



NATIONAL ASSOCIATION OF COUNTY
BEHAVIORAL HEALTH & DEVELOPMENTAL
DISABILITY DIRECTORS

The voice of local authorities in the nation's capital

10 for 5: 5 Key ACA Reforms & 10 Essential ACA Actions

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- TODAY,

WE ARE GOING TO TALK ABOUT

SOCIAL JUSTICE

Policies Reflected in the *Affordable Care Act*

- 1. Universal Insurance Coverage and Extension of Parity
- 2. No Pre-Existing Condition Exclusions
- 3. Fostering Medical and Health Homes
- 4. Disease Prevention and Health Promotion
- 5. Achieving “Recovery” and “Resilience”

- IMPLICATIONS:
- Person-Centered Care, Whole Person Care, Shared Decision Making have all come of age.

Illness and Treatment

- Serious Mental Illness:
 - Adults: Approximately 13 million (5.8%)
 - Children: Approximately 8 million (10%)
- Overall Mental Illness
 - Adults: Approximately 55 million (25%)
 - Children : Approximately 16 million (20%)
- **1/3 of adults and 2/3 of children with SMI/SED receive no services at all; 2/3 of others with mental health conditions receive no care.**

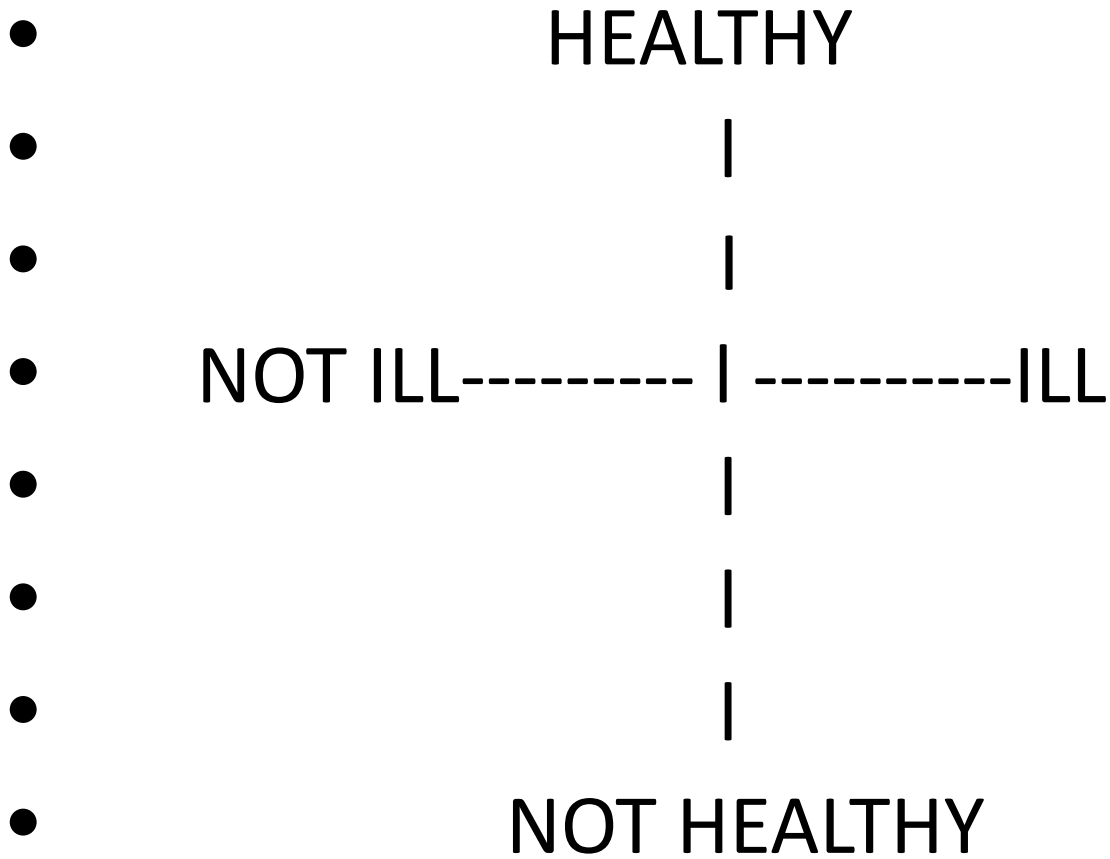
Illness and Treatment

- Substance Use Conditions:
 - Approximately **24 million** potential cases/year
- Substance Use Care:
 - Approximately **2.4 million** receive care/year
- **Fully 90% do not receive any care**
 - and
- **Care provided comes principally from grants, not personal insurance**

