in particular has helped reduce unmet need for services among adults, while improving outcomes and supporting state investments
Section 1115 Medicaid Demonstration Waivers

- Under Medicaid law, states can “waive” certain program requirements
- Many different kinds of waivers
- 1115 waivers allow states to test new approaches in Medicaid that differ from federal requirements
- Increasingly common option to create and test care integration programs
1115 Care Integration Waiver Examples

- Alaska
- Illinois
- Massachusetts
- Michigan
- New Hampshire
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)
WELCOME!
We provide services to children, adolescents, adults and older adults with severe emotional disturbance, serious mental illness and substance use disorders.
We believe that mental health is a vital part of overall health and wellness for children and adolescents and their families, adults and older adults. We provide an array of services to meet their needs.
Michigan 1115 Behavioral Health Demonstration

- Initially submitted in June 2016
- Approved in April 2019
- Waiver expires on September 30, 2024
Michigan 1115 Behavioral Health Demonstration

The demonstration allows Michigan to provide a broader continuum of care for SUD.

Patient services will be provided under a Managed Care Arrangement.

Care model is in accordance with the American Society of Addiction Medicine.

Michigan believes this demonstration would result in improved health outcomes and sustained recovery for the population.
Michigan 1115 Behavioral Health Demonstration

Michigan’s demonstration has three (3) areas of focus:

- **Strategic Focus One**: Physical Health Integration and Care Coordination Design
- **Strategic Focus Two**: Strengthening the SUD Care Continuum
- **Strategic Focus Three**: Promoting Value-Based Payment
Michigan 1115 Behavioral Health Demonstration

CCBHC’s were included as part of Michigan’s 1115 Waiver and Strategic Areas of Focus in 2016

The State of Michigan hopes to become a Demonstration State in 2020

CNS Healthcare has been a CCBHC since 2018 and supports Michigan’s Strategic Areas of Focus

2016

2018

2020
Michigan’s Public Mental Health System

• Michigan operates a Prepaid Inpatient Health Plan (PIHP) system
  – The State funds behavioral health services through a public, non-profit system that is responsible for providing defined services

• CNS Healthcare is in both Region 7 and Region 8
Only 43% of all people living with mental illness receive treatment in any given year

113 million Americans live in areas that do not have enough mental health professionals to meet the needs of the population

Suicide is the second leading cause of death for those between the ages of 10-34
59% of youth with major depression do not receive any mental health treatment.

Even among the states with greatest access for youth, almost 50% of youth are still not receiving the mental health services they need.

On average, 8% of youth have private insurance that does not cover mental health services.
Substance Use Disorder

- Nearly 20 million people need substance use treatment, but only 12.2% receive it.
- In 2017, there was a nearly 10% increase in overdose deaths in the US from the year before.
- Only approximately 33% of substance use treatment facilities offer medication-assisted treatment (MAT).
Positive Changes with CCBHC

- Access to Care
- Wait Times
- Evidence-based Practices
- Crisis Services

- Care Coordination
- Payment
- Quality Measures
Six Levels of Integration of Physical and Behavioral Healthcare

<table>
<thead>
<tr>
<th>COORDINATED KEY ELEMENT: COMMUNICATION</th>
<th>CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY</th>
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<tbody>
<tr>
<td>LEVEL 1 Minimal Collaboration</td>
<td>LEVEL 4 Close Collaboration Onsite with Some Systems Integration</td>
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<tr>
<td>LEVEL 2 Basic Collaboration at a Distance</td>
<td>LEVEL 3 Basic Collaboration Onsite</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEGRATED KEY ELEMENT: PRACTICE CHANGE</th>
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<tbody>
<tr>
<td>LEVEL 5 Close Collaboration Approaching an Integrated Practice</td>
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</table>
A New Standard of Excellence

CCBHC

Clinical Excellence
Educating and Reorganizing the Workforce
Project Managing the Transition/Continuous Quality Improvement
Strategic Planning Through the Transition
Environmental Readiness
Calculating and Reporting Costs
CCBHC Success

96%  Of CCBHC’s had a relationship with law enforcement

90%  Work with patients to establish emergency plans to prevent future hospitalization

9,144 An estimated 9,144 patients were engaged in MAT

94%  Of CCBHC’s reported an increase in the number of patients treated for addiction
CCBHC Success

- 84% Of CCBHC’s offered MAT
- 72% Of CCBHC’s provide services to veterans
- 3,000 CCBHC’s added more than 3,000 staff
- 68% Of CCBHCs decreased patient wait times in the first year
1991 FQHCs >1,400

CCBHC

2016 221
Community Members Say...

The biggest barriers to good health care for me and my family are:

- Cost
- Transportation
- Motivation
- Socialization
Community Members Say...

Biggest family stressors this year, in order by most frequently reported to least frequently reported:

- Financial, mental health, and transportation (tied for first place)
- Employment
- Housing, medical/dental (tied for third place)
2020 Needs Assessment

Gap in Coverage for Adults in States that Do Not Expand Medicaid Coverage under ACA

While Michigan did expand Medicaid coverage, the graphic above shows where poor families fall within the coverage options.

