

National Association of State Mental Health Program Directors

Weekly Update

Medicaid and CHIP Payment and Access Commission (MACPAC) Signals Little Interest in Tackling the Medicaid IMD Reimbursement Exclusion

The 17-member Medicaid and CHIP Payment and Access Commission (MACPAC)—the group charged with providing policy and data analysis for, and making recommendations to, Congress on the array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP)—roundly rejected a suggestion by MACPAC staff yesterday that the Commission review approaches to modifying or repealing the IMD exclusion.

After hearing a [briefing](#) on the IMD issue by staffers Sarah Melecki and Katie Weider, Commission members—beginning with United Hospital Fund Senior Vice President Andrea Cohen—questioned whether the lack of funding for inpatient psychiatric services was actually a problem that needed solving. Ms. Cohen noted that in her state of New York, psychiatric services were being provided and needs met by general medical hospitals. She also suggested that funding inpatient services could undermine the promotion of home- and community-based services.

Commissioner Sheldon Retchin, Executive Vice President for Health Sciences and CEO of The Ohio State University Wexner Medical Center in Columbus, said there had been a growth of “investor-owned” IMDs in the Ohio suburbs in the last 20 years that has siphoned off provider capacity in the inner city. Dr. Retchin, the former CEO of a Virginia coordinated care organization, said that in Ohio, beds are available, just not for Medicaid patients. He said patients covered by commercial insurance are able to find beds. He expressed doubt IMDs would participate in the networks of Medicaid managed care organizations.

Christopher “Kit” Gorton, President of Public Plans at the nonprofit Tufts Health Plan operating in Massachusetts, Rhode Island, and New Hampshire and a former CEO of the Virginia Amerigroup Medicaid plan, said it was easier for mental health systems to build brick and mortar institutions than to provide community services. Dr. Gorton, like Ms. Cohen before him, complained that the paper from which the briefing was derived contained too little data. He said he was skeptical of the data reported by staff on bed capacity and lengths of stay, based on his experiences with Boston hospitals, and said that State Mental Health Authorities

“are not moving people through” their systems. He said there had been insufficient research on other available solutions to crisis episodes.

Commissioner and former California Medicaid Director Toby Douglas distinguished the circumstances of individuals needing mental health services and individuals needing substance use disorder (SUD) services. He said that mental health service capacity was a matter of Federal financing, and that California had been serving individuals with mental illness through social security disability payments. He noted, however, that the lack of SUD capacity had been pushed to the forefront with Medicaid expansion to childless adults, and suggested the need for SUD services could be met with investment in residential treatment recovery programs.

Commission Chair Sarah Rosenbaum, chair of the Department of Health Policy and Professor of Health Law and Policy at The George Washington University Milken Institute School of Public Health, agreed with Mr. Douglas that the IMD issue should not be dealt with by the Commission “monolithically.” Rather, she said, the Commission should do some “unpacking” to address selected issues. She called the potential solution posed in the staff report of a total repeal of the IMD exclusion “absurdly expensive” and thus a non-starter.

Commissioner Rosenbaum did acknowledge that past decisions regarding the providing of mental health services had been based on financial expediency rather than on evidence-based practices. She called the IMD exclusion a “blunt instrument”. But she questioned whether even short-term institutional stays do not adversely impact the long-term prognosis for patients. She encouraged the staff to look at evolving treatment practices and review what various pilot programs revealed for both SUD and mental health treatment.

Former Maryland Medicaid Director and current New Mexico UnitedHealthcare Plan CEO Chuck Milligan suggested the easier fix would be to finance community-based services. Mr. Milligan said *(cont'd on page 4)*

Scotland Reports a 21% Reduction in Male Suicide Rate over 10 Years

In the year 2000, the suicide rate for Scottish men was twice that of the rate for English men and almost four times the rate for Scottish women. According to the [United Kingdom's Office of National Statistics](#), within the last decade, Scotland has reduced the male suicide rate by 21 percent.

