

Improving Access to Care through Medicaid 1115 Waivers

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Disclaimer

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Mental Health Today

- 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-Occurrence

- 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

- 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.

Jodi Kwarciany

Manager, Mental Health Policy

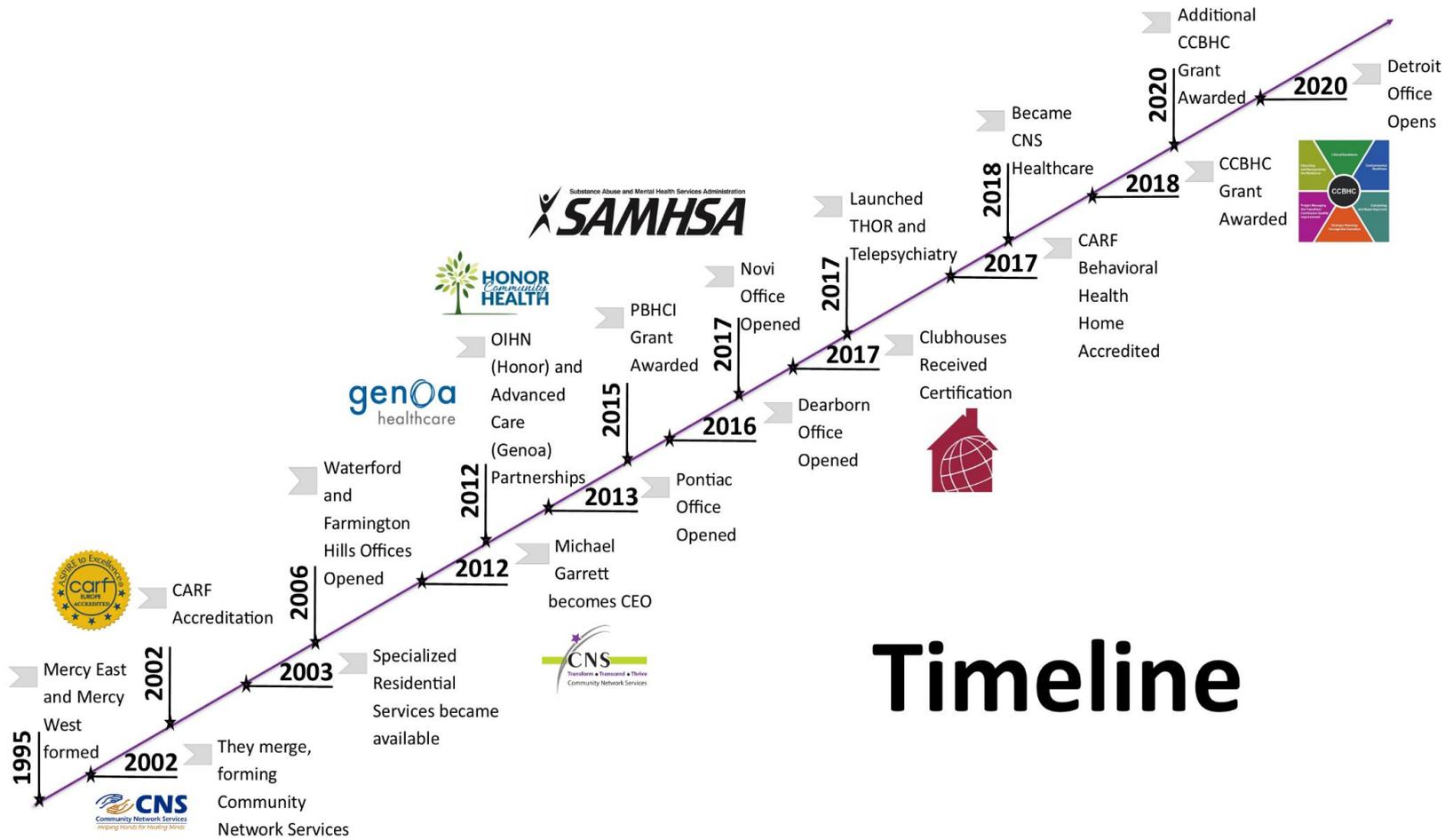
National Alliance on Mental Illness

jkwarciany@nami.org

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)





Timeline



Population Served



We provide services to children, adolescents, adults and older adults with severe emotional disturbance, serious mental illness and substance use disorders.