Source: Kaisser Family Foundation, kff.org 2018
2020 Needs Assessment

The Opioid Epidemic in Michigan

![Graph showing the number of deaths from overdose, opioid, heroin, and synthetic opioid deaths from 1999 to 2018.](image)

- Overdose Deaths
- Opioid Deaths
- Heroin Deaths
- Synthetic Opioid Deaths

Data source: SAMHSA, Substance Abuse and Mental Health Services Administration.
2020 Needs Assessment

Prevalence and Unmet Need for Any Mental Illness Care in Michigan by Payer Type

2020 Needs Assessment

Prevalence and Unmet Need for SUD Care in Michigan by Payer Type

**MAT**

Year 1: 367  
Present: 612  
Increase: 167%

**TELEHEALTH**

Year 1: 376  
Present: 2,604  
Increase: 693%

**STAFF**

Bilingual Supported Employment SUD

Training on Military Cultural Competence and LGBTQIA, Trauma, Peer Integration and Suicide Awareness / Prevention
From Baseline to 12/31/2019

- BP-systolic
- BP-diastolic
- BP-combined
- BMI
- Waist Circumference
- Breath CO
- HgbA1c
- HDL Cholesterol
- LDL Cholesterol
- Tri-glycerides

Legend:
- Purple: At-Risk at Baseline
- Yellow: Outcome Improved
- Green: No-Longer At-Risk
Outreach Efforts
More than 36 events and 13,723 persons reached since October 2018

- Community Events
- Anti-Stigma Team Presentations
- Faith Based Outreach
- Law Enforcement Outreach
- School-Based Outreach
- Underserved Populations
Wellness +Plus

#VITALSAREVITAL

- Vaccination Clinics
- Men’s Health Fair
- Wellness Programs
Collaborative Partnerships
CNS Achieves Meaningful Use (MU) Stage 3

CNS’ Clinical Practices Combined with its EHR developments continues to adhere to the highest standards in the areas of access, quality and integration of care, persons’ safety, and lowering the cost of care.
**Electronic Health Record (EHR)**

CNS’ EHR incorporates CMS’ MU objectives:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
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<tr>
<td>e-Prescribing</td>
<td>e-Prescribing</td>
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<tr>
<td></td>
<td>Query of PDMP</td>
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<tr>
<td>Health Information Exchange</td>
<td>Support Electronic Referral Loops by Sending Health Information</td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and Incorporating Health Information</td>
</tr>
<tr>
<td>Provider to Patient Exchange</td>
<td>Provide Patients Electronic Access to Their Health Information</td>
</tr>
<tr>
<td>Public Health and Clinical Data Exchange</td>
<td>Report to two different public health agencies or clinical data registries for any of the following: Immunization Registries Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting</td>
</tr>
</tbody>
</table>
CNS qualifies for Merit-based Incentive Payment System (MIPS) Compliance – 2019

- Improving quality, safety, efficiency, and reducing health disparities
- Engage patients and families in their health
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protection for personal health information
CNS graduated from the GLPTN Program, a national effort to improve the quality and reliability of care. This higher-quality care is better-coordinated with fewer unnecessary tests and procedures, leading to fewer constraints and lower costs.
Solving the Opioid Epidemic in Michigan

CNS’ EHR incorporates the Michigan Automated Prescription System (MAPS):

• Michigan’s Prescription Drug Monitoring Program. MAPS is used to track controlled substances, schedules 2-5 drugs.
• It is a tool used by prescribers and dispensers to assess individuals’ risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.
Solving the Opioid Epidemic in Michigan

CNS’ EHR incorporates the Electronic Prescribing including Controlled Substances compliant with Federal and State Laws:

- ID Proofing of Prescribers (verification)
- Two-Factor Authentication (app or e-key)
- DEA registration of Prescribers (regulation)
CNS’ EHR incorporates Health Information Exchange (HIE) data of individuals, such as the Michigan Health Information Network.

CNS’ EHR incorporates electronic laboratory results, in collaboration with LabCorp, Quest Diagnostics, and St. Joseph Mercy Oakland.
Coronavirus (COVID-19) Pandemic

Telehealth Expansion via Federal and State Rules during this pandemic

• Temporary relaxed rules for telehealth by Federal and State lead to its expansion

• 150 staff including case managers, peer support specialists and individual placement and supports (employment), therapists and prescribers are utilizing telehealth
Coronavirus (COVID-19) Pandemic

Individuals’ Feedback on Telehealth

➢ “The therapy services I receive is as good as the therapy I go into the office for and I don’t have to drive anywhere which makes it even better!”

➢ “I don’t own a car and Novi doesn’t have public transportation, so I appreciate not having to try to find a ride to see my doctor”
Coronavirus (COVID-19) Pandemic

Individuals’ Feedback on Telehealth

- “I like [telehealth] better because I am at home, I don’t have to get dressed up, I don’t have to drive, it was just as effective as face to face sessions”

- “Not having to worry about finding someone to watch my kids, getting a ride, dealing with traffic and can just focus on talking to my therapist has been such a relief”
“Telehealth is proving to be an extremely successful approach in ensuring that patients{sic} are receiving mental health and addiction care during this trying and unprecedented time...

