Where We Have Been and Where We Are Going

Creating Community Connections: A Behavioral Health Targeted Case Management Conference

Mary Reinle Begley, RN, Commissioner
Behavioral Health Today

Unprecedented Opportunity

Unprecedented Challenge
• Department within CHFS

• Organizational Structure:
  • Division of Behavioral Health
    • Mental Health & Substance Use Prevention and Treatment
  • Division of Developmental & Intellectual Disabilities
  • Division of Administration & Financial Management

• Behavioral Health Authority

• Collaborates across CHFS Departments and other Cabinets
Cabinet for Health and Family Services
Kentucky State Psychiatric Facilities

**Acute Psychiatric Hospitals** - Evaluation and treatment for adults with severe behavioral health illness
- *State-owned and operated*
  - Central State Hospital (Louisville) ADC* 59
  - Western State Hospital (Hopkinsville) ADC 119
- *State-owned and contracted for operation*
  - Eastern State Hospital (Lexington) ADC 127
- *Contracted*
  - Appalachian Regional Healthcare (Hazard) ADC 87

*No state-owned or contracted psychiatric facilities for children and youth*

**Forensic Services** - Pretrial assessments, treatment and some post-conviction care for adults with behavioral health illness
- *State-owned and operated*
  - Kentucky Correctional Psychiatric Center (LaGrange) ADC 47

*ADC = Average Daily Census SFY2013*
Intermediate Care Facilities – Short-term facilities for assessment, stabilization and development of community rehabilitation plans

- State-owned and operated
  - Hazelwood (Louisville) ADC* 120
- State-owned and contracted for operation
  - Bingham Gardens (Louisville) ADC 24
  - Outwood (Dawson Springs) ADC 42
  - Oakwood (Somerset) ADC 110

These facilities serve individuals over the age of 18

Multi-Specialty Clinics

- Lee Specialty (Louisville)
- Oakwood (Somerset)
- Hazelwood (Louisville)
- Outwood (Dawson Springs)

*ADC = Average Daily Census SFY2013
Long-term Care Facilities - Serves needs of those with Serious Mental Illness as they age and require skilled nursing supports

- *State-owned and operated*
  - Glasgow State Nursing Home (Glasgow) ADC 84
  - Western State Nursing Home (Hopkinsville) ADC 102
- *State-owned and contracted for operation*
  - Eastern State Long-Term Care (opening 2014)

Acquired Brain Injury Unit – Serves post-acute neurobehavioral rehabilitation needs of those with acquired brain injury

- *State-owned and contracted for operation*
  - Eastern State Hospital (Opening 2014)

*ADC = Average Daily Census SFY2013*
On any given day in SFY2013, less than 400 people resided in KY’s state psychiatric facilities.
Individuals Served by CMHCs in 2013

**Age**
- **35%** children & youth (63,791)
- **65%** adults (116,792)

**Diagnosis**
- **81%** BH (147,000)
- **15%** Co-Occurring (27,236)
- **14%** SUD (3,673)
- **5%** Missing (2,731)

**Total** served: 180,640
Other Roles

- Oversee implementation of Supports for Community Living (SCL) Medicaid Waiver
- Work with DMS on implementation and oversight of Managed Care contracting for Behavioral Health Services
- Identify Standards of Care
- Provide training and dissemination of evidence-based practices across the continuum
Medicaid Users & Expenditures

**Medicaid Service Users**
- MH: 88%
- SA: 11%
- All Other: 1%

**Medicaid Expenditures**
- MH: 30%
- All Other: 68%
- SA: 2%

Source: SAMHSA
BH Disorder Prevalence by Payor

Percent Having any Mental Illness DX in Last year

<table>
<thead>
<tr>
<th>Payor</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medicaid/KCHIP</td>
<td>30.5%</td>
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<tr>
<td>No Insurance</td>
<td>22.3%</td>
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<tr>
<td>Other Insurance*</td>
<td>19.5%</td>
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<tr>
<td>Private Insurance</td>
<td>15.4%</td>
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</tbody>
</table>

Source: 2012 NSDUH survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

Kentucky UNBIDDEN SPIRIT
Percent with BH Disorder Receiving Services

- Any BH Disorder: 41%
- SMI: 62.9%
- Moderate BH: 45.9%
- Low (Mild) BH: 29%

Source: 2012 NSDUH survey
Serious Mental Illness (SMI) Prevalence in Last Year

Source: 2012 NSDUH survey
Kentucky 2013 SMI & SED Served

Total Served (N=180,640)