Dedicated to Service

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

2016

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

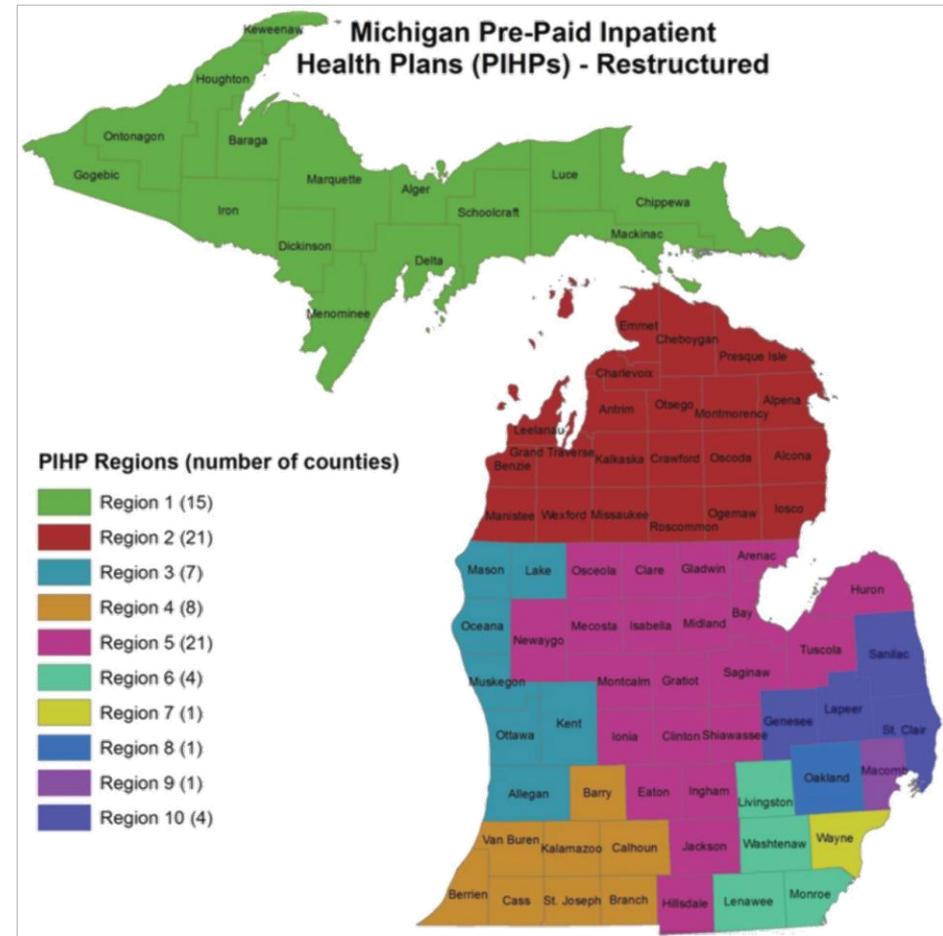
2020

2018

CNS Healthcare has been a CCBHC since 2018 and supports Michigan's Strategic Area's of Focus

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



Serious Mental Illness



- 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

Serious Emotional Disturbance

- 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)

