NACBHDD
National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

# Finding Stories Behind the Affordable Care Act

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# Initial Observation

**We Must Address**

**SOCIAL JUSTICE**

# The ACA will address many social justice concerns!

- Insurance coverage for 20 million poor and 20 million near-poor citizens
- **Health benefits for 13 million persons with behavioral health conditions***
- **Safe Harbor for those with severe illnesses**
- New focus on prevention and promotion, not just disease care

# Where we stand today

- State Health Insurance Marketplace: 10.5 million enrolled; 2.6 million with behavioral health conditions enrolled.

- State Medicaid Expansion : 8.5 million enrolled;
  3.4 million with behavioral health conditions enrolled.

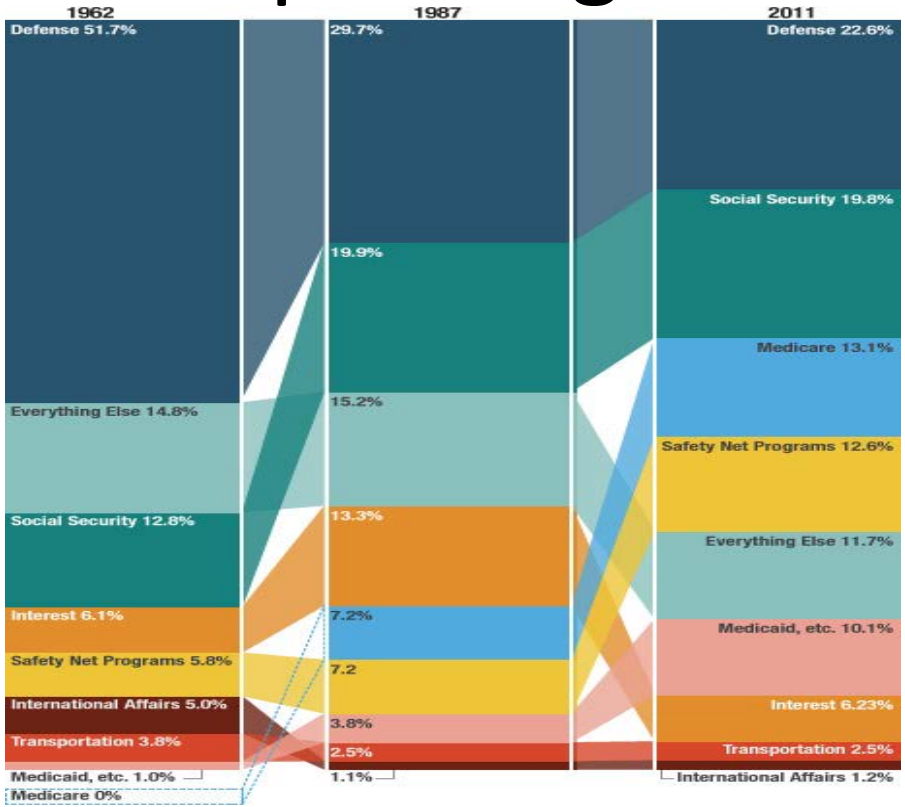
- 13 million uninsured with behavioral health conditions – 6 million currently enrolled =
  **7 MILLION REMAIN TO BE ENROLLED**.

# Moving quickly into ACA implementation

- Become involved
- Work together
- Work quickly
- Work smartly

- **New Enrollment Period: November 15 – February 15!**
- **ISSUE:** Do you know this? Does you know how to enroll an uninsured person?

# CONTEXT: 50 Years of Federal Spending



# CONTEXT: Some Mini Trends Toward 2020

- **Whole health**, **person-centered care**, and **recovery** advance rapidly.
- **Peer support** and health navigation become ubiquitous.

# CONTEXT: Some Demographic Trends

- Changing U.S. demography
  - Bigger (282 → 350M)
  - **Older (12 → 18%) ($27T Medicare; $11T Soc Sec)**
  - More racially and ethnically diverse (81 → 78% white)
- **Medicaid (→ 80M)** and **Medicare (→ 75M)** will continue to grow.

