September 2018
Volume 1, Issue 6

CCAP COMCARE
The County Managed Care Resource

INSIGHT

An Information Resource from COMCARE

Excellence in Mental Health

In March 2014, the United States Congress passed Section 223 of the Protecting Access to Medicare Act (PAMA) helped establish certified community behavioral health clinics (CCBHC). PAMA was signed into law in April 2014 authorizing the United States Department of Health and Human Services (HHS) to establish criteria for states to use to certify CCBHSs and improve the delivery of behavioral health services. Twenty-four (24) states would be selected to participate in a "planning" grant, and eight (8) states would be selected from that group to continue under a "demonstration" grant. Pennsylvania had participated in the planning grant, and had...

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Financing Challenges in Behavioral Healthcare

The transition from a "Fee-for-Service" (FFS) payment model to something that more directly addresses the pursuit of quality outcomes and improved health is a challenging goal. Certified Community Behavioral Health Clinics (CCBHCs) are specifically designed to address financing shortfalls by paying clinics a Medicaid rate that is inclusive of their anticipated costs of expanding their service lines and serving new consumers.

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Facing Challenges in Behavioral Healthcare (continued from Page 1)…

CCBHCs are permitted to contract with designated collaborating organizations (DCOs) to deliver some of their required services. CCBHCs must include the costs of any care provided by their DCOs in their cost report used to calculate their payment under the Prospective Payment System (PPS). Each time an encounter occurs at a DCO, the DCO must transmit information about that encounter to the CCBHC, which serves as the billing provider for the service. In this way, CCBHCs receive the PPS rate for services provided at other organizations.

Pennsylvania has chosen the PPS-1 for the two-year CCBHC demonstration program (January 2017 through December 2018). This means that for each of the eight[1] CCBHCs under the demonstration in Pennsylvania a cost calculation is performed that includes allowable direct and indirect costs of providing CCBHC services to all patients. Cost is then divided by the total number of daily encounters to calculate the rate paid for services. Because CCBHCs are true "safety-net" providers (i.e. they are required to serve all patients regardless of ability to pay, or place of residence), there is a challenge to carefully examine their patient and payer mix, and to be vigilant to enroll eligible uninsured patients into Medicaid.

The new PPS system is intended to enable the CCBHC service delivery model to expand access to needed care by expanding the behavioral health workforce – including licensed counselors, peer support specialists – and enhancing care coordination and evidence-based practices. In addition, CCBHCs are also to provide a stronger coordinated response to address the addiction crisis, to provide enhanced patient outreach, education, and engagement; the capability to care for people where they live, work and play; and, to promote efficient electronic exchange of health information.

Excerpted from "What is a CCBHC?"; published by The National Council for Behavioral Health

Generation Z

According to Forbes in 2015, Generation Z are defined as people born from the mid-1990s to the early 2000s and now make up 25% of the U.S. population, making them a larger cohort than the Baby Boomers or Millennials. Generation Z now comprises the new entry-level workforce. Across the nation, increasingly sophisticated value chains have caused the nature of work to shift away from relatively routine work environments to ones filled with growing diversity and complexity. There has been growth in highly cognitive "non-routine" work. No group has been more affected by this than entry-level workers. Today, many organizations ask their entry-level workers to wrangle with data, perform research, and program advanced technologies. Generation Z (*consisting of those born after 1995*) are now entering the workforce bringing … ***See Generation Z on Page 5***

[1] The Pennsylvania clinics, and their designated collaborating organizations (listed alphabetically) are: 1) **Berks Counseling Center – Berks County** [DCOs: Service Access Management; Threshold]; 2) **Cen Clear Child Services – Clearfield County** [DCOs: Community Guidance Center; Clearfield / Jefferson County SCA; The Meadows]; 3) **Cen Clear Child Services – Jefferson County** [DCOs: Community Guidance Center; Clearfield / Jefferson County SCA; The Meadows]; 4) **Community Council Health Systems – Philadelphia County**; 5) **Northeast Treatment Centers – Philadelphia County** [DCOs: COMHAR]; 6) **Pittsburgh Mercy – Allegheny County** [DCOs: Re:Solve Crisis Network]; 7) **Resources for Human Development – Montgomery County** [DCOs: Access Services, Inc]; and, 8) **The Guidance Center – McKean County**

Prospective Payment System

A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services).

CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

Definition from CMS.gov; Prospective Payment System

PPS is essentially an average payment based on the actual costs a clinic incurs during the course of a year.

Clinics collect information on ALL allowable costs incurred by the clinic for providing services to ALL patients. The total costs of providing care (numerator) are then divided by the total number of designated encounters during a year (denominator) to arrive at a per-encounter payment rate. Each time a designated encounter occurs, the clinic receives a payment. The payment is the same regardless of the intensity of services the patient receives.

Community Health Center Opioid Use Disorder Treatment

Community health centers play an important role in efforts to address the opioid epidemic. In many communities, they are on the front lines of the epidemic and have become an important source of treatment for those with opioid use disorder (OUD). A 2018 survey of community health center activities related to the prevention and treatment of OUD was conducted by the Kaiser Family Foundation. Survey responses indicated that health centers have expanded treatment services in response to the escalating crisis, yet treatment capacity challenges remain. Additionally, health centers in Medicaid expansion states seem to be more equipped to respond to the epidemic in their states than are those in non-expansion states.

Key findings include:

- **Most health centers reported an increase in the number of patients with OUD in the past three years.** Nearly seven in ten said they saw more patients with prescription OUD while 63% said the number of patients with nonprescription OUD had increased.
- **Nearly half (48%) of health centers provide medications as part of medication-assisted treatment (MAT), considered to be the most effective OUD treatment**. Among health centers that provide MAT, nearly two-thirds (65%) offer at least two of the three MAT medications. Buprenorphine is the most commonly prescribed MAT medication, available at 87% of health centers that provide MAT, and 71% of health centers have increased the number of providers who have waivers to prescribe it.
- **Health centers in Medicaid expansion states are more likely to provide MAT than those in non-expansion states (54% vs. 38%)**.They are also more likely to provide injectable naltrexone, a longer-acting MAT medication.
- **Health centers face many treatment capacity challenges in responding to the opioid epidemic.** Among those that provide MAT, 69% do not provide MAT services at all of their sites, and 63% report not having the capacity to treat all patients with OUD. Among health centers that attempt to refer patients for MAT services, 68% said they face provider shortages when doing so.
- **Many health centers (40%) distribute naloxone, an opioid overdose reversal drug**. Those in expansion states are nearly twice as likely as those in non-expansion states to provide the drug (47% vs. 26%).

Health centers play a critical role in addressing the opioid epidemic and many rely on Medicaid, especially in expansion states, to increase their ability to respond to the crisis.

Excerpted from The Role of Community Health Centers in Addressing the Opioid Epidemic; Kaiser Family Foundation Issue Brief, July 2018; Julia Zur, Jennifer Tolbert, Jessica Sharac, Anne Markus

CCBHCs (continued from page 1)

… successfully been selected as one of the eight (8) demonstration sites. The goal of CCBHCs is to integrate behavioral health with physical healthcare, and increase consistent use of evidence-based practices, and improve access to high-quality care.

