



SAMHSA-HRSA Center for Integrated Health Solutions

Community Mental Health Funding Basics for Primary Health Care Partners

Presented by:

Kathleen Reynolds, LMSW, ACSW



Overview Statement

- Basic Webinar – Not for Advanced Financing Department Staff
- Provides “jargon” for local partnership to engage in conversation
- Again, Medicaid varies by State
- Generalities, may not apply in your State
- **TALK WITH YOUR PARTNER!**



Community Mental Health Definitions

- No real, comprehensive federal definition of a public sector Community Mental Health Center
- Not like applying to HRSA to become an FQHC
- Generally state defined and/or state licensed
 - Not for profits 501(c)3s
 - Unit of County government
 - Unit of State government
 - Hospitals
 - Private For Profits



Behavioral Health Funding Sources

- Federal Mental Health Block Grant goes to states
 - Small portion of MH funding
- Federal Substance Abuse Block Grant go to states – Usually the largest funder of SA Services
- State General Funds - Provide Services for Persons Who are Indigent
- Medicaid – Usually the largest funder of MH Services
 - Capitated – Managed Care
 - Fee for Service
 - Waivers
- Medicare
- Third Party Payers



What are Mental Health Medicaid Waivers?

- Request “waiving” sections of the Social Security Act that pertain to certain populations
- Usually adults with serious and persistent mental illness



Mental Health Waivers

In addition to or in place of Basic Medicaid State Plan Services defined by federal government such as:

- Psychiatric Appointments
- Emergency/Crisis Services
- Hospitalization
- Some outpatient



Multiple Waivers Based on Population

- 1915(b) 3 Waiver – “Optional” Medicaid Services – Rehab Option for Persons with Serious and Persistent Mental Illness
- Rehabilitation is defined in the Social Security Act
- 1915(c) Waiver – Often for persons with developmental disabilities – Community Based Supports or Habilitation Waivers
- 1115 Waiver – Used to develop comprehensive managed care approaches



The “Rehab”(Rehabilitation) Option

- Often a 1915 (b) 3 Waiver provides for a series of services not covered under the basic Medicaid State Plan
 - Supported living
 - Supported employment
 - Psychosocial Rehabilitation Centers
 - Consumer Run Services
 - Targeted Case Management



Examples from Grantees

Bob Siegmann, Centerstone of Indiana
Jennifer Crawford, Family Services, Inc



Comparison

Federally Qualified Health Centers/CHCs

- 330 B Funding – Federal
- Medicaid – Encounter Rate regardless of time
- Medicare
- Third Party Payers

Behavioral Health Centers

- State general funds
- Medicaid – Usually capped
 - Per member/month
 - Fee for Service – length of session payment
 - Waivers
- Medicare
- Third Party Payers
- Federal Block Grant – Often project specific



CONTACT INFORMATION

Kathy Reynolds, LMSW, ACSW

kathyr@thenationalcouncil.org

734.476.9879

