

1. Meeting Handouts

Documents: [2013.02.20_CDMHMEETINGMINUTES_ATTACHMENTS.PDF](#)

From: Stevenson, Jim (HCA) [jim.stevenson@hca.wa.gov]
Sent: Wednesday, February 20, 2013 1:54 PM
Subject: FYI: HHS news release 2-20-2013 ACA will let consumers find and compare options easily

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ACA allows consumers to easily find and compare options starting in 2014

New rule will expand mental health and substance use disorder benefits to 62 million Americans

Department of Health and Human Services (HHS) Secretary Kathleen Sebelius today announced a final rule that will make purchasing health coverage easier for consumers. The policies outlined today will give consumers a consistent way to compare and enroll in health coverage in the individual and small group markets, while giving states and insurers more flexibility and freedom to implement the Affordable Care Act.

“The Affordable Care Act helps people get the health insurance they need,” said Secretary Sebelius. “People all across the country will soon find it easier to compare and enroll in health plans with better coverage, greater quality and new benefits.”

Today’s rule outlines health insurance issuer standards for a core package of benefits, called essential health benefits, that health insurance issuers must cover both inside and outside the Health Insurance Marketplace. Through its standards for essential health benefits, the final rule released today also expands coverage of mental health and substance use disorder services, including behavioral health treatment, for millions of Americans.

A new report by HHS, also released today, details how these provisions will expand mental health and substance use disorder benefits and federal parity protections for 62 million more Americans.

In the past, nearly 20 percent of individuals purchasing insurance didn’t have access to mental health services, and nearly one third had no coverage for substance use disorder services. The rule seeks to fix that gap in coverage by expanding coverage of these benefits in three distinct ways:

1. By including mental health and substance use disorder benefits as Essential Health Benefits
2. By applying federal parity protections to mental health and substance use disorder benefits in the individual and small group markets

3. By providing more Americans with access to quality health care that includes coverage for mental health and substance use disorder services

To give states the flexibility to define essential health benefits in a way that would best meet the needs of their residents, this rule also finalizes a benchmark-based approach. This approach allows states to select a benchmark plan from options offered in the market, which are equal in scope to a typical employer plan. Twenty-six states selected a benchmark plan for their state, and the largest small business plan in each state will be the benchmark for the rest.

The rule additionally outlines actuarial value levels in the individual and small group markets, which helps to distinguish health plans offering different levels of coverage. Beginning in 2014, plans that cover essential health benefits must cover a certain percentage of costs, known as actuarial value or “metal levels.” These levels are 60 percent for a bronze plan, 70 percent for a silver plan, 80 percent for a gold plan, and 90 percent for a platinum plan. Metal levels will allow consumers to compare insurance plans with similar levels of coverage and cost-sharing based on premiums, provider networks, and other factors. In addition, the health care law limits the annual amount of cost sharing that individuals will pay across all health plans – preventing insured Americans from facing catastrophic costs associated with an illness or injury.

Policies in today’s rule also provide more information on accreditation standards for qualified health plans (QHPs) that will be offered through the Health Insurance Marketplaces (also known as Exchanges), one-stop shops that will provide access to quality, affordable private health insurance choices.

Together, these provisions will help consumers compare and select health plans in the individual and small group markets based on what is important to them and their families. People can make these choices knowing these health plans will cover a core set of critical benefits and can more easily compare the level of coverage based on a uniform standard. Further, these provisions help expand choices and competition on the Marketplaces.

For more information on today’s rule, visit: <http://ccio.cms.gov/resources/factsheets/ehb-2-20-2013.html>

To view the rule, visit: <http://www.ofr.gov/inspection.aspx>

How today’s rule helps those in need of mental health and substance use disorder services, visit: http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.cfm

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John Doe #1 (for time period 1 March 2012 to 31 October 2012)

Between March 2012 and the end of April 2012, was taken by EMS to various emergency departments in the County approximately five times with the majority of these being for behavioral/psychiatric issues.

In late April 2012, he spent six days in the psychiatric hospital and within one week of release was booked into the County Jail for approximately three weeks. On the day of his release from jail, he took himself to the emergency department with a request to be institutionalized because he felt unable to take care of himself. He reported that he cannot remember when to go to the clinic to get his medication and that he did not have medication upon release from the jail. The next day, EMS was called out and found no injury or illness and did not transport.