The Excellence in Mental Health and Addiction Treatment Act Demonstration

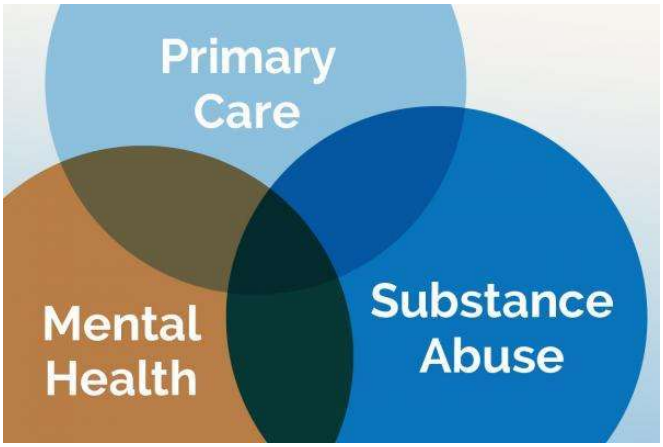
Section 223 of the Protecting Access to Medicare Act of 2014 (H.R. 4302) established a two-year, eight state initiative based on the Excellence in Mental Health and Addiction Act. The Excellence Act is designed to increase Americans' access to community mental health and substance use treatment services via CCBHCs while improving Medicaid reimbursement for these services. In December 2016, SAMHSA announced the selection of the eight participating states: Minnesota, Missouri, New Jersey, New York, Nevada, Oklahoma, Oregon and Pennsylvania.

What is a CCBHC?

The "Excellence in Mental Health Act Demonstration" established a new provider type in Medicaid for CCBHCs. These new entities are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) the following nine types of services:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration."



The demonstration program represents the largest investment in mental health and addiction care in generations, *where comprehensive care is key*! The service selection is deliberate, expanding the range of care available. CCBHCs provide a comprehensive collection of services needed to create access, stabilize people in crisis and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration.

Comprehensive CCBHC care includes, but is not limited to:

24/7/365 Crisis Services	to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing and most cost effective settings.
Immediate Screening and Risk Assessment	for mental health, addictions and basic primary care needs to improve the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders.
Easy Access to Care	with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.
Tailored Care for Active Duty Military and Veterans	to ensure they receive the unique health support essential for their treatment.
Expanded Care Coordination	with other health care providers, social service providers and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.
Committment to Peers and their Families	recognizing that their involvement is essential for recovery and should be fully integrated into care.

CCBHCs are available to any individual in need of care, including, but not limited to, people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders and complex health profiles. CCBHCs will provide care regardless of ability to pay, caring for those who are underserved; have low incomes; are insured, uninsured or on Medicaid; and those who are active duty military or veterans.

Excerpted from "What is a CCBHC?"; published by The National Council for Behavioral Health

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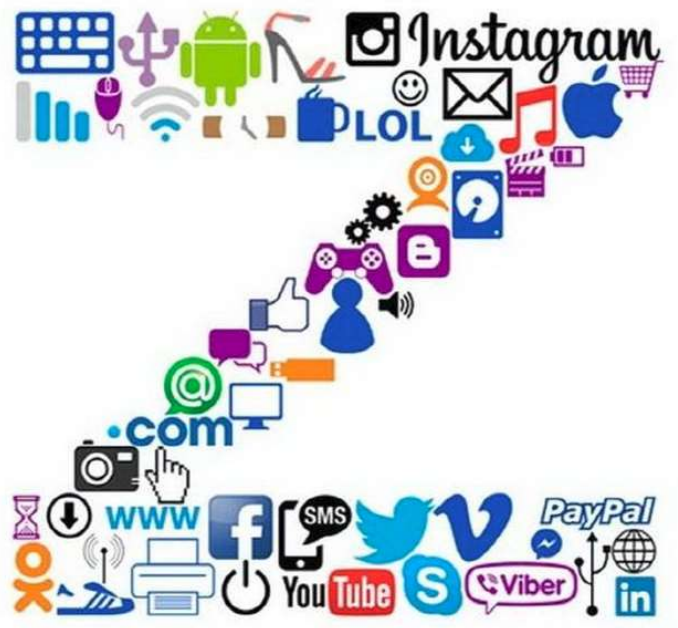
Generation Z (continued from page 2)

…an unprecedented level of technology skills but have apprehensions about their interpersonal communication skills. At the same time, emerging technologies – especially automation – continues to disrupt the nature of entry-level roles that this generation is poised to fill.

In a recent study of 4000 Gen Z participants, 37% expressed that technology is weakening their ability to maintain strong interpersonal relationships and develop people skills. A shortfall in highly cognitive social skills such as problem solving, critical thinking, and communication could be particularly evident – this in an environment where 92% of HR leaders believe emotional and social skills are increasingly important. Skillful communicating and interacting with others not only contributes to successful relationship building, it also drives the accumulation of *tacit knowledge*.



Generation Z (continued from Page 5)…

Tacit knowledge, or specific information about process or customers (*along with other subtleties such as culture*), is usually passed down within organizations through decades of in-person collaboration and communication and is critical for long-term success and leadership development. Tacit knowledge can be difficult to transfer digitally, as it is rooted in context, observation, and socialization. Early research on tacit knowledge specifies that *"by watching the master and emulating his efforts in the presence of his example, the apprentice unconsciously picks up the rules of the art…not only the types of conscious actions which could be described equally well in words but also those which are not explicitly known to the master himself."* The communication skills gap of many Gen Z professionals could potentially hinder the passing on of tacit knowledge, impacting the organization as older generations retire from the workforce. It is imperative for organizations to consider this impact when designing entry-level roles in the future of work.

STEMpathy…

The combination of a solid grounding in rigorous STEM scientific thinking with exceptional skills in empathy, communication, and human connection.

"The future isn't about what we know. Nobody cares what you know, because the Google machine knows everything. Rather, the future is about what we can do with what we know. The thing that makes us uniquely different from computers is our humanity and empathy. If we can unite that with STEM education, students will be armed with "STEMpathy" that cannot be found in an algorithm. The faster the world gets, the more everything old and slow matters, the things you can't download." – Thomas Friedman.

Traditionally, entry-level roles have been essential for many organizations; they are an opportunity to build a strong talent pipeline of professionals trained in an organization's methods and steeped in its culture. In knowledge and service-based industries, entry-level roles typically focus on developing and honing the technical skills and soft skills needed for advancement. However, these objectives should be reevaluated in preparing for Gen Z. Automation and the proliferation of technology are reducing the need for human intervention in many basic, routine tasks, the very activities entry-level professionals used to focus on. What often remains for incoming Gen Z professionals are jobs requiring higher-order critical thinking and reasoning. They may be expected to interpret data/analytics, derive insights, and formulate recommendations earlier in their careers, expectations for which their prior experience may not have prepared them. Another consequence of this shift is a likely reduction in the number of traditional entry-level roles, reducing opportunities for junior professionals to learn foundational skills.

The need for entry-level professionals with more developed cognitive skills may encourage organizations to look beyond the more technical majors and explore students with a stronger liberal arts focus, who typically have refined communication and critical thinking skills. This idea of a "STEMpathetic" workforce, which comingles technical knowledge and cognitive skills, such as connecting with other people, is gaining traction, and many believe that organizations that master this could lead the way in the future of work.

Excerpted from Generation Z Enters the Workforce; Deloitte Insights, A Deloitte Series on Future of Work, 2017; Ramani Moses and Nikita Garia

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Final Thoughts… *"Prior to CCBHC we had no recovery services whatsoever. Due to our CCBHC work, we have opened addiction services and trained all mental health and chemical dependency providers in dual-diagnosis care, integrated treatment planning [and] substance use screening." — CCBHC survey respondent, Nov. 2017; National Council for Behavioral Health*

INSIGHT is published monthly by COMCARE, a program of the County Commissioner's Association of Pennsylvania (CCAP). If you wish to provide comments or feedback, please forward your comments to Lucy Kitner or Michele Denk at COMCARE at the following email addresses: lkitner@pacounties.org; mdenk@pacounties.org. *Thank You.*