Health Reform Update: Will Tomorrow Really Look Different?

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Consider the Following...

• “The past is a foreign country, they do things differently there.”
• “Prediction is very difficult, especially if it’s about the future.”
• “My interest is in the future because I am going to spend the rest of my life there.”
Exhibit A

- California Department of Health Care Services Mental Health and Substance Use Disorder Services Integration Task Force Meeting Quote

  – The California Department of Health Care Services (DHCS) convened a meeting on November 10, 2014, to identify short-term and long-term strategies for transforming California’s behavioral health system into a *high-performing, fully integrated system*.

Three Key Questions...

- What does that future look like?
- How close is our organization right now?
- How do we close any identified gaps when we’re already overloaded?
Have you Heard about Certified Community Behavioral Health Clinics?

Remember this slide from May?

What Does the Future Look Like: Dale’s Crystal Ball

• The future of community behavioral health can be found in the CCBHC Regulations that will be coming in the next year.

• California will aggressively pursue becoming one of the eight Certified Community Behavioral Health Clinic (CCBHC) Pilot States.

• Success in this venture will help transform “California’s behavioral health system into a high-performing, fully integrated system.”
Estimated CCBHC Key Dates

- **December – March 2015**: Develop CCHBC Criteria, PPS Requirements, State Planning Grant Application Form, CCBHC Certification Options
- **Late Spring 2015**: Release material including the State Planning Grant Application Form
- **Summer 2015**: State Planning Grant Applications Due
- **Late Summer/Early Fall 2015**: State Planning Grants Awarded
- **Fall 2015 – Late Summer 2016**: Design period to create infrastructure to support CCBHCs, actual certification of CCBHCs in the state, prepare to implement PPS, and preparing the application to become one of the eight CCHBC Pilot states.
- **Late 2016** (before President Obama leaves office): Selection of the eight pilot states, probably identifying all eight at the same time
- **CY2017 and CY2018**: Running the two year pilots, followed by an evaluation of the pilots

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5 Things You Need to Know about CCHBCs

1. Who can become a CCBHC and who will do the certifying of CCHBCs?
2. What are the 9 Required Services a CCBHC Needs to Provide?
3. How important is Care Coordination and Care Management to CCBHCs?
4. How might Quality Performance be Measured?
5. How will CCBHCs be Paid?
Tips

• This is brand new stuff; listen very carefully.
• If you aren’t crystal clear about everything I’m saying in this section, stop me right away and ask a question.

1. How to Become a CCBHC

• A clinic must be one of the following:
  – a Non-Profit, or
  – Part of a Local Government Behavioral Health Authority, or
  – Operated under the authority of the Indian Health Service, an Indian tribe or recognized tribal organization, or a recognized urban Indian organization
• Question: Does this fit anyone in the room?
2. How to Become a CCBHC

• What we think may happen with the Certification Process:

  – The Federal Government will develop certification criteria
  – States will apply for the $25 million pot to develop their CCBHC system and apply to be one of the 8 demonstrations
  – As part of the planning process, states will certify CCBHCs within the next 18 months following the Federal criteria
    • This can be done directly by the state
    • This can be done by an accredititing body such as NCQA, JCAHO, CARF, or COA (possibly)

2. What are the 9 Required Services?

• Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
• Screening, assessment, and diagnosis, including risk assessment.
• Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
• Outpatient mental health and substance use services.
• Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
• Targeted case management.
• Psychiatric rehabilitation services.
• Peer support and counselor services and family supports.
• Intensive, community-based mental health care for members of the armed forces and veterans.
3. How Important is Care Coordination?

- Really Important!
- Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs.
- Care coordination requirements shall include partnerships or formal contracts with the following:
  - FQHCs and RHCs
  - Behavioral Health Inpatient and Residential
  - Schools, Child Welfare, Juvenile and Criminal Justice, Foster Care Agencies, Indian Health Services, Other Social and Human Service Agencies
  - Department of Veterans Affairs Health Facilities
  - Inpatient Acute Care hospitals and Hospital Outpatient Clinics

3. How Important is Screening, Monitoring and Managing Health?

- Really Important!
- We have not yet bent the 25 year early mortality curve for persons with a serious mental illness.
- CCBHCs will have new funding to take responsibility for ensuring that their clients’ diabetes, heart disease, hypertension is identified and managed.
- This includes ensuring that their clients get the right primary care and specialty medical care on a timely basis.
- It will be an expectation, not an option...
- As it should be!
4. How might Quality Performance be Measured?

• The Federal Government must implement a national quality reporting system that measures the quality of each CCBHC.