The significant reduction is largely contributed to Scottish officials implementing a 10-year suicide prevention strategy, [Choose Life](#), which funds professional trainings, coordinator positions in each region, and local initiatives



such as the Men's [Suicide, Harm, Awareness, Recovery and Empathy \(SHARE\)](#) project. SHARE was developed in 2009 to provide group and one-on-one support

The program was developed in Midlothian by a steering committee of professionals, service providers, and two focus groups of men—those with lived experience and those who had not accessed mental health services. The men identified facing ongoing barriers to seeking help from their peers, coworkers, and family members—mainly stemming from the Scottish 'macho' culture. The steering committee also identified the risk factors of men most vulnerable, in order to identify a target population—those between the ages of 25 and 50 who had previous suicidal ideation or

action, engaged in acts of self-injurious behaviors or substance abuse, or experienced financial stress.

An evaluation of the pilot project found that 41% of service users reported a history of emotional stress and trauma (ex. bullying both at school and home), dating back to their childhood and adolescence, and the emotional impact it had on their development.

The SHARE project focuses on prevention and early intervention by providing weekly peer support and individual support services, and recreational/social activities such as weekly football (soccer) team scrimmages and a film-making course. Identifying activities for group members was a key priority for the steering committee. The activities give SHARE members a sense of purpose and help individuals work on their self-esteem and self-worth. In addition, the five-week "Shared Steps" program brings in guest speakers that deliver messages of resilience and recovery.

The project coordinator, John Murphy, told *The Guardian* that service demands continue to rise. He feels that SHARE is providing services in a non-stigmatizing environment to overcome the Scottish 'macho' culture that hinders many men from coming forward and seeking help.

"Our project has proved that given the right environment, effective listeners and the recognition that they are not alone, men will talk—and feel a lot better for having done so." The project developers indicate that further studies need to be conducted to explore the connection between suicidal ideology and childhood trauma.

NIMH Special Lecture for Autism Awareness Month – April 11

NIMH is holding a special lecture to recognize National Autism Awareness Month on April 11. John Donvan and Caren Zucker from ABC News will discuss autism's past, including some new findings, and how rediscovering that past can advise the future for those who have autism, their families, and for those researching and treating it. As two journalists with a personal connection to autism, they aim to inspire acceptance of and support for people on the spectrum by telling their stories with honesty and compassion.

This event is free and open to the general public. Space is limited, but you may view the live videocast if you're unable to attend. Learn more: <http://1.usa.gov/1PJY9FH>

NIMH Special Lecture for Autism Awareness Month

IN A DIFFERENT KEY:
THE STORY OF AUTISM
THEN AND TO COME

APRIL 11, 2016 • 3-4 PM • LIPSETT, BUILDING 10



JOHN DONVAN • CAREN ZUCKER

1:30 PM: MEET & GREET BEFORE THE TALK AT THE FAES BOOKSTORE
COPIES OF BOOK AVAILABLE FOR PURCHASE AND SIGNING

LECTURE IS FREE AND OPEN TO THE PUBLIC AND WILL BE VIDEOCAST

NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE OF MENTAL HEALTH
OFFICE OF AUTISM RESEARCH COORDINATION

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: <http://tatracker.treatment.org/login.aspx>. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

Please note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

Webinar & Resources Available on Promoting Community Inclusion by Behavioral Managed Care Companies

Monday, April 4, 2016 - 1 p.m. EDT

[CLICK HERE TO REGISTER](#)

Mental Health America (MHA) and The Temple University Collaborative on Community Inclusion (TUCollab) have published two new on-line resources designed to assist behavioral managed care companies and their county and state partners in mental health service delivery in promoting community inclusion policies, programs, and practices for individuals with mental health conditions. MHA and TUCollab have scheduled a Webinar for April 4 on Community Inclusion Policy Development designed to introduce participants to both resources and facilitate a national discussion on these topics.

The publications, part of an ongoing series of monographs that spell out both the broad need for and specific opportunities associated with, the growing community inclusion initiative, are:

[Behavioral Health Managed Care Entities: Important Partnerships in Promoting Community Inclusion](#) suggests a dozen practical strategies that behavioral managed care companies (BHMC's) can use to promote community participation and inclusion of service recipients in the life of their communities. This toolkit provides readings and key resources for the BHMC's to use—with topics that include revising mission statements, staff training options, program evaluation tools, and others key to facilitating the adoption of community inclusion initiatives.