# CONTEXT: Some Important Facts for Behavioral Health Care

- People with behavioral health conditions still **die 25–35 years earlier** than others.
- **One million** people with behavioral health conditions **will die from heart attack or stroke** in the next 5 years.
- Behavioral health conditions are implicated in all major chronic diseases and vice versa, such as heart disease and epilepsy.

# Implementing the ACA

# ACA Overview Article

- **The Affordable Care Act: Overview and Implications for County and City Behavioral Health and Intellectual/Developmental Disability Programs**
- Ron Manderscheid, PhD
- ***JOURNAL OF SOCIAL WORK IN DISABILITY AND REHABILITATION***


- **Abstract**
- We begin by reviewing the five key intended actions of the ACA—insurance reform, coverage reform, quality reform, performance reform, and IT reform. This framework provides a basis for examining how populations served and service programs will change at the county and city level as a result of the ACA, and how provider staff also will change over time as a result of these developments. We conclude by outlining immediate next steps for county and city programs.


- Article can be accessed at: http://www.tandfonline.com/doi/full/10.1080/1536710X.2013.870510#.UwePis7EUs0

# Point of View

The ACA is about …

**Insurance Coverage**

**and**

**Care Access**

# ACA Keynotes

- **Person-centered care**
- **Shared decision making**
- **Whole health**

# Role of Parity

- **Essential Health Benefit (EHB)** for private insurance must be at parity. What does parity mean?
- **Medicaid Benchmark Benefit** must be at parity.
- Parity does extend to **all** new individual and small group plans beginning in 2014.
- What about parity for current Medicaid and Medicare beneficiaries?

- **ESSENTIAL TAKE-AWAY: Parity was essential to get behavioral health to the health reform table.**

# Quick ACA Overview

- Insurance reform
- Coverage reform
- Quality reform
  - Payment Reform
  - Performance Reform

# ACA Medicaid Expansion

- Fact: For states that choose this option (now 28 + DC), designed for all uninsured adults up to 133 percent of poverty (plus discounted 5 percent of income).
- **Overall 40% with Behavioral Health Conditions. (About 7% will have a Serious Mental Illness and about 14% will have a Substance Use Disorder).**
- **KEY ISSUES TO CONSIDER**:
  - What is the effect of a State opting out?
  - Are eligible uninsured persons aware of the opportunity?
  - Will persons with mental health and substance use conditions actually enroll?

# ACA Health Insurance Marketplace

- Fact: Open Enrollment Period will operate in **ALL STATES** from *November 15, 2014 to February 15, 2015*. Scope is all uninsured adults **above** 133 percent of poverty (plus discounted 5 percent of income).
- **Overall 25% will have a Behavioral Health Condition. (About 6% will have a Serious Mental Illness and 14% will have a Substance Use Disorder).**
- **KEY ISSUES TO CONSIDER**:
  - Are eligible uninsured persons aware of the opportunity?
  - Will persons with mental health and substance use conditions actually enroll?
  - Will the insurance benefits be adequate? What about deductibles and co-pays?

# ACA New Coverage Mandates

- Facts:
  - Certain prevention and promotion services now have no co-pays or deductibles;
  - **Guaranteed Insurance for pre-existing conditions** now covers all ages since January 1, 2014;
  - Those **up to age 26** can now remain covered by family policies (more than 3+ million enrolled).
- **KEY ISSUES TO CONSIDER:**
  - Will persons with mental health and substance use conditions actually seek care?
  - How can we improve outreach to these people?