- SMI: 42,357 (23%)
- SED: 30,871 (17%)

All Adult Clients: 116,792
All Child and Youth Clients: 63,791
Percent SMI and SED Served in KY

- **SMI Served**: 42,357
- **SED Served**: 30,871

Source: KY DBHDID CMHC database
Opportunities for Change

- Access to Appropriate Services
- Hospital Readmission Rates
- Poor Mental Health Days
- Overdose Deaths
- Suicide Rates
- Overreliance on Psychotropic Medications and Polypharmacy as sole treatment
- Reduced Life Expectancy for Individuals with Serious Mental Illness
Access – Critical Issues

• Critical workforce shortages
• Service utilization at higher ends of continuum
• Until recently, lack of reimbursement for key elements of the continuum
• Implementation of evidence-based services
State Hospital Readmissions

Percent of Readmissions

10 Day: 6.8
30 Day: 14.4
90 Day: 23.7
180 Day: 31.1
360 Day: 39

DBHDID State Facility Database 2013
Poor Mental Health Days

2013 ranks are based on self-report data from CDC’s Behavioral Risk Factor Surveillance System (BRFSS)

49th

Poor Mental Health Days in Last 30 Days

Days

Nation 3.9
KY 4.9
Goal 3.7

GOAL 25%↓

Days

[Image of Kentucky logo]
2007-2012 Suicide Rates by CMHC Region

Kentucky 14.8
3742 deaths

17.2
213 deaths

18.2
788 deaths

14.2
335 deaths

10.5
35 deaths

14.2
68 deaths

16.5
150 deaths

14.2
90 deaths

13.1
112 deaths

13.5
199 deaths

16.7
176 deaths

14.8
244 deaths

16.1
207 deaths

20.6
236 deaths

Seven Counties

Comprehend

Pathways

Mountain

Kentucky River

Cumberland River

Adanta

Life Skills

River Valley

Pennyroyal

Four Rivers

Data source: Kentucky Department of Vital Statistics/Rate per 100,000 population, 2007-2012
Lower Life Expectancy

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions. 68% of adults with a mental illness have one or more chronic physical conditions. More than 1 in 5 adults with mental illness have a co-occurring substance use disorder.

Kentucky Unbridled Spirit
Co-Occurring Mental Illness & Chronic Health Problems

- High Blood Pressure: 21.9% with Mental Illness, 18.8% without
- Smoking: 36% with Mental Illness, 21% without
- Heart Disease: 5.9% with Mental Illness, 4.2% without
- Diabetes: 7.9% with Mental Illness, 6.6% without
- Obesity: 42% with Mental Illness, 35% without
- Asthma: 15.7% with Mental Illness, 10.6% without
Behavioral Health Today

Unprecedented Opportunity

Unprecedented Challenge
A long-awaited day in Behavioral Health Services.....

- Center for Medicare and Medicaid Services (CMS) authorized a State Plan Amendment for Kentucky
- Additional mental health services were added
- Full continuum of substance use disorder services included for all members beyond pregnant women and adolescents
- Provider network expanded to include individual and group providers as well as licensed organizations beyond community mental health centers

Cabinet for Health and Family Services
State Plan BH Services Continuum

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
- Peer Support
- Parent/Family Peer Support
- Intensive Outpatient Program
- Individual Outpatient Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy

- Collateral Outpatient Therapy (Kids only)
- Partial Hospitalization
- Service Planning (MH only)
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SU only)
- Medication Assisted Treatment (SU only)
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)

Cabinet for Health and Family Services
Targeted Case Management

- Targeted Case Management for Children with Severe Emotional Disability (SED) and Adults with Severe Mental Illness (SMI)

- Targeted Case Management for Adolescents and Adults with Substance Use Disorders (SUD Moderate to Severe)

- Targeted Case Management for Individuals with co-occurring BH and Complex Physical Health conditions (SMI, SED, or SUD and Physical Health conditions)
Mental health and substance use services can now be provided by an array of providers…

Prior to January 1, 2014

- CMHC

After January 1, 2014

- CMHC
- Licensed Practitioner
- Licensed Organization
- Provider Group
New individual and group provider types specific to Behavioral Health Services include:

**Individual Provider Types**
- Licensed Clinical Social Worker (LCSW)*
- Licensed Psychologist (LP)*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist
- Licensed Behavior Analyst

**Group Provider Types**
- Multi-Specialty Group (MSG)
Provider Network Expansion

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst
More Opportunities

• Co-location of Medical and BH Services now possible

• Kentucky has a planning grant to explore the creation of federally-defined Health Home to facilitate integrated of BH and Medical Care
The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.
Targeted Case Management

• The needs of your clients are complex and multi-dimensional

• Require an array of services

• Require mechanisms to ensure that services provided are coordinated
Targeted Case Management

You are the backbone of the system of care

Cabinet for Health and Family Services
Targeted Case Management

You are the cohesive element that holds the system together.
Targeted Case Management

You are the “glue” in the lives of many
“The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well.”