[Community Participation and Inclusion: Shifting Perspectives on Quality Measures](#) contains TUCollab tips for encouraging the behavioral managed care industry, as well as federal, state, and local mental health administrators, to systematically assess the community participation needs of service recipients and the success of provider agencies in meeting those needs.



NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of last year, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

New Frontiers in Coordinating Housing and Medicaid Services for People with Behavioral Health Conditions

A Policy Forum and Live Webinar Sponsored by Mathematica's [Center for Studying Disability Policy](#)

Thursday, April 21, 12 p.m. to 1:30 p.m. EDT
at Mathematica's [Washington, D.C. Office](#) & [by Webinar](#)

[Click to REGISTER](#)

An abundance of evidence links housing to better health—and lower health care costs—for people with serious mental illness or other behavioral health conditions. But finding and maintaining housing can be a challenge for this population. Community-based services and supports, particularly those that provide coordination between housing and health services, are essential for helping people overcome this challenge. Yet these types of interventions—which require cross-system coordination—face major obstacles at the state level that include weak or non-existent partnerships between state Medicaid and housing agencies and the lack of a Medicaid-reimbursable mechanism for care coordination.

Join Mathematica's [Center for Studying Disability Policy](#) at its next policy forum to learn more about what state and federal partners are doing to coordinate and integrate health and housing services for people with behavioral health needs.

[Speakers Jonathan Brown](#), [Carol Irvin](#), and [Matthew Kehn](#) from Mathematica and [Jennifer Ho](#) from HUD will discuss:

- Why housing is an important part of efforts to treat high-need, high-cost Medicaid beneficiaries
- Challenges and lessons from the Money Follows the Person Demonstration's efforts to improve the availability of supportive housing for Medicaid beneficiaries moving out of institutions
- Innovative state efforts to better coordinate health and housing services for people with behavioral health conditions
- Efforts led by HUD to partner with other federal agencies, such as CMS and the Substance Abuse and Mental Health Services Administration, to coordinate health and housing services

Note: In-person check-in and lunch begin at 11:45 a.m.; the program begins at 12:00 p.m. All in-person guests must sign in and present a photo ID. For more information, email disabilityforums@mathematica-mpr.com.

MACPAC Questions Fixing IMD Exclusion

(cont'd from page 1)

one of the consequences of the IMD exclusion is that a number of patients admitted to nursing home care have undiagnosed mental illnesses. He called the care of individuals with mental illness in nursing homes "a kind of emergency room boarding." Mr. Middleton said he was not sure where the Commission's work should be focused on the IMD issue, but suggested that perhaps just a description of the current situation would be adequate.

Finally, Commissioner Penny Thompson, former Deputy Director of the Center for Medicaid and CHIP Services at the Centers for Medicare and Medicaid Services, noted that comments filed on the proposed Medicaid managed care 15-day IMD exception for capitated services had revealed that most states had believed those services could already be covered under managed care waivers. She suggested monitoring the transition in those states that already had longer-term services to the limited services permitted under the MCO regulations.

Promoting Positive Pathways to Adulthood

The Pathways Transition Training Collaborative at the Research and Training Center for Pathways to Positive Futures has developed a series of [10 on-line training modules](#). Each module is approximately an hour long and integrates the best available practice and research on how to increase the engagement in services of transition-age youth with mental health conditions.

The skill-building modules are based on a positive youth development and empowerment framework, and each incorporates video segments featuring young people with behavioral health service experience, their family members, and providers. Each also contains interactive exercises, knowledge tests, and, downloadable resources and references. To support knowledge translation into practice, an accompanying toolkit includes practice scenarios, video segments with discussion questions, role plays, and questions that invite participants to apply learning to practice in their local context.

A video trailer introduces the training and an informational brochure provides details of the content of each of the modules. For more information, contact co-principal investigators [Pauline Jivanjee](#), 503-725-5015 or [Eileen Brennan](#), 503-725-5003.