Six days later, he was booked into the County Jail for approximately a week on a King County county code violation. Within one week after release, he spent one day in the psychiatric hospital and over the next two weeks, EMS was called out four more times. On the last call out by EMS during this two week period, EMS worked with local law enforcement who took the individual to Triage where he was denied admission. Law enforcement then transported the individual to the emergency department.

Over the next two weeks, the individual was transported to the emergency department twice by EMS. At one of these visits, he expressed that he just wanted to be left alone to live his life. EMS was also called out two additional times during which they did not transport. Additionally, the individual also presented at the emergency department one time as a "walk in". During July, he spent a total of 20 days at three different psychiatric facilities. Within one day of discharge from the last psychiatric stay, the individual was booked into the County Jail for one week after being picked up by local law enforcement for indecent exposure. Within one week of release from jail, the individual walked into the emergency department complaining of bug bites, allegedly assaulted a staff member and was booked into the County Jail for approximately two and a half months on assault charges. Within four days of release from jail, he walked into the emergency department again seeking help.

Notes:

- Reports being homeless
- Does not show up as receiving any homeless/housing services in HMIS
- Does not show up as receiving substance abuse treatment in the past year
- 14 contacts with EMS across two fire districts
- 109 total jail days for four separate bookings
- Prescribed antipsychotics while in jail
- Not in LTCA
- Medicaid/Medicare part A & B; RSN
- Notes indicate that a community health agency has been working diligently to assist this individual with no avail as he is not allowed to use crisis beds due to alleged assault charges
- Multiple diagnoses including PTSD, schizoaffective disorder—bipolar type, depression, schizophrenia
- Numerous notations by providers referencing hallucinations (auditory, tactile)

*****Currently in the process of obtaining mental health services data. As such, this is not yet included in this case study*****

John Doe #2 (for time period 1 January 2012 to 31 October 2012)

In overview, EMS responded to this individual approximately twenty times in this window, and he was seen at Triage eleven times, referred by law enforcement, community mental health agencies, and hospitals. While he is not always transported because no medical problem is determined, when he is taken to the hospital it is most often for behavioral/psychiatric disorders, though seizures and minor illnesses/injuries have also been noted. He has been seen in emergency departments (ED) approximately eight times during this period.

From January 2012 to April 2012, John was attended to by EMS and Triage, but was not transported to the ED until mid-April for a complaint of chest pain. He did, however, have regular outpatient visits during that time and so appears to have had sustained health care. He is described as pleasant and cooperative, but a poor historian.

In June, the individual was seen in the ED for hallucinations and burning sensations. After conferring with Compass' PACT Program and reviewing his behavioral plan, it was explained that he was to call PACT first and not come to the ED, and he was discharged. He was transported and seen again twice more in June for self-reported fainting episodes and falling; this was attributed to unsteady gait from medication imbalances. This problem continued over two months and adjusting/managing medications between providers proved challenging. He was admitted for inpatient rehabilitation for intensive, multiple therapies.

The individual was seen four more times in the ED for inability to cope with hallucinations and/or bodily sensations, and was again referred to his outpatient resources for ED avoidance and general maintenance. He reported feeling the need to go to the ED regularly "for a tune up, like a car", where he gets rest and a cup of coffee and then feels better. This is a regular pattern in the records; however, he is also often given diagnostic imaging and laboratory orders during these visits to rule out more serious etiologies. He also requests being admitted to Triage during episodes where he feels unable to cope, and his providers generally agree to this plan until he feels stable.

His most recent complaints have related to self-reported seizure activity. It is unclear whether these can be corroborated by others; however, his providers have referred him to neurology for follow-up.

Notes:

- Lives in an adult family health home and is managed by Compass Health; significant coordination is documented between hospital providers and outpatient providers
- Does not show up as receiving substance abuse treatment in the past year; report of alcoholism (though no formal diagnosis reported) and active drinking during this period, but individual also reports that he does not drink alcohol
- 20 contacts with EMS across three fire districts
- No contact with jail, but brought by law enforcement to Triage 3 times
- In long-term care and aging (LTCA) program
- In PACT through Compass Health
- Medicaid/Medicare part A & B; RSN; other
- Multiple diagnoses: depression, seizures, COPD (long-time smoker), schizophrenia/schizo-affective, bipolar affective disorder, PTSD, drug toxicity (of Depakote), obstructive sleep apnea, anxiety, and frequent falls
- History of a suicide attempt by jumping from 5th floor window