Telehealth is proving to be a successful means in bridging this gap of care, and it is critical that once the COVID-19 pandemic subsides, access to behavioral health services does not.”
Emmer Leads Bipartisan Letter to Leadership Requesting Extension of Mental Telehealth Care

May 21, 2020
# VITALS RVITAL

**Measure Up Blood! Pressure Down!**

**Hypertension (HTN) Results**

<table>
<thead>
<tr>
<th>Yearly Totals</th>
<th>Persons with HTN</th>
<th>Persons with Controlled HTN</th>
<th>% BP Controlled</th>
<th>Target</th>
<th>% Met</th>
<th>Year-to-Year Change</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/20 - 6/05/20</td>
<td>1,180</td>
<td>556</td>
<td>47.12%</td>
<td>80.40%</td>
<td>58.61%</td>
<td>-13.69%</td>
<td>356.23%</td>
</tr>
<tr>
<td>2019 Total</td>
<td>1,176</td>
<td>642</td>
<td>54.59%</td>
<td>80.40%</td>
<td>67.90%</td>
<td>10.97%</td>
<td>428.59%</td>
</tr>
<tr>
<td>2018 Total</td>
<td>1,118</td>
<td>550</td>
<td>49.19%</td>
<td>80.40%</td>
<td>61.19%</td>
<td>57.07%</td>
<td>376.34%</td>
</tr>
<tr>
<td>2017 Total</td>
<td>1,063</td>
<td>335</td>
<td>31.51%</td>
<td>80.90%</td>
<td>38.95%</td>
<td></td>
<td>203.26%</td>
</tr>
<tr>
<td>2016 Total</td>
<td>1,097</td>
<td>114</td>
<td>10.39%</td>
<td>80.90%</td>
<td>12.85%</td>
<td></td>
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</tbody>
</table>
Activities with Honor and Genoa

- Same day PCP Appointments
- Home BP Cuffs
- Home Scales
- Home Glucometers
Activities with Honor and Genoa

- Virtual PCP visits
- Virtual nursing and prescriber visits
- Medication Therapy Management with pharmacist
- Wellness Plus referrals
- Incentives for following up with services
Additionally, thru OCHN we have access to CMT’s ProACT system thru Relias

We are targeting four HEDIS measures for improvement

Last year was our baseline year
• Adherence to Antipsychotic medications for individuals with Schizophrenia

• Presence of a diabetes screening for a person on antipsychotic medication for the treatment of schizophrenia or bipolar disorder: Presence of a diabetes screening test during the measurement year for a patient diagnosed with schizophrenia or bipolar disorder who was dispensed an antipsychotic medication
Population Health Management

- **Antidepressant Medication Management - Initial Phase:** Presence of at least 84 days of continuous treatment with an antidepressant medication

- **Antidepressant Medication Management - Continuation and Maintenance Phase:** Presence of at least 180 days of continuous treatment with an antidepressant medication
Population Health Management

- Interventions include letter from OCHN to persons served
- Follow up with prescribers and nurses regarding lab and vital sign results
- Same day appointments with the PCP
- Telehealth follow up visits for persons sent to ER or Urgent Care with uncontrolled hypertension
• Since March 17, 2020, 80% staff and services are remote

• CCBHC funding has allowed us flexibility to respond more quickly to changing conditions

• All 5 sites are open for persons on long acting medications, with clinically unstable conditions and those requiring lab work
Coronavirus Pandemic Impact

• We transitioned from VSee with limited licenses for prescribers to doxy.me for all

• 150 prescribers, case managers, therapists, peer support specialists, nurses and individual placement and support/employment staff providing services remotely

• Securing PPE was a major barrier; thanks to the City of Detroit and Oakland County Health Department for surgical and N95 masks, and Ford Motor Company for face shields
• After 3 months we have now been able to meet our needs for PPE and thermometers

• CCBHC has allowed the funding to secure enough to meet our upcoming anticipated needs

• Michigan Health Information Network (MIHIN) is providing testing results in our EHR
Coronavirus Pandemic Impact

• To date, 306 persons served tested, 22 positive, 6 hospitalizations and 5 deaths

• Criteria for testing have changed but not all asymptomatic people are eligible for testing

• MIHIN is providing testing results in our EHR
Coronavirus Pandemic Impact

Staff Impacts

- Implemented EFMLA (Expanded Family Medical Leave Act) and EPSL (Emergency Paid Sick Leave)
- Quarantine/Childcare: 25 of 260
- Hospitalizations: 2
- Deaths: 0
Overcoming Challenges

- Recruitment & Retention of Staff
- MA, LPN, CNA not billable in Michigan
- Lengthy NOMs
- Constraining Telehealth regulations
- Additional training requirements
- Collection of mechanical measures
- Lack of medication for uninsured (340b drug funds)
- Prospective payment rate (FQHC vs. Grant funding)
Sustainability and Advocacy Efforts

- Legislative Advocacy
- CCBHC Michigan Collaborative
- MDHHS
- CCBHC Communities of Practice
- CCBHC 2020 Awards and CARES Act

Senator Debbie Stabenow
How Can You Get Involved?