

SCDMH's Behavioral Health Home Model for Community Mental Health Centers

August 6, 2013

Request

SCDMH is requesting SCDHHS approval to initiate a planning process for implementation of a statewide Behavioral Health Home Model (BHHM) under the framework for Section 2703 of the Affordable Care Act for individuals diagnosed with a behavioral health and physical health co-morbid conditions.

Background

Integrated access to both physical and behavioral healthcare is essential for persons with behavioral health disorders. Research shows that individuals with a serious mental illness, on average, die 25 years earlier than the general population, largely due to untreated or poorly treated/controlled co-morbid chronic medical conditions.

At the State level, the shifting dynamics of both the public and private payor and provider health care market provides a window of opportunity for state health policy leaders and payors to improve the health and reduce the prevalence of premature morbidity/mortality rates for individuals who are diagnosed with a behavioral health disorder and are currently experiencing or at risk for a co-morbid serious medical disorder.

SCDMH's goals in this endeavor are to support the recovery, health and well-being of adult patients with behavioral health disorders by:

- increasing its capacity to timely respond to the patient's medical as well as behavioral health care needs;
- improving patient's access to care;
- improving the overall health of the population it serves;

and in the process reduce the cost of patients' care by timely identifying and addressing patients' treatment needs. SCDMH's desired outcomes for its patients are consistent with, and further the outcomes sought by SCDHHS for all Medicaid beneficiaries.

Behavioral Health Home Population:

High utilizers of care come in distinct categories, including the frail elderly with multiple chronic conditions. One group of high utilizers are persons with a serious mental illness and one or more co-occurring medical conditions, such as diabetes, COPD/Asthma or Cardiovascular Disease, who are not in regular treatment at a community mental health center or primary care clinic.

The Behavioral Health Home will focus on adult patients served by community mental health centers, with an integrated approach to addressing the patients' behavioral health and chronic medical disorders, to include those patients at risk for developing a chronic medical disorder. Engaging patients with significant behavioral health disorders in

treatment presents a challenge even for behavioral health providers. Because of this, Medicaid Managed Care Organizations (MCOs) have historically had a difficult time bringing about positive changes in such patients' health outcomes. SCDMH has a combination of an established Statewide community system, ongoing treatment relationships and staff experienced in working with this population.

SCDMH will focus its initial efforts/investments on those mental health centers which serve the geographic areas of South Carolina identified by SCDHHS as High Disease Prevalence areas ("Hot Spot Analysis").

Service Delivery Model:

In collaborative partnership with public and private health care providers, SCDMH's behavioral health home will provide:

- Outpatient community behavioral/mental health services which are person and family-centered;
- Comprehensive care coordination for facilitated referral, linkage and monitoring for medical, behavioral and community living supportive services;
- Preventive health promotion and wellness screenings strategies;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Patient and family support;
- Assessment for behavioral health patients' medication effects and adherence for both behavioral and non-behavioral health medications; and
- Using Health Information Technology to support the service delivery system for promoting access, core clinical and quality of life outcome measures for behavioral health home enrollees.

The SCDMH Behavioral Health Home will utilize facilitated models of primary and behavioral health integration for improving access to care. The interventions are designed to improve patients' engagement with their behavioral, primary care and other medical service providers; decrease the risk of functional impairment; improve length and quality of life and decrease healthcare cost. Collaborative partnerships will include: primary/specialty care providers, Medicaid MCOs, consumer advocacy organizations, public and private community support organizations and other behavioral health providers.

The provision of integrated behavioral health home services for the target population will result in increased access to preventive, primary care and behavioral health care; reduction in emergency department visits; early identification of high risk factors for chronic medical conditions resulting in lower utilization and cost for inpatient admissions/re-admissions; minimizing potential adverse interactions between medical and psychotropic medications; controlling potential and life threatening effects of atypical anti-psychotics and additional cost savings associated with promotion of healthy lifestyle behaviors.

Financing:

In order to achieve these outcomes, it is necessary for SCDMH mental health centers to continue the re-alignment of both the service delivery and the financial models under which the community mental health system has historically operated.

CMS allows states to request feasibility planning funds at the State's service match rate. In addition, States will receive a 90% enhanced FMAP for the specific health home services in Section 2703 for the first eight quarters in which the program is effective. The enhanced match does not apply to the underlying Medicaid services also provided to individuals enrolled in a health home.

SCDMH is seeking an alternative Medicaid financing methodology, which accounts for the Behavioral Health Home Model continuum of services and supportive functions. to include tiered payment model associated with cost savings resulting from reduction in inappropriate utilization of the emergency department, inpatient admissions and specialty care visits.

Stakeholder Roles:

- SCDMH/CMHCs for provision of integrated behavioral health treatment services and care coordination for referral and linkage to primary care, other medical services and community supportive living services.
- SCDHHS Oversight for State Plan Amendment
- Consumer Advocacy Entities for Enrollee Outreach and Education Support
- Other Behavioral Health and Community Service Organizations
- Center for Health Care Strategies, Inc. (CMS' Health Home Technical Assistance Contractor)

Strategy for Implementation:

- Consultation with Health Care Strategies, Inc. (CMS Health Home Consultant) for joint development of a Behavioral Health Home SPA Planning Document.
- SCDMH has submitted a Letter of Intent to Apply for the Health Care Innovative Award Cooperative Agreement funding to secure additional support for the Behavioral Health Home.