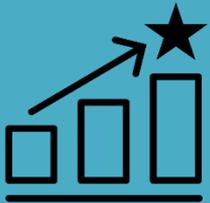
Positive Changes with CCBHC



Access to Care



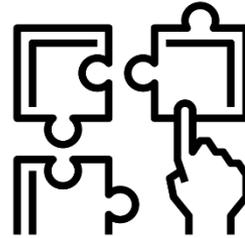
Wait Times



Evidence-based Practices



Crisis Services



Care Coordination

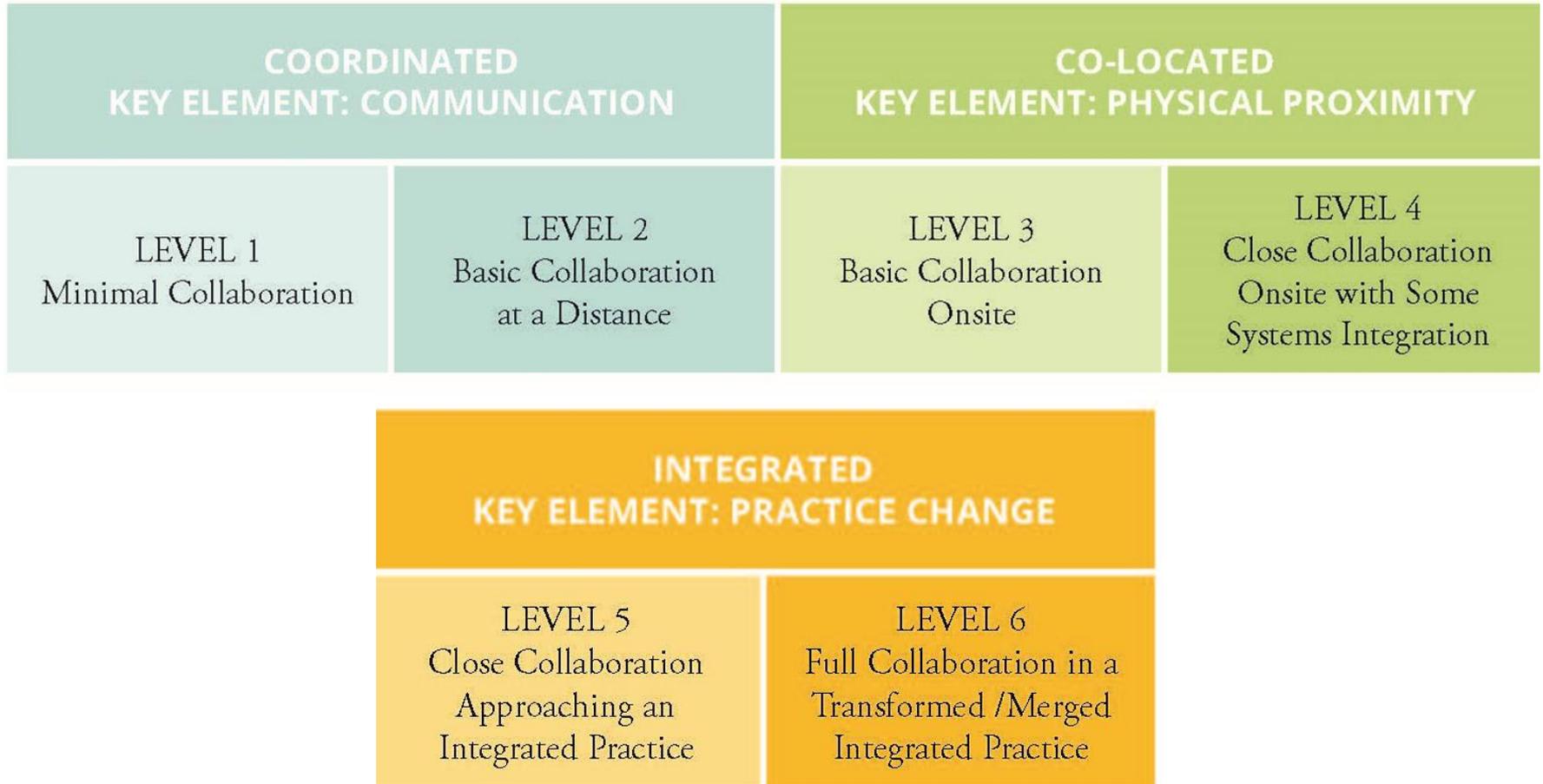


Payment

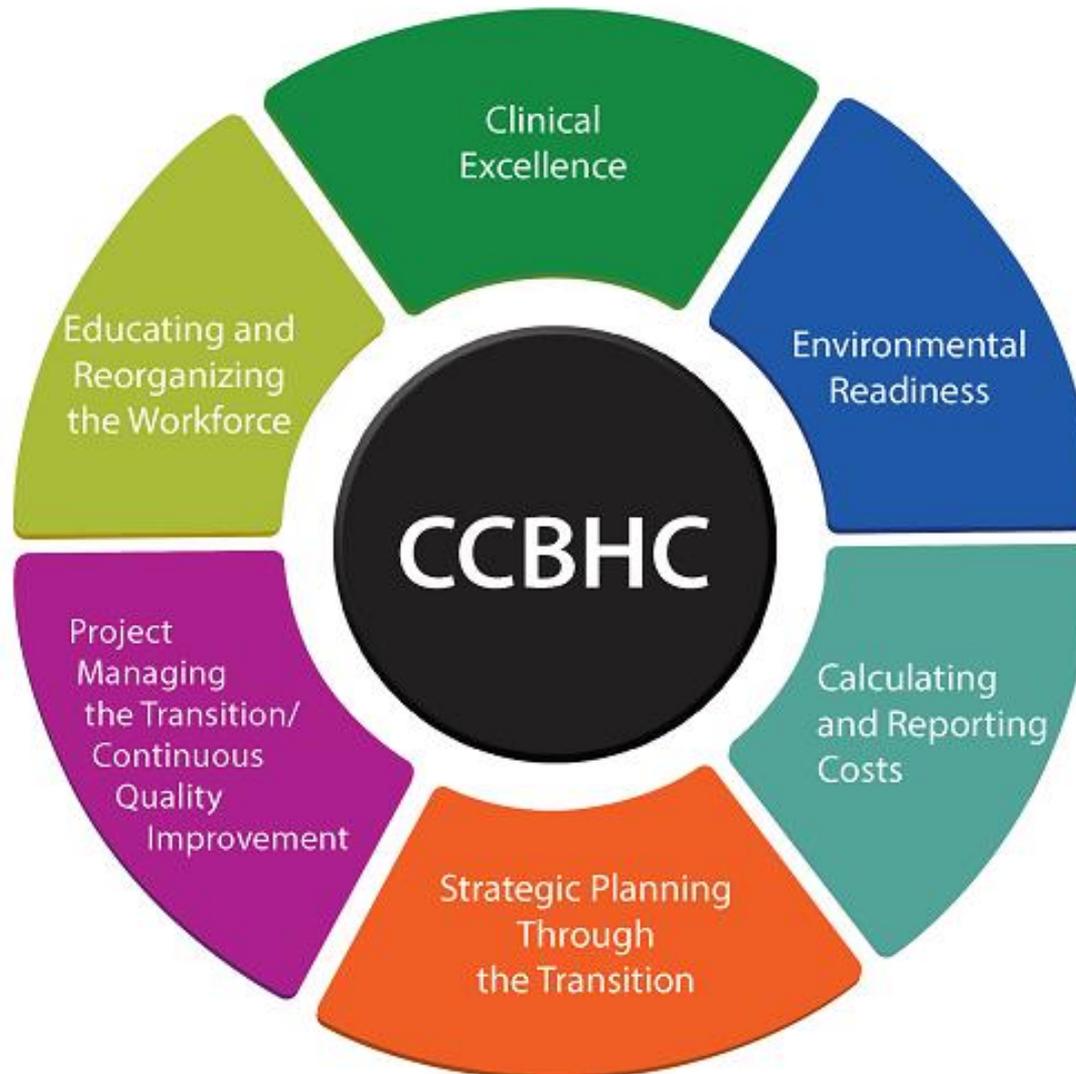


Quality Measures

Six Levels of Integration of Physical and Behavioral Healthcare



A New Standard of Excellence



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

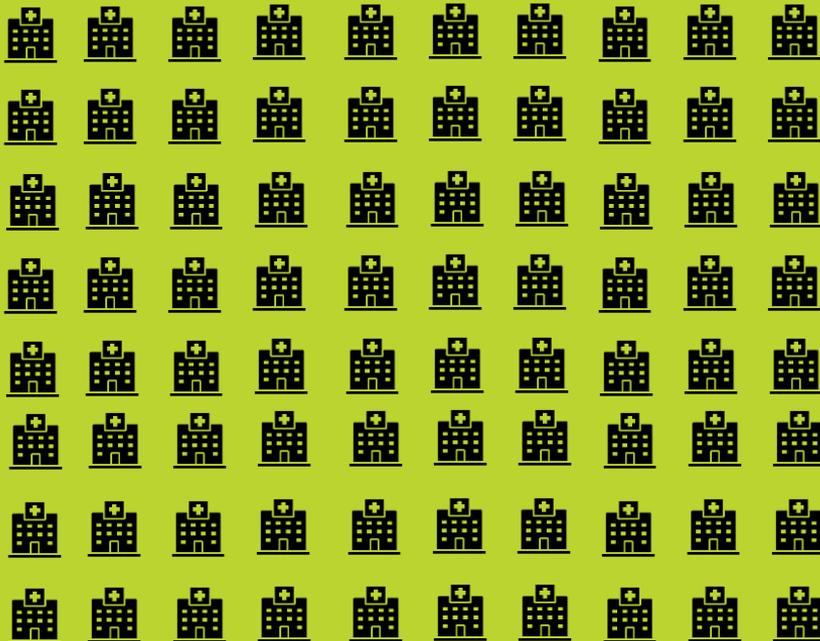
68%

