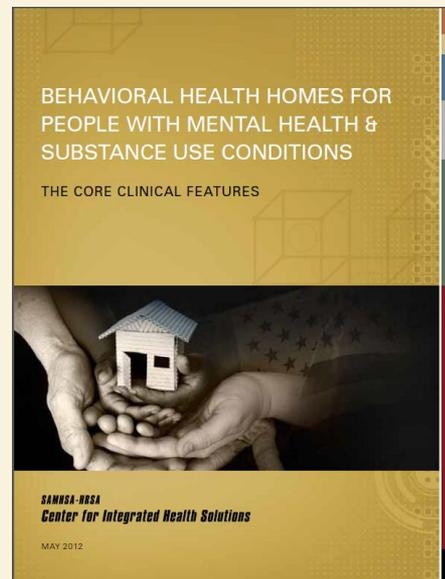




SAMHSA-HRSA Center for Integrated Health Solutions

Behavioral Health Homes for People with Mental Health & Substance Use Conditions



Health Homes and the ACA

- Medicaid “health home” option under the ACA for enrollees with chronic conditions, including MH SU conditions
- Program provides financial incentives for states
 - 90% FMAP for health home-related services for 1st 8 quarters
 - Alternative payment models
 - Incentive grants



Federal Health Home Guidance

“Provider standards” include:

- Each patient must have a comprehensive care plan
- Services must be quality-drive, cost effective, culturally appropriate, person-and family-centered, and evidence-based
- Services must include prevention and health promotion, healthcare, mental health and substance use disorder, long-term care services, as well as linkages to community supports and resources;



Federal Health Home Guidance

Required services:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up



Target Populations

Individuals served by a health home must have:

- Two or more chronic health conditions
 - i.e., MH or SU condition, asthma, diabetes, heart disease, or overweight; OR
- One chronic condition and at risk for another; OR
- One serious and persistent mental health condition

Note: Regardless of which condition(s) are selected, states must address MH and SU conditions and consult with SAMHSA on their treatment and prevention



Health Home State Plan Amendments Submissions – as of July 2, 2012

- Missouri
 - SPMI- CMHOs, **Approved 10/20/11**
 - Asthma, Diabetes, Heart Disease, BMI >25, Developmental Disabilities – Primary Care HH component, **Approved 12/23/11**
- Rhode Island
 - Asthma, Diabetes, MH, DD, Downs, MR, Seizure Disorders – CEDARR family centers, **Approved 11/24/11**
 - SPMI – CMHO, **Approved 11/23/11**
- New York
 - MH, SUD, Cardiovascular Disease, HIV/AIDS, Metabolic Disease, Respiratory Diseases, BMI >25, **Approved 2/3/12**



Health Home State Plan Amendments Submissions – as of July 2, 2012

- Oregon
 - MH, SUD, Asthma, Diabetes, Heart Disease, BMI>25, Hepatitis C, HIV/AIDS, Chronic Kidney Disease, Cancer, **Approved 3/13/12**
- North Carolina
 - SPMI, Asthma, Diabetes, Heart Disease, BMI>25, Chronic Cardiovascular Disease, disease of alimentary systems, endocrine and metabolic disease, chronic infectious disease, chronic musculoskeletal conditions, neurological disorders, blindness, **Approved 5/25/12**



Health Home State Plan Amendments Submissions – as of July 2, 2012

- Iowa

- Mental health, Substance Use, Asthma, diabetes, heart disease, BMI >25, hypertension, BMI >85 for pediatrics,
Approved 6/8/12

- Alabama

- Mental Health, Substance Use, Asthma, Diabetes, Heart Disease, ***Submitted April 18, 2012***

- New York

- Phase II and Phase III expansions, ***Submitted May 17, 2012***



Health Home State Plan Amendments Submissions – as of July 2, 2012

- Ohio
 - SPMI, SED, ***Submitted June 29, 2012***
- Wisconsin
 - HIV/AIDs, ***Submitted July 2, 2012***



Approved Health Home Planning Requests

Alabama

Arizona

District of Columbia

Maine

Nevada

New Mexico

Washington

Wisconsin

Arkansas

California

Idaho

Mississippi

New Jersey

North Carolina

West Virginia



State Demonstrations to Integrate Care for Dual Eligible Individuals

- Purpose: develop new ways to meet the often complex and costly medical needs of the approximately nine million Americans who are eligible for both the Medicare and Medicaid programs, known as “dual eligibles”
- Goal: eliminate duplication of services for these patients, expand access to needed care, and improve the lives of dual eligibles, while lowering costs.



State Demonstrations to Integrate Care for Dual Eligible Individuals

- States selected to receive up to \$1 million to support the design of programs to better coordinate care for dual eligible individuals.

California

South Carolina

New York

Connecticut

Vermont

Oklahoma

Michigan

Wisconsin

Minnesota

Colorado

Tennessee

North Carolina

Massachusetts

Washington

Oregon



What is a health insurance exchange?