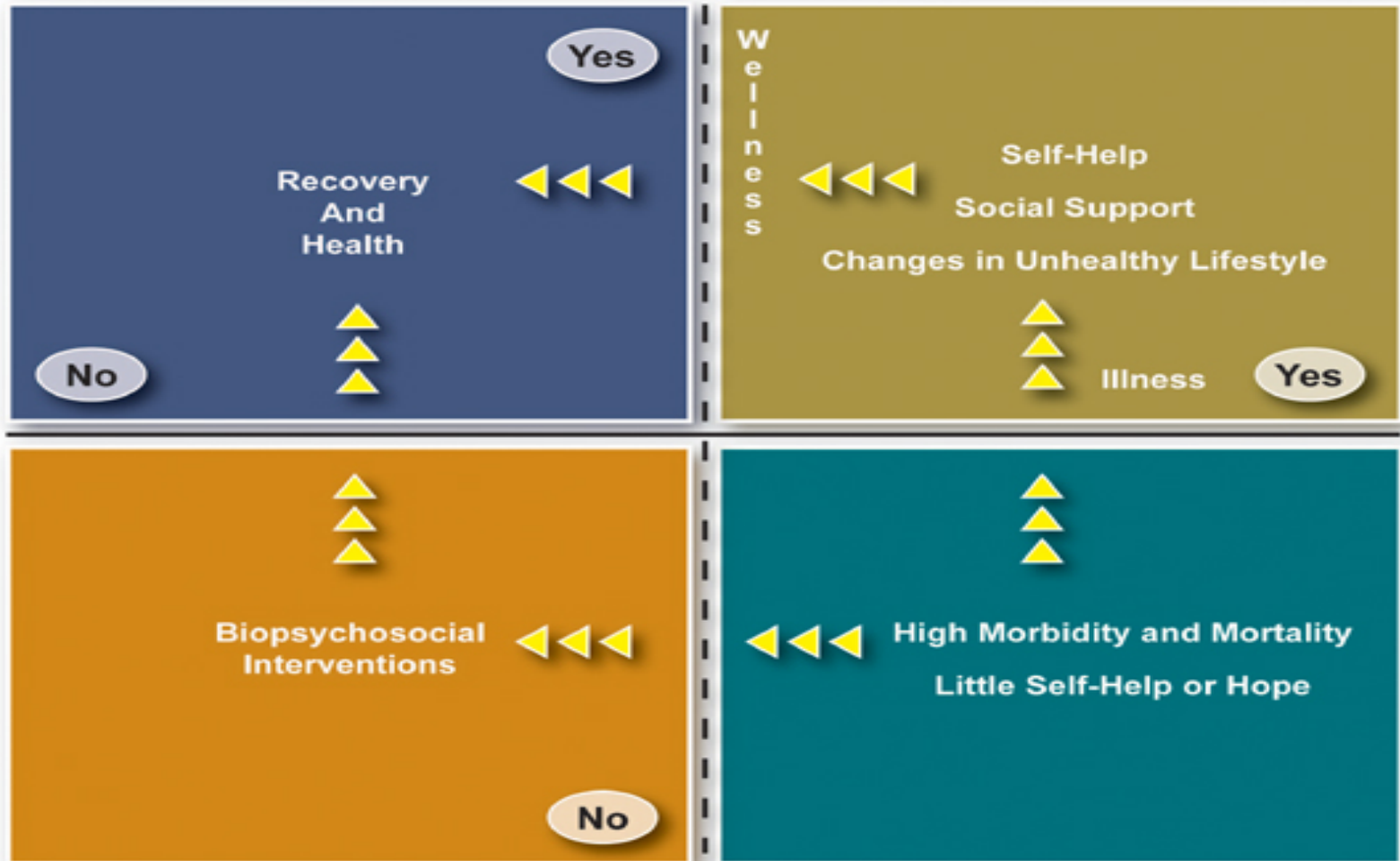
Causes

- Substance use conditions have been **excluded as a source of disability** for SSI and SSDI since 1998.
- Growth in other funding sources, such as the **SAPT Block Grant**, has been marginal.
- American society has favored **criminalization** of substance use, rather than provision of appropriate treatment.