Of CCBHCs decreased
patient wait times in
the first year

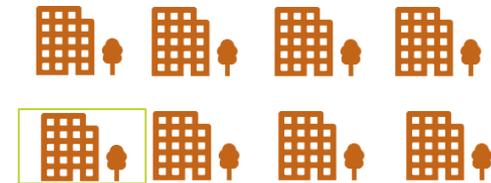
1991

FQHCs

>1,400



CCBHC



2016

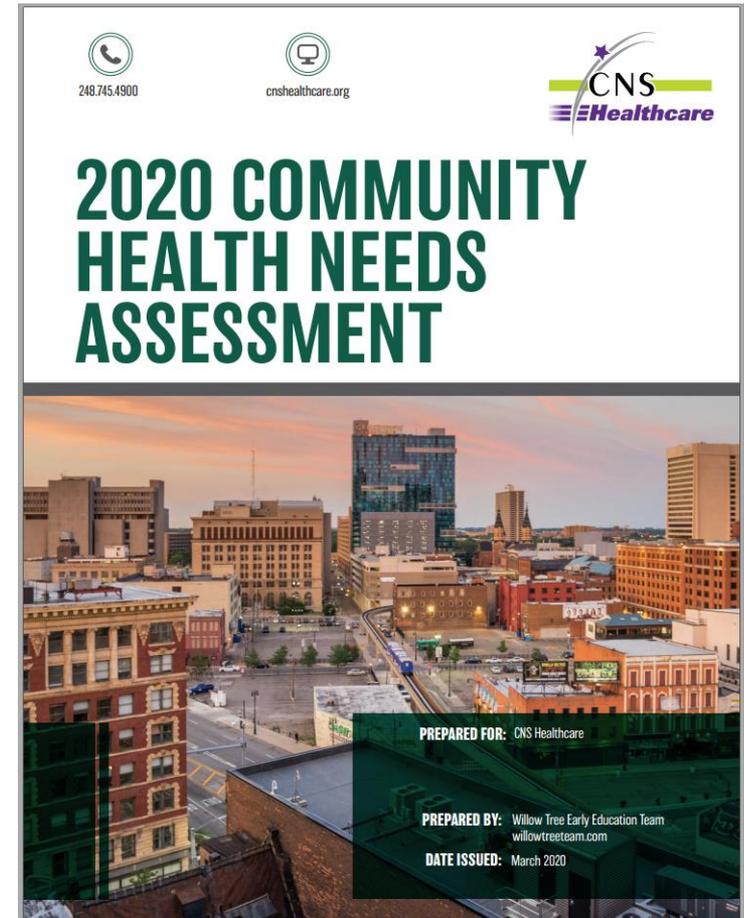
221

2020 Needs Assessment

Community Members Say...

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

- Cost
- Transportation
- Motivation
- Socialization



2020 Needs Assessment

Community Members Say...

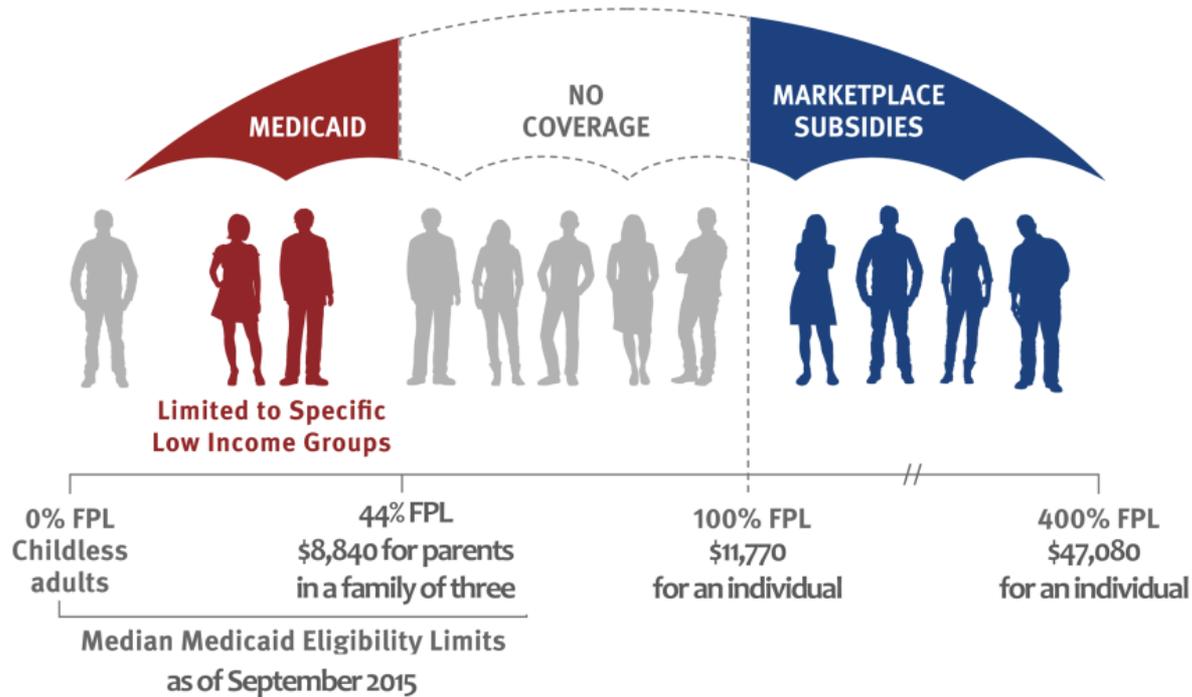
Biggest family stressors this year, in order by most frequently reported to least frequently reported:

- 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



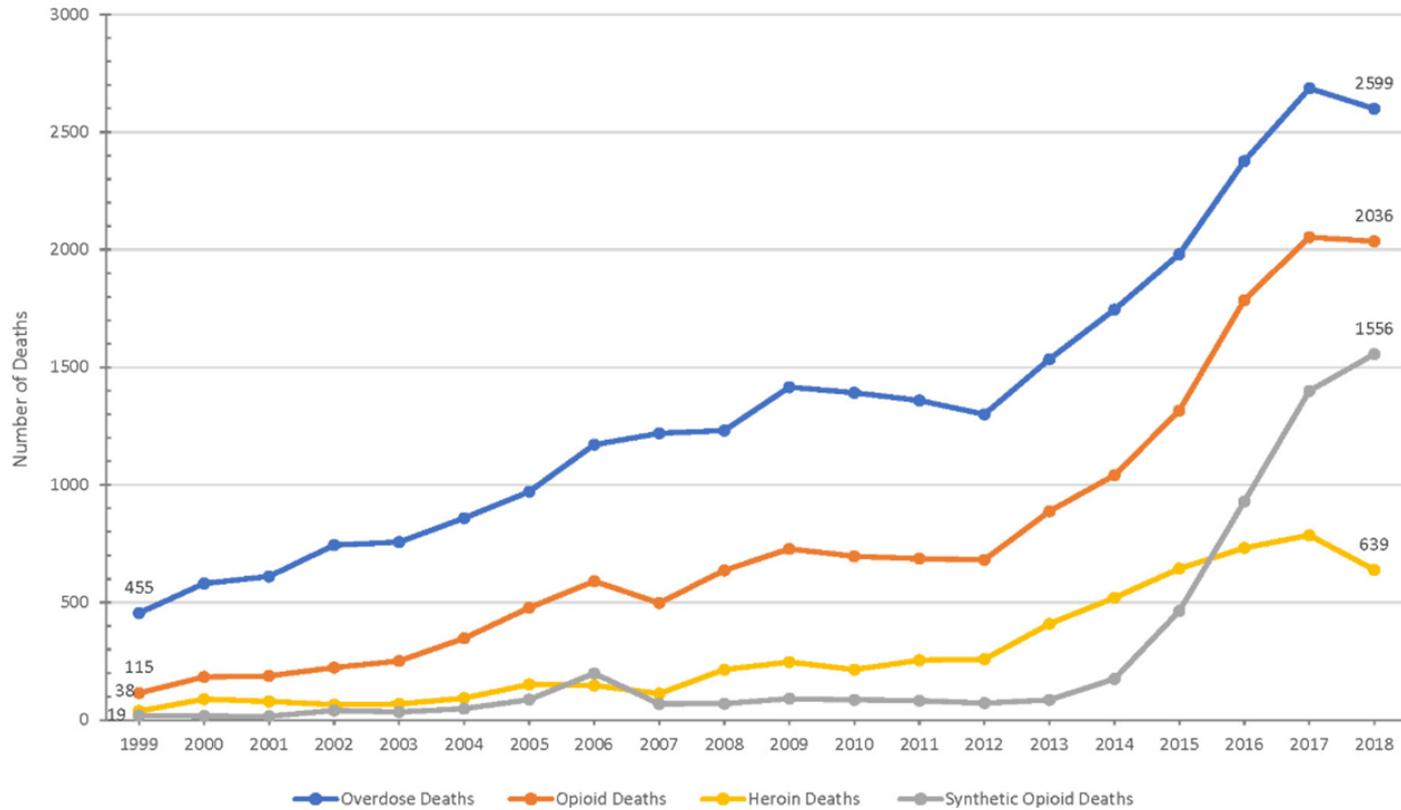
While Michigan did expand Medicaid coverage, the graphic above shows where poor families fall within the coverage options.