CHEMICAL DEPENDENCY/MENTAL HEALTH SALES TAX FIVE YEAR PROJECTION

	Actual 2009	Actual 2010	Actual 2011	Actual 2012	Adopted 2013	Projected 2014	Projected 2015	Projected 2016	Projected 2017	Projected 2018
REVENUES:										
1/10th of 1% Mental Health Sales Tax	\$ 7,633,497	\$ 10,245,838	\$ 10,203,415	\$ 10,800,000	\$ 11,001,806	\$ 11,496,887	\$ 12,014,247	\$ 12,554,888	\$ 13,119,858	\$ 13,710,252
ITA Court Filing Fee				\$ 145,122	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Interest & Miscellaneous Revenue	\$ 20,573	\$ 110,171	\$ 88,273	\$ 100,064	\$ 107,286	\$ 85,086	\$ 56,253	\$ 40,704	\$ 39,907	\$ 53,652
Total Revenues	\$ 7,654,070	\$ 10,356,009	\$ 10,291,688	\$ 11,045,186	\$ 11,409,092	\$ 11,881,973	\$ 12,370,501	\$ 12,895,592	\$ 13,459,765	\$ 14,063,904
EXPENDITURES:										
HSD Admin./Operations	\$ -	\$ 254,156	\$ 577,915	\$ 796,936	\$ 851,259	\$ 876,797	\$ 903,101	\$ 930,194	\$ 958,100	\$ 986,842
HSD Services/Subcontracts	\$ -	\$ 5,667,735	\$ 6,219,837	\$ 5,088,459	\$ 8,734,348	\$ 7,392,718	\$ 7,084,853	\$ 6,732,678	\$ 6,570,294	\$ 6,767,403
Other Co. Departments	\$ -	\$ 2,760,053	\$ 2,247,685	\$ 4,407,703	\$ 5,613,437	\$ 5,568,680	\$ 5,206,093	\$ 4,797,556	\$ 4,257,387	\$ 4,385,108
Total Expenditures	\$ -	\$ 8,681,945	\$ 9,045,437	\$ 10,293,098	\$ 15,199,044	\$ 13,838,195	\$ 13,194,047	\$ 12,460,428	\$ 11,785,780	\$ 12,139,353
Projected Current Year Under-Expenditure					\$ 553,962	\$ 553,528	\$ 527,762	\$ 498,417	\$ 471,431	\$ 485,574
Setaside for New/Expanded Programs					\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
FUND BALANCE CHANGE:	\$ 7,654,070	\$ 1,674,064	\$ 1,246,251	\$ 752,088	\$ (4,235,990)	\$ (2,402,694)	\$ (1,295,784)	\$ (66,418)	\$ 1,145,416	\$ 1,410,125
ENDING FUND BALANCE	\$ 7,654,070	\$ 9,328,134	\$ 10,574,384	\$ 11,326,472	\$ 7,090,482	\$ 4,687,788	\$ 3,392,004	\$ 3,325,586	\$ 4,471,002	\$ 5,881,127
RESERVE FOR HOUSING GRANTS	\$ -	\$ -	\$ -	\$ (450,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RESERVE FOR HOUSING LOAN PROGRAM	\$ -	\$ (900,000)	\$ (1,800,000)	\$ (1,800,000)	\$ (900,000)	\$ (900,000)	\$ (900,000)	\$ (900,000)	\$ (900,000)	\$ (900,000)
UNDESIGNATED FUND BALANCE:	\$ 7,654,070	\$ 8,428,134	\$ 8,774,384	\$ 9,526,472	\$ 6,190,482	\$ 3,787,788	\$ 2,492,004	\$ 2,425,586	\$ 3,571,002	\$ 4,981,127

Notes/Assumptions:

1. Tax Revenues assumed to increase 4.5%/year.
2. \$300,000/year projected collections from ITA Cour Filing Fee.
3. Interest projected @ 1.2% of the beginning fund balance.
4. Projected 3%/year expenditure growth rate.
5. Assumes under-expenditure rate of 4%.
6. \$450,000 "Reserve for Housing Grants" along with \$900,000 of the \$1.8M "Reserve for Housing Loan Program" will be expended in 2013.
7. Expenditures for