- Exchanges are new organizations that will be set up to create a more organized and competitive market for buying health insurance.
- They will offer a choice of different health plans, certifying plans that participate and providing information to help consumers better understand their options.

Beginning in 2014, Exchanges will serve primarily individuals buying insurance on their own and small businesses with up to 100 employees, though states can choose to include larger employers in the future. States are expected to establish Exchanges--which can be a government agency or a non-profit organization--with the federal government stepping in if a state does not set them up. States can create multiple Exchanges, so long as only one serves each geographic area, and can work together to form regional Exchanges. The federal government will offer technical assistance to help states set up Exchanges.

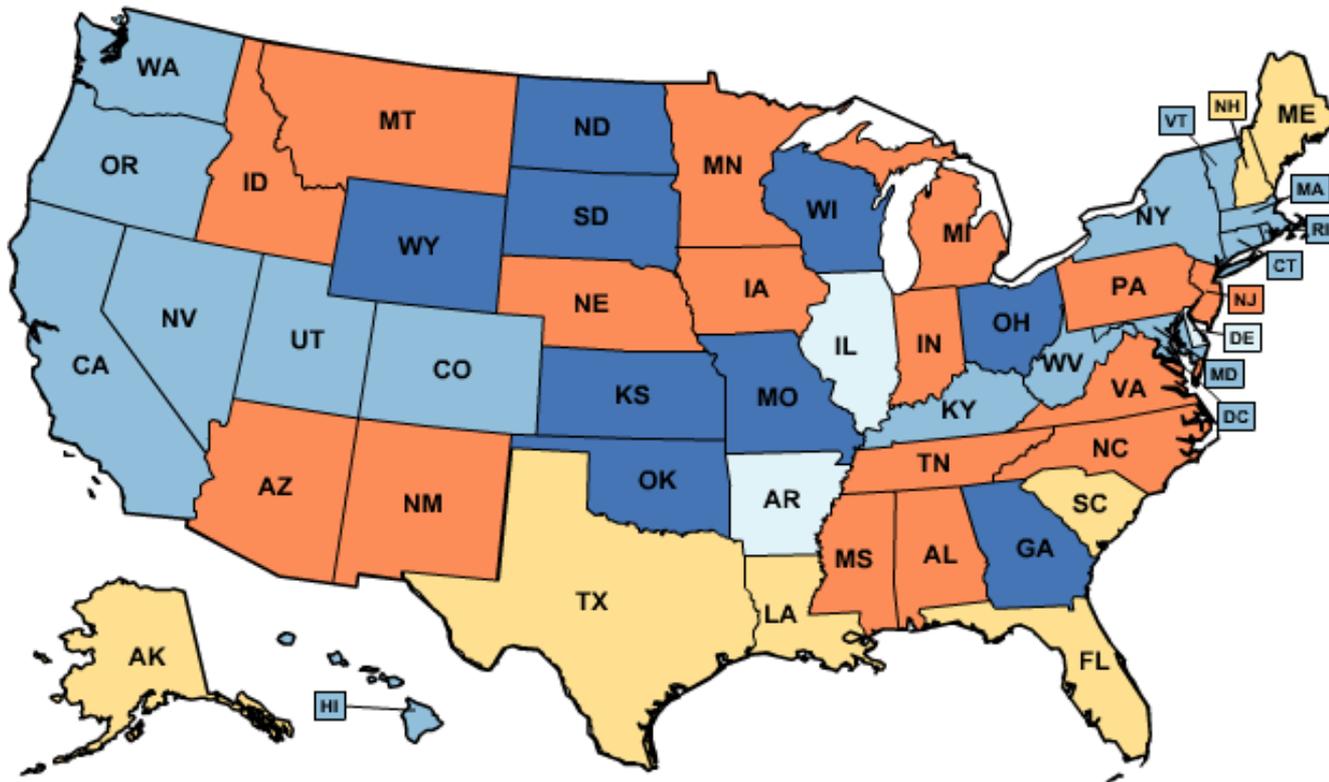


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Status of State Action



- Studying Options
- Decision Not to Create State Exchange
- Planning for Partnership Exchange
- Established State Exchange
- No Significant Activity

Note: You can also click on a column header to rank by that column. Click again to reverse the order.

Status of State Action	Source of State Activity	Structure of Exchange	Type of Exchange
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Four Principles of Effective Care

- **Person-Centered Care:** Basing care on the individual's preferences, needs, and values.
- **Population-Based Care:** Strategies for optimizing the health of an entire client population by systematically assessing, tracking, and managing the group's health conditions and treatment response.
- **Data-Driven Care:** Strategies for collecting, organizing, sharing, and applying objective, valid clinical data to guide treatment.
- **Evidence-Based Care:** The best available evidence guides treatment decisions and delivery of care.



Clinical Features of the Behavioral Health Home

- Self-Management Support
- Delivery System Design
- Decision Support
- Clinical Information Systems
- Community Linkages



Framework: The Chronic Care Model