Source: Kaiser Family Foundation, kff.org 2018



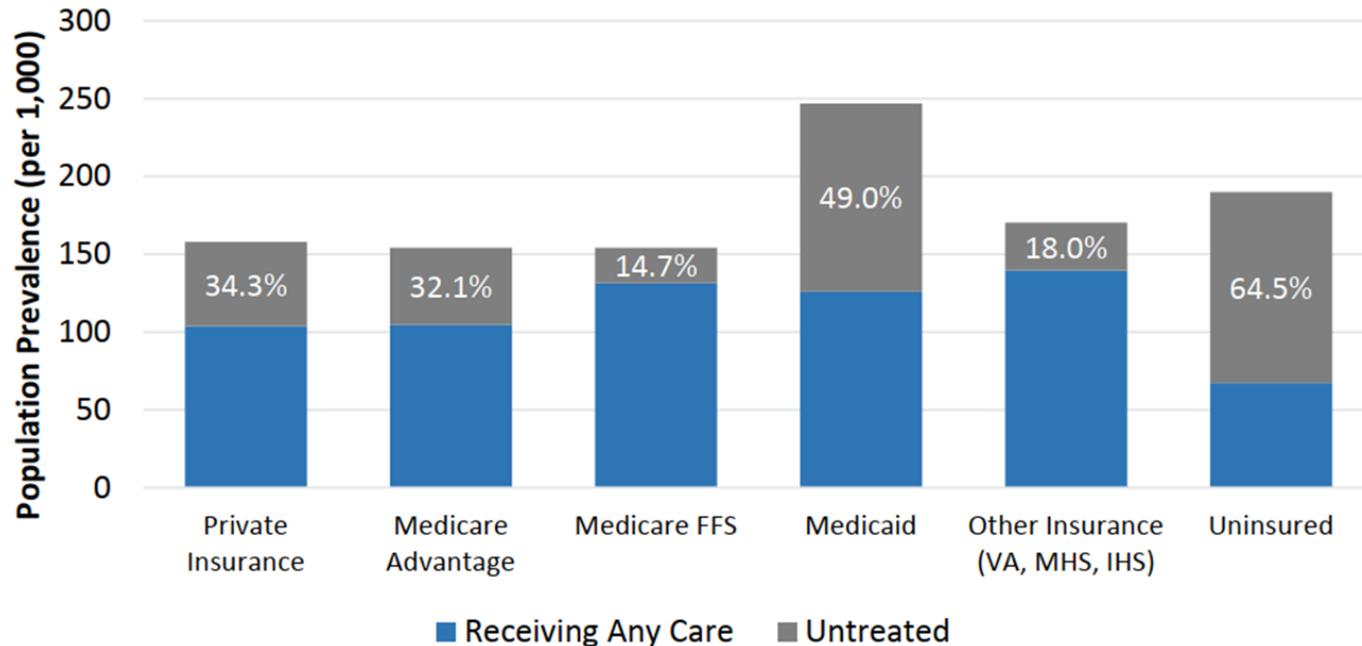
2020 Needs Assessment

The Opioid Epidemic in Michigan



2020 Needs Assessment

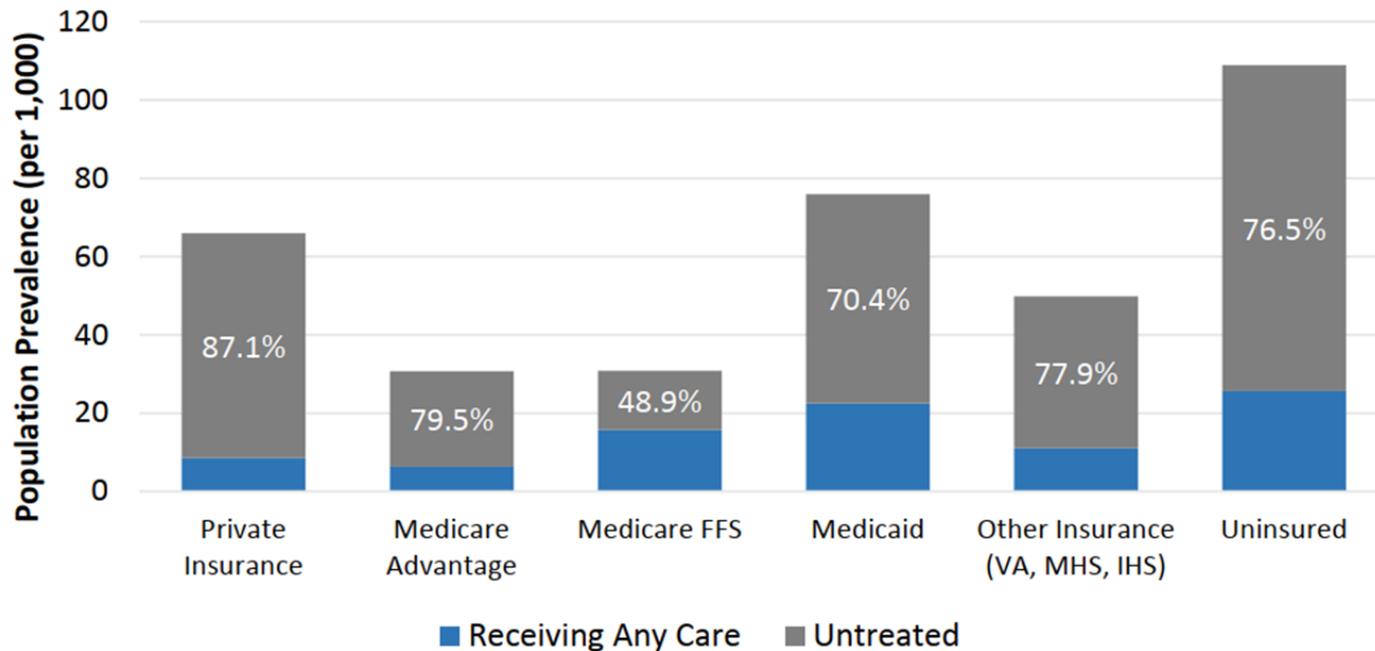
Prevalence and Unmet Need for Any Mental Illness Care in Michigan by Payer Type



Source: Access to Behavioral Health Care in Michigan, 2019.

2020 Needs Assessment

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



Source: Access to Behavioral Health Care in Michigan, 2019.