Wellness Models



Wellness Model Applied



Wellness Model Implications

- What are some of the implications?
 - Provision of primary care is essential.
 - Provision of behavioral health care is essential.
 - Facilitation of WELLNESS and RECOVERY approaches is essential.
- Care integration becomes an obvious mechanism to achieve these goals.

5 Key ACA Reforms

- **Insurance** Reform
- **Coverage** Reform
- **Quality** Reform
- **Payment** Reform
- **IT** Reform

HIGHLIGHT – Reform 1

- The ACA is designed to provide personal health insurance to 39 million adults.
Approximately 11 million will be persons with pre-existing mental health or substance use conditions. (Prevalence is 30 %.)

Insurance Reform

- Key Features:

Do this through **State Health Insurance Marketplaces (20 million)** and through an **Expansion of Medicaid (19 million)**.

Driven by the **Essential Health Benefit**.

2 ACA Actions

- **Insurance enrollment is our responsibility.**
- **Enrolling persons with mental health and substance use conditions is our responsibility.**

HIGHLIGHT – Reform 2

- The ACA eliminates pre-existing condition clauses in health insurance, as well as annual and lifetime limits, and extends family insurance to age 26.
- **Everyone with a mental health or substance use condition has a pre-existing condition.**

Coverage Reform

- Key Features:
 - **Guaranteed Enrollment:** **No one can be excluded** from insurance because of a pre-existing condition; extended to all ages in 2014.
 - **Young Adult Coverage:** **All age 26** or less can remain on their family's policy.
 - **Limits:** **No annual or lifetime financial limits** on insurance; insurance **benefits must be at parity**.
 - **Prevention/Promotion:** **No co-pays or deductibles** for some prevention interventions.

2 ACA Actions

- **Explaining these coverage changes to consumers is our responsibility.**
- **Monitoring the implementation of parity is our responsibility**

HIGHLIGHT – Reform 3

- The ACA provides for the creation of *integrated* Health Homes which offer prevention and promotion, as well as care.
- **Mental Health and Substance Use Care Providers will need to become part of Accountable Care Organizations that operate Health Homes.**

Quality Reform

- Key Features:
 - **Health Homes:** Can be created through **modifications to Medicaid** and Medicare-- Medicaid State Plan Amendments (Section 2703).
 - **Accountable Care Organizations:** Organizations to implement and **operate Health Homes**. Generally, operated out of the health care sector, but also **can be operated by behavioral health** entities.
 - **Quality Measures:** **Drive quality improvement** through system-wide performance measures.

2 ACA Actions

- **It is our responsibility to foster the development of health homes and ACOs.**
- **It is our responsibility to investigate related services, such as social wrap-around and public health services.**

Highlight – Reform 4

- The ACA provides for the implementation of new payment models that reward **Strategic Service Delivery** rather than **More Service Delivery**.

Payment Reform

- ACA will implement performance-adjusted **case rates** and **capitation rates** as a longer-term goal.
- **Mental Health and Substance Use Care**
Providers will need to self-manage insurance benefits under these systems.

2 ACA Actions

- **It is our responsibility to understand case and capitation rates and how they will apply to emerging Health Homes.**
- **It is our responsibility to develop internal service management approaches that promote strategic care.**

Highlight – Reform 5

- The ACA IT reforms assume that providers already are using **electronic medical records** (EMRs).

IT Reform

- The ACA **provides financial incentives** for use of electronic medical records **for federal reporting.**
- The ACA **provides financial incentives** for use of electronic health records **for training.**

2 ACA Actions

- **It is our responsibility to implement electronic medical records (EMRs).**
- **It is our responsibility to implement personal health records (PHRs).**

Outcomes Under the ACA

- We would expect:
 - Longevity to improve
 - Recovery to improve community tenure
 - Community tenure to improve community participation
- We also would expect the implementation of prevention and promotion protocols to improve personal and population health over the longer run.

Community Life Under the ACA

- We would expect:
 - Greater attention to the social and physical determinants of health
 - More community participation in addressing local health issues
 - Less stigma in the community
 - Much greater recognition that:

All health and health care is local!



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