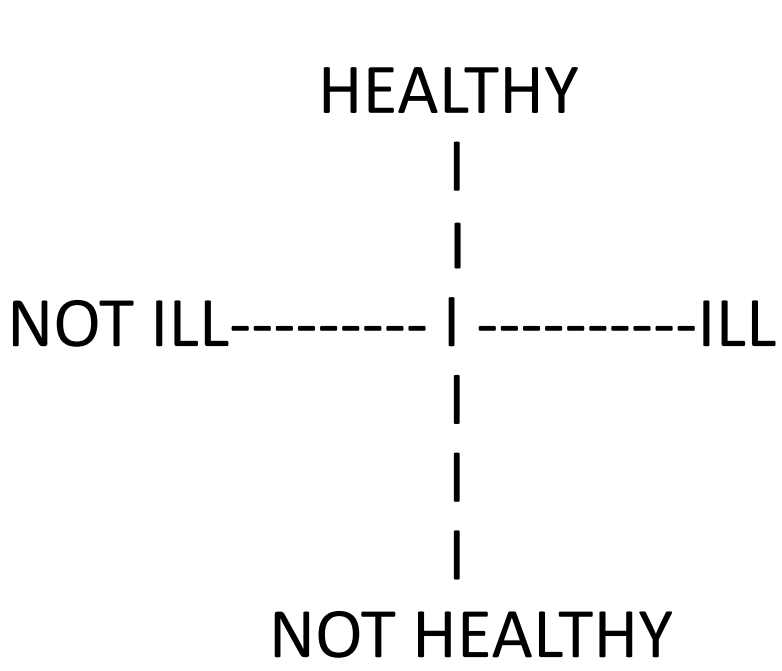
# ACA—Health Homes and ACOs

- Fact: **Everyone (including you) will be in a "health home"/ "medical home" by 2020.**
- Likely Future
  - Health homes will be operated by ACOs.
  - Behavioral health entities may form ACOs.
  - Think about some out of the box approaches— a county or community collaborative!
- **KEY ISSUES TO CONSIDER**:
  - Will people seek care from health homes?
  - How will health homes change the stigma of mental illness and substance abuse?

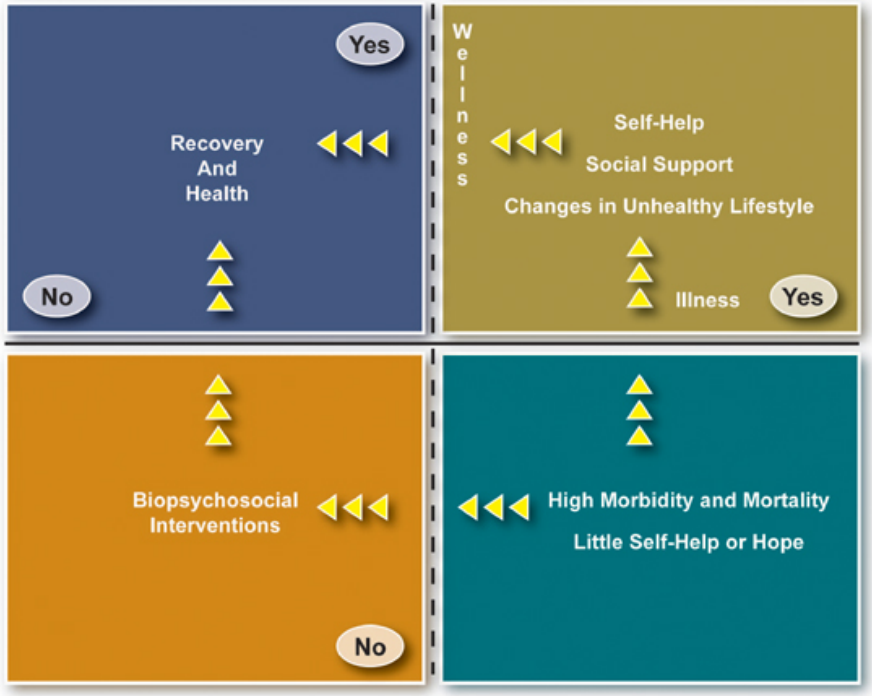
# ACA—Health Homes and ACOs

- Fact: We ***do*** have a lot to offer ACOs!
- Likely future
  - We can and should contribute the concepts of ***recovery*** to chronic illness care.
  - We can and should contribute the concept of ***resilience*** (“**well-being**” and good “**health-related quality of life”**) to prevention and promotion care.
  - We can contribute ***peer support*** and health navigation for cost reduction and improved outcomes.
- **KEY ISSUES TO CONSIDER**:
  - How will recovery and resilience change the nature of health care?
  - How will peer support change behavioral healthcare?

