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Ground Rules

- Please mute your phone line.
- If you need to answer another call, don't put your line on hold—hang up and then call back in.
- This webinar is being recorded so you can listen later.
- The slides will be posted online for download.
- Please type questions into the chat box during the presentation. There will be Q & A at the conclusion of the webinar.





6 Unused Medicaid Rules and How to Implement Them

Monday, November 28th, 2016

1:00pm ET



Introduction

- Collaborative Care Model
- Free Care Rule
- Maternal Depression in Pediatrics
- Re-entry Services for Incarcerated Individuals
- Supported Housing
- Value-Based Payment



Collaborative Care Model



What Is It?

- Method of treating mental health conditions in primary care
- Primary Care Provider + Case Manager + Psychiatrist
- Over 90 randomized control trials



G0502: Initial psychiatric collaborative care management

First 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional
- Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan
- Review by the psychiatric consultant with modifications of the plan if recommended
- Entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies



- Also worth considering collaborative care's relevance to addressing maternal depression in pediatric primary care.



Free Care Rule



CMS Bulletin SMD# 14-006

“Medicaid reimbursement is available for covered services under the approved state plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large. As a result, Federal Financial Participation (FFP) is available for Medicaid payments for care provided through providers that do not charge individuals for the service, as long as all other Medicaid requirements are met.”



What Does this mean?

- Mental health and substance use screening can be paid for under Medicaid!
- Stronger case for other interventions like Good Behavior Game
- Look to Healthy Students, Promising Futures for more ideas



Maternal Depression in Pediatrics



Screening

“State Medicaid agencies may cover maternal depression screening as part of a well-child visit.”



Treatment

“Mothers who are not Medicaid eligible may receive some benefit from diagnostic and treatment services directed at treating the health and well-being of the child (such as family therapy services) to reduce or treat the effects of the mother’s condition on the child. Consistent with current policy regarding services provided for the “direct benefit of the child,” such diagnostic and treatment services must actively involve the child, be directly related to the needs of the child and such treatment must be delivered to the child and mother together, but can be claimed as a direct service for the child.”



Re-entry Services for Incarcerated Individuals



The Bulletin

- “Individuals who are on parole, probation, or have been released to the community pending trial (including those under pre-trial supervision) are not considered inmates, and thus are not subject to the prohibition on providing Medicaid covered services to inmates.”
- “The state Medicaid agency must accept applications from inmates to enroll in Medicaid or renew Medicaid enrollment during the time of their incarceration.”
- “FFP is available for such inpatient care when the other factors identified in federal guidance are met”



Supported Housing



Three Kinds of Services

- Individual Housing Transition Services
- Individual Housing & Tenancy Sustaining Services
- State
 - Level Housing Related Collaborative Activities



Many Ways to Pay

- 1915(c) HCBS Waivers
- 1915(i) HCBS State Plan Optional Benefit
- 1915(k) Community First Choice State Plan Optional Benefit
- 1915(b) Waivers
- 1905(a) State Plan Services
- Section 1115 Research and Demonstration Programs
- Money Follows the Person Rebalancing Demonstration



Value-Based Payment



Initiation to Treatment

- “Preventive Care and Screening: Screening for Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.”
- Then expand beyond depression



What Does this mean?

- “Depression Remission at Twelve Months: Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days) after an index visit defined as a PHQ-9 score less than five.”
- Then expand beyond depression



Q & A

Click callout box and type your questions in the chat box (see example below).