MAT

Year 1	Present
367	612

Increase
167%

TELEHEALTH

Year 1	Present
376	2,604

Increase
693%

STAFF

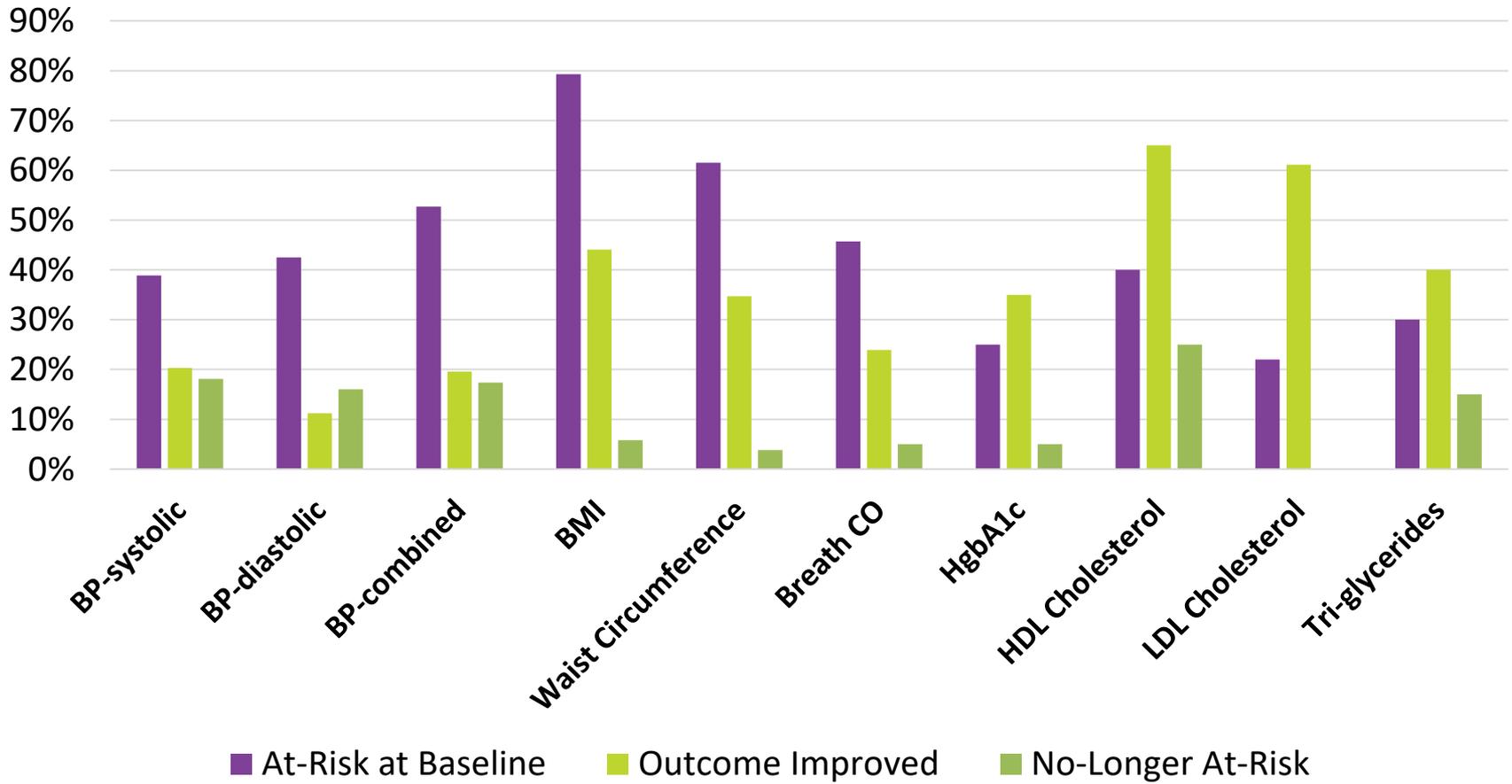
Bilingual
Supported Employment
SUD



Training on Military
Cultural Competence
and LGBTQIA, Trauma,
Peer Integration and
Suicide Awareness /
Prevention

PBHCI Outcomes

From Baseline to 12/31/2019



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



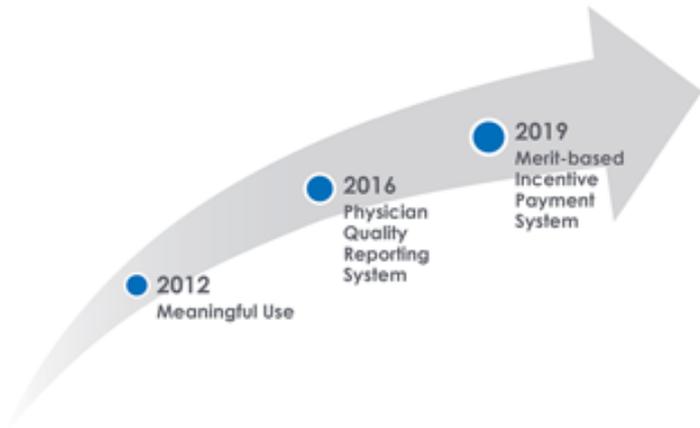
Collaborative Partnerships



Electronic Health Record (EHR)

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.



CMS.gov
Centers for Medicare & Medicaid Services



The Office of the National Coordinator for
Health Information Technology

Electronic Health Record (EHR)

CNS' EHR incorporates CMS' MU objectives:

Objectives	Measures
e-Prescribing	e-Prescribing
	Query of PDMP
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information
	Support Electronic Referral Loops by Receiving and Incorporating Health Information
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information
Public Health and Clinical Data Exchange	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

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

Electronic Health Record (EHR)



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.

Electronic Health Record (EHR)

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.

Electronic Health Record (EHR)

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)

Electronic Health Record (EHR)



CNS' EHR incorporates Health Information Exchange (HIE) data of individuals, such as the Michigan Health Information Network.

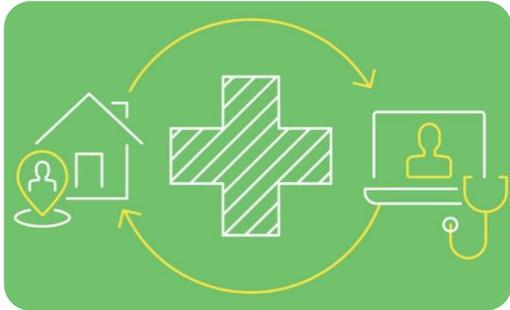
CNS' EHR incorporates electronic laboratory results, in collaboration with LabCorp, Quest Diagnostics, and St. Joseph Mercy Oakland.



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”*



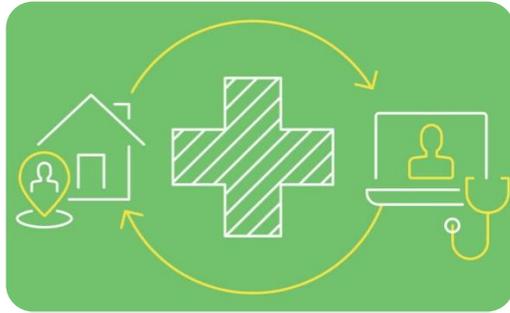


Emmer Leads Bipartisan Letter to Leadership Requesting Extension of Mental Telehealth Care

May 21, 2020

“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


Congress of the United States
 House of Representatives
 Washington, DC 20515
 May 21, 2020

The Honorable Nancy Pelosi
 Speaker of the House
 U.S. House of Representatives
 The Capitol, H-222
 Washington, DC 20515

The Honorable Mitch McConnell
 Majority Leader
 U.S. Senate
 The Capitol, S-219
 Washington, DC 20515

Dear Speaker Pelosi and Majority Leader McConnell:

It is no surprise that during these tumultuous times, mental health and addiction have increasingly become a concern. Between behavioral health facilities and providers limiting in-person treatments, patients not wishing to leave home, and the social, economic and health stresses of the pandemic weighing on many, ensuring access to mental health and addiction care is of the utmost importance. We are therefore writing to urge Congress to expand behavioral telehealth services in any upcoming COVID-19 response packages for a reasonable transition period following the COVID-19 emergency period to collect appropriate data to provide an adequate amount of time to determine which of those flexibilities should be continued permanently.

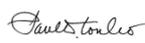
Telehealth is proving to be an extremely successful approach in ensuring that patients are receiving mental health and addiction care during this trying and unprecedented time, and we applaud the Centers for Medicare and Medicaid Services (CMS) for expanding behavioral telehealth flexibilities, and ultimately increasing access to these essential services. In particular, we are grateful that CMS is providing broader coverage of behavioral telehealth services, which has helped expand access to many individuals in rural and medically underserved areas, and allowed individuals to receive these services in their home.

Furthermore, CMS announced that audio-only telephone communications would be considered a reimbursed telehealth service for behavioral health care. We have heard from constituents and providers how important this flexibility is for individuals living in areas with poor internet connectivity, or those who do not have access to video telecommunication devices for care.

Without regular access to behavioral health services, we are concerned that thousands of individuals will be seeking emergency care, with many turning to substance misuse or suicide risks. 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.

Sincerely,


 Tom Emmer
 Member of Congress


 Paul D. Tonko
 Member of Congress


 Tony Cardenas
 Member of Congress


 Ted Budd
 Member of Congress


 Bradley Byrne
 Member of Congress


 Ted Deutch
 Member of Congress


 Brian Fitzpatrick
 Member of Congress


 Jim Hagedorn
 Member of Congress


 Andy Harris, M.D.
 Member of Congress


 Vicky Hartzler
 Member of Congress


 Dusty Johnson
 Member of Congress

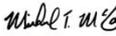

 John Kaula
 Member of Congress


 Steve King
 Member of Congress


 Ann Marie Kuster
 Member of Congress


 Alan Lowenthal
 Member of Congress


 Roger Marshall, M.D.
 Member of Congress


 Michael T. McCaul
 Member of Congress


 Betty McCollum
 Member of Congress


 David B. McKinley, P.E.
 Member of Congress


 Grace F. Napolitano
 Member of Congress


 Lisa Blunt Rochester
 Member of Congress


 Tim Ryan
 Member of Congress


 Kim Schrier, M.D.
 Member of Congress


 David Schweikert
 Member of Congress


 Jason Smith
 Member of Congress


 Darren Soto
 Member of Congress

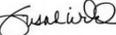

 Pete Stauber
 Member of Congress


 Bryan Steil
 Member of Congress


 Chris Stewart
 Member of Congress


 Steve Siver
 Member of Congress


 David Trospe
 Member of Congress


 Susan Wild
 Member of Congress


 Jerry McNerney
 Member of Congress



#VITALSRVITAL

Measure Up Blood! Pressure Down!

Hypertension (HTN) Results

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

Activities with Honor and Genoa



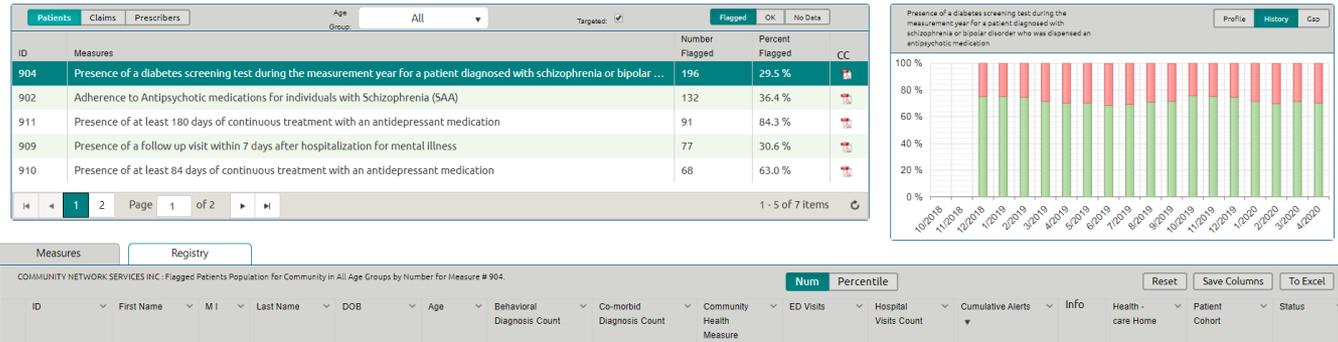
- Same day PCP Appointments
- Home BP Cuffs
- Home Scales
- Home Glucometers



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

Population Health Management



- 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

Population Health Management

- **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

- 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



Coronavirus Pandemic Impact

- 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

Coronavirus Pandemic Impact

- 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?