# A few words about prevention and promotion



# Wellness Model Applied

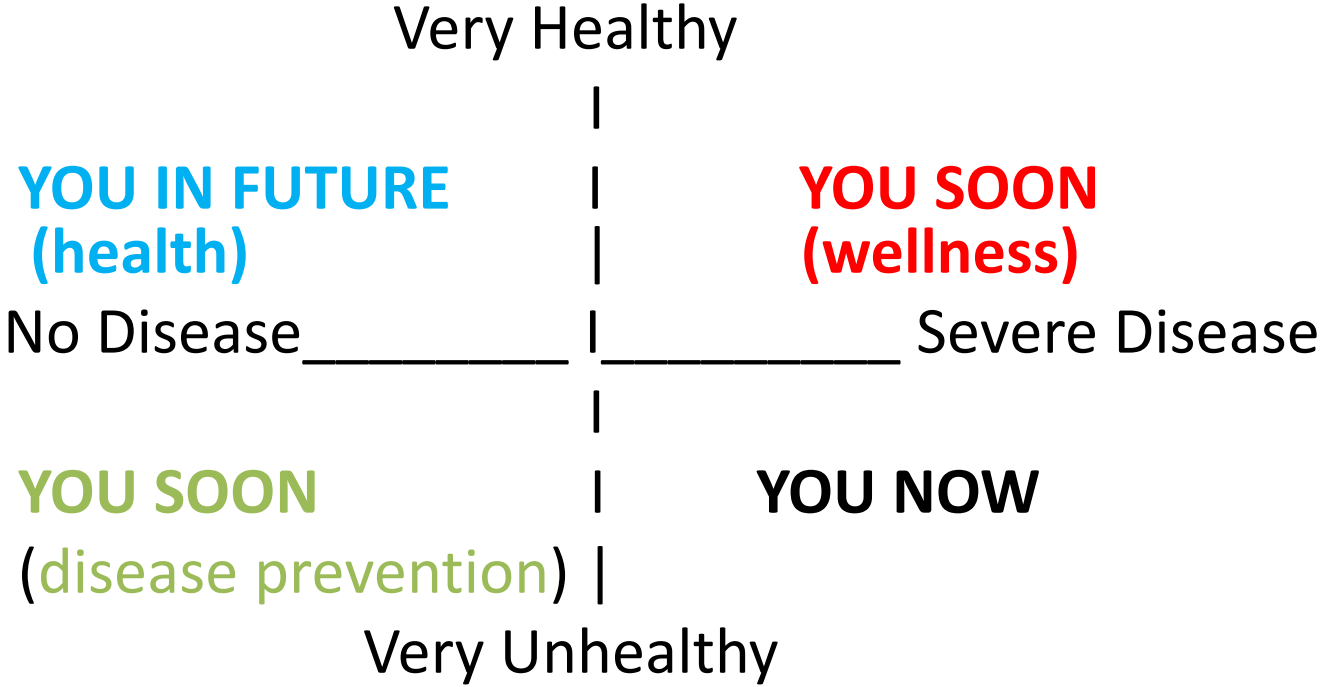


# New Ideas: Our "Health First Era"

- **Personal**:
  - Health (physical, mental, social)
  - Health **Literacy**
  - Health **Activation**

- **Community**:
  - Effects on Personal Health
  - Personal Health Literacy about Community
  - Community Activation (Public and Population Health)

# Understanding ACA Disease Prevention and Health Promotion



# Key planning questions

- **--What are some of your fears about the ACA, such as integrating behavioral health and primary care?**
- **--What steps are you and your organization planning to take to prepare for ACA integration? Any new partnerships?**
- **--What vision/strategy/tactics do you think will be necessary to accomplish ACA integration? Short-term? Longer-term?**
- **--How do you plan to do work with your State Health Insurance Exchange? State Medical Expansion? Specifically?**

# Contact Information

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