Upcoming Webinars of Interest

Peer Supports for Transition-Aged Youth

A SAMHSA-sponsored webinar presented by Mental Health America and the National Federation of Families for Children's Mental Health -- April 6 at 2 p.m. to 3:30 p.m. EST

Description: Transition-Aged Youth (TAY), including foster youth, youth who have been through the juvenile justice system, and youth with mental health diagnoses, have unique needs that are often unaddressed. At this crucial stage in development, TAY peer support programs allow young people to work with trained specialists in their own age group who have similar experiences, providing them with both the benefits of best practices and the connection with someone they relate to. Panelists will discuss their programs and experiences in addition to how participants can create similar programs in their communities.

Presenters: *Matthew Gallagher and Meri Viano*

[REGISTER HERE](#)

Peer-Run Respite Programs

A SAMHSA-sponsored webinar presented by Mental Health America -- April 14 at 2 p.m. to 3:30 p.m. EST

Description: Peer-Run Respite Programs serve as successful alternatives to hospitalization or other traditional crisis services with focuses on support, hope, and recovery. Operated by individuals who themselves have lived through crises, respites offer services to ultimately improve quality of life and reduce hospitalizations, in addition to shifting costs from expensive crisis centers and hospital stays. Panelists will discuss their programs, what they have learned over time, and share lessons on how communities can build their own peer-run respite programs.

Presenters: *Steve Miccio and Ashley Wilksen*

[REGISTER HERE](#)

Best Practices in the use of Self-Directed Care to Support Recovery in Women

A SAMHSA-sponsored webinar presented by Mental Health America (MHA) -- April 21 at 2:00 p.m. to 3:30 p.m. EST.

Description: Building relationships and support systems is an important part of recovery. Mental Health America's highly innovative It's My Life: Social Self-Directed Care program combined evidenced-based practices of Peer Support and Psychiatric Rehabilitation with Self-Directed Care and Life Coaching to support those in recovery and to help some of the most isolated members of our communities to become more connected to others. The program not only helped to build self-esteem and improve quality of life but also led to a reduction in crisis events and hospitalizations. The webinar will provide an overview of the program, guidance on what was learned, and a discussion of the challenges and benefits of programs integrating a focus on social connection in recovery.

Presenters: *Patrick Hendry and Shavonne Carpenter, CPSS*

[REGISTER HERE](#)

In each case, when the Log-On Screen appears, select "Enter as a Guest," enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK) and click on "Enter Room." For attendees, this is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room. Questions should be directed to [Kelle Masten](#) via email or at 703-682-5187.

FINANCING & MEDICAID, LEGAL, AND OLDER PERSONS DIVISIONS LINK OF NOTE

On March 29, the Centers for Medicare and Medicaid Services [published](#) the final version of its regulations governing the application of parity to mental health benefits provided in Medicaid managed care, Medicaid alternative benefit plans (benchmark and benchmark-equivalent plans), and CHIP. The regulations will take effect May 31.

Of most significance in the final regulations is the fact that CMS decided, after almost unanimous consensus among the 158 commenters on the regulations proposed in April 2015, to apply parity to long-term services and supports (LTSS). CMS had proposed initially to exempt LTSS from parity evaluations.

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FINANCING AND MEDICAID DIVISION LINKS OF NOTE

On March 25, the Centers for Medicare & Medicaid Services (CMS) released updated Medicaid enrollment data and preliminary expenditure data that states reported to CMS through the Medicaid Budget and Expenditure System (MBES). The [enrollment information](#) is a state-reported count of unduplicated individuals enrolled in the state's Medicaid program at any time during each month in the quarterly reporting period and includes new enrollment data from July 1, 2015 – September 30, 2015. The enrollment data identifies the total number of Medicaid enrollees and, for states that have expanded Medicaid, provides specific counts for the number of individuals enrolled in the new adult eligibility group, also referred to as the "VIII Group". In addition, the posting includes updated enrollment data for the period October 1, 2014 – June 30, 2015.

The preliminary [expenditure data](#) provides summary level data associated with Medicaid service expenditures reported by states on the Form CMS-64 in MBES for the period January 1, 2015 – March 31, 2015. The data includes a breakout of expenditures associated with individuals in the VIII Group. In addition to the new information presented in today's report, the posting includes updated expenditure data for the period January 1, 2014 – December 31, 2014.