• The system might look like:
  – The FQHC/RHC Uniform Data Set (UDS)
  – A provider level version of SAMHSA’s National Outcomes Measures/ Uniform Reporting System (NOMS/URS)
  – The CMS Physician Quality Reporting System (PQRS) or Meaningful Use program

• Public Reporting will be a component.

What’s in the FQHC/RHC UDS?

• UDS includes a core set of information appropriate for reviewing the operation and performance of health centers, tracking a variety of information, including:
  1. Patient demographics;
  2. Services provided;
  3. Staffing;
  4. Clinical indicators;
  5. Utilization rates;
  6. Costs; and
  7. Revenues.

• There are currently 28 UDS measures relevant to persons with behavioral health disorders.
What’s in SAMHSA’s NOMS/URS?

- The URS data is organized into four domains (Access, Appropriateness, Outcomes, Structure) and was modified in 2004 to include the 10 National Outcome Measures:
  1. Increased access to services;
  2. Increased/retained employment;
  3. Increased stability in family and living conditions;
  4. Client perception of care;
  5. Increased social supports/social connectedness;
  6. Improved functioning;
  7. Cost effectiveness/use of EBPs;
  8. Decreased criminal justice involvement;
  9. Return to/stay in school; and
  10. Reduced utilization of psychiatric inpatient.

5. How will CCBHCs be Paid?

- Prospective Payment System (PPS)
- FQHC PPS Components:
  - PPS pays a single per-visit rate, regardless of the type of visit, who provided the service, or how long the service took.
  - PPS is based on the average cost of all allowed services provided by all allowable providers at a given Clinic.
  - PPS rates are determined separately for each individual FQHC or RHC, adjusted each year by the Medicare Economic Index for primary care. Centers are also able to adjust their rate if they have a change in their scope of services.
- States, with the permission of the clinics can substitute an alternative payment methodology to pay for FQHC and RHC services.
Questions and Comments?

Three Key Questions...

• What does that future look like?
• How close is our organization right now?
• How do we close any identified gaps when we’re already overloaded?
County BH Readiness Roadmap

- **Plan**
  - Education: How will Healthcare Reform change What we do and How we do it?
  - Readiness Assessment: What Gaps exist between What is and Where We Need to Be?
  - Planning & Design: What are our Redesign Priorities/Strategic Initiatives (Who, What, When)?
  - External Work: Relationship building and Influencing Policy Makers and Funders
  - Internal Work: Using Rapid Cycle Improvement (RCI) Project Methods

- **Do**
  - Evaluation: Are we achieving our desired objectives?

- **Study**
  - Act

- **Readiness Assessment Assumptions**
  - All of you are doing fabulous work.
  - All of you have at least one major gap that could trip you up.
  - Following the Roadmap is simple, fun, and good for your economic security.
CCBHC Readiness Assessment

• We are in the process of developing a CCBHC Readiness Assessment.
• You get the honor of being Alpha testers of selected portions of that Tool.

6 Questions

• Read and discuss each item. Use your knowledge about your organization to give the item a score of 1, 2, 3, 4, or 5. If you don’t know the answer, channel a co-worker who does.
• When finished, total your score at the bottom of the page.

1. Access and Availability of Services
2. Mental Health/Substance Use Integration
3. Care Coordination
4. Complex Care Management
5. Electronic Shared Care Plans
6. Prospective Payment
Scoring Key

1. Access and Availability of Services
New or returning consumers can obtain access to appropriate care, within two hours for emergent care, 24 hours for urgent care and no later than 7 days (ideally 1-2 days) for routine care requests.

| 1. We are Ready for the Future: We have fully addressed this item and we are fully operational. | 2. High Readiness: We have done substantial work to achieve the competency described by the item and are close. | 3. Moderate Readiness: We have been actively working on this but are not near the finish line. | 4. Minor Readiness: We have begun to work on this item but we are still in the early stages of planning and preparation. | 5. Not Ready: Our organization has not begun to address this item. |

Post Assessment Discussion
County BH Readiness Roadmap

Education  
How will Healthcare Reform change  
What we do and How we do it?

Readiness Assessment  
What Gaps exist between What Is and Where We Need to Be?

Planning & Design  
What are our Redesign Priorities/Strategic Initiatives (Who, What, When)?

External Work  
Relationship building and Influencing Policy Makers and Funders

Internal Work  
Using Rapid Cycle Improvement (RCI) Project Methods

Evaluation  
Are we achieving our desired objectives?

What’s our Next Phase of Redesign Priorities/Strategic Initiatives?

Plan  
Do  
Study

Act

Other Questions and Comments