— Ralph Waldo Emerson
Never underestimate the difference YOU can make in the lives of others. Step forward, reach out and help.

— Pablo

Cabinet for Health and Family Services
Thanks for what you do and the difference you make in the lives of so many.

— Mary Reinle Begley
Outreach

THE NEW FACE OF KENTUCKY MEDICAID

Lisa Lee, Commissioner
Program Director, Kentucky Children’s Health Insurance Program
Medicaid

- Medicaid - a federal state partnership created in 1965 designed to meet the healthcare needs of a specific population:
  - Low income children deprived of parental support and their caretaker relatives
  - Elderly (age 65 and older)
  - Blind
  - Disabled
Previous Expansions

Recognized need to provide health care to additional populations which resulted in changes to system:

- **1986** – Pregnant women and infants (under age 1) at or below 100% of federal poverty level (FPL) was established as a state plan option under Medicaid;

- **1989** – Pregnant women and children under age 6 and at 133% of FPL federally mandated under Medicaid;

- **1997** – Balanced Budget Act of 1997 created the State Children’s Health Insurance Program (SCHIP)
Medicaid Expansion and the Affordable Care Act
Medicaid Expansion

Under the Affordable Care Act (ACA):

• States have the option to expand Medicaid to adults whose income is at or below 138% of the federal poverty level (FPL) – does not include individuals currently receiving Medicare benefits

• The federal government will fund 100% of the cost for the expansion enrollees until 2016, tapering to 90% in 2020
Medicaid Eligibility Groups Beginning January 1, 2014

- Pregnant women
- Children under the age of 18
- Disabled
- Blind
- Elderly individuals over the age of 65

All must meet income guidelines

NEW GROUPS
- Former foster children up to age 26 regardless of income
- Adults between 18 and 65 who are not receiving Medicare and whose income is at or below 138% of the FPL
Medicaid Expansion

Medicaid Eligibility Historically
Limited to Specific Low-Income Groups

Medicaid Eligibility Beginning in 2014
Extends to Adults ≤138% FPL*

Elderly and Persons with Disabilities

Children

Pregnant Women

Parents

Adults

*138% FPL = $16,105 for an individual and $32,913 for a family of four in 2015.

Cabinet for Health and Family Services
Eligibility Determination

• Beginning on October 1, 2013, individuals began enrollment in Medicaid through Kentucky’s Health Benefit Exchange (KHBE), kynect

• kynect provides a single, streamlined application for both Medicaid and Kentucky’s Health Benefit Exchange

• Individuals determined to be eligible for Medicaid may select an MCO during the on-line application process
Mandatory Benefits/Services

The ACA requires that services be covered for the expansion population in each of the 10 Essential Health Benefits (EHBs):

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Behavioral health including substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive & Wellness services and chronic disease management
10. Pediatric services, including oral and vision care

Coverage for these services for ALL Medicaid enrollees was effective January 1, 2014.
# Rehabilitation Services

- Screening
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- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
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Targeted Case Management

- Children with Severe Emotional Disability (SED) and Adults with Severe Mental Illness (SMI)
- Adolescents and Adults with Substance Use Disorders (SUD Moderate to Severe)
- Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues (SMI, SED, or SUD and Physical Health conditions)
- TCM for Pregnant Women with substance use issues continue as previously rendered
Behavioral Health Covered Services

- **Crisis Intervention** occurs “on-site” in the provider’s office
- **Mobile Crisis** intended to be a service provided in the community – where the client is experiencing the crisis
- **Intensive Outpatient** practitioners must be employed by a provider group or licensed organization
NEW PROVIDER TYPES
Mental health and substance use services covered by Medicaid can now be provided by an array of providers...

Prior to January 1, 2014:
- CMHC

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Provider Network Expansion

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- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst
Provider Network Expansion

Behavioral Health Services Organization (BHSO)

- New licensure category developed by CHFS Office of Inspector General to provide clinical behavioral health services.
- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorders or co-occurring disorders in which substance use disorder is the primary diagnosis, the BHSO will be required to be dually licensed as an AODE.
- In addition to providing outpatient behavioral health services, BHSOs may provide residential services for substance use disorders, in which case the BHSO must also be dually licensed as an AODE.

BHSO Webinar Link:
BHSOs can provide one or more of the following behavioral health services as described in the Medicaid State Plan:

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- **Mobile crisis**
- Day treatment
- Peer support
- Intensive outpatient services
- Individual, group, family, or collateral outpatient therapy
- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- **Assertive community treatment for mental health disorders**
- Targeted case management
- Comprehensive community support services
- **Residential Substance Use**
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities.

**Limited to Licensed Organizations**
Perform services permitted by **licensed organizations** under the State Plan and applicable regulations.

Requires licensure as a BHSO under 902 KAR 20:430 prior to enrollment.

All licensed individuals providing services in a BHSO must enroll individually, if we enroll that provider type, and link to the BHSO.

Provider Types that can link: Physician-Psychiatry Specialty; Advanced Practice Registered Nurse-Psychiatry Specialty; Psychologist; Licensed Professional Clinical Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; and Licensed Psychological Practitioner.

Following may perform services **under supervision**: Physician Assistant; Licensed Psychological Associate; Certified Social Worker-Masters; Licensed Professional Counselor Associate; Marriage and Family Therapy Associate and Peer Support Specialist.

Certified Alcohol and Drug Counselors (CADC) and Community Support Associates (CSA) may perform services **under supervision**.

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Perform services permitted by **provider groups** under the State Plan and applicable regulations.

Requires **at least** one individual enrolled prior to group enrollment.

All licensed individuals providing services under the MSG must enroll individually, if we enroll that provider type, and link to the MSG.

Provider Types that can link: Physician-Psychiatry Specialty; Advanced Practice Registered Nurse-Psychiatry Specialty; Psychologist; Licensed Professional Clinical Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; and Licensed Psychological Practitioner.

Following may perform services **under supervision**: Physician Assistant; Licensed Psychological Associate; Certified Social Worker-Masters; Licensed Professional Counselor Associate; Marriage and Family Therapy Associate and Peer Support Specialist.

Certified Alcohol and Drug Counselors (CADC) and Community Support Associates (CSA) may perform services **under supervision**.

**Does NOT** permit use of CADCs and CSAs.
PROVIDER ENROLLMENT
Providers are able to enroll as a Medicaid provider either through an MCO or directly through DMS’ Provider Licensing.

**Provider Enrollment**

**MCO**
- Provider contacts MCO
- Provider completes enrollment application
- MCO accepts application
- MCO completes credentialing of provider
- MCO sends enrollment application to Provider Licensing

**Provider Licensing**
- Provider submits application to Provider Licensing
- Provider Licensing accepts application
- Provider is enrolled

Cabinet for Health and Family Services
Medicaid Managed Care
Managed Care

• Managed Care Organizations (MCO) must cover all services outlined in Kentucky Medicaid State Plan and regulations

• MCOs have flexibility regarding:
  • Prior Authorizations
  • Payments to providers
  • Medication coverage based on formulary
  • Copayment amounts – cannot charge more than outlined in regulation but can charge less

• MCOs can choose to cover services in addition to those outlined in Medicaid State Plan
MCO Coverage

Statewide Excluding Region 3

Traditional Medicaid Providers
Coventry, WellCare

Expansion Medicaid Providers
Anthem, Humana, Passport, WellCare, Coventry

Region 3

Traditional Medicaid Providers
Coventry, Humana, Passport, WellCare

Expansion Medicaid Providers
Humana, Passport, WellCare, Coventry

* Anthem, Humana, and Passport will begin covering traditional Medicaid enrollees effective 7/1/2014.
Managed Care Appeals

• If a member is denied a service they should receive a denial letter with the appeals process outlined
• Members must file an appeal within 30 days of the denied service
• Members must exhaust the MCO appeal process before filing an appeal with the Department for Medicaid Services
Impact of ACA
Expansion Impact

- More Screenings = Better Health
- 17,000 screened for colorectal cancer
- 26,000 received mammograms
- 34,000 screened for cervical cancer
- 46,000 screened for diabetes
- 13,000 received treatment for substance abuse
- 80,000 had preventive dental visits
Summary

• Medicaid serves a vulnerable population
• Healthcare landscape continues to change
• Provider network vital to serving population
• Elevate the health status of all Kentucky citizens
The Department for Medicaid Services has established a dedicated mailbox for submission of questions or concerns related to the behavioral health and substance use disorder services. These issues and concerns may be submitted to:

DMS.Issues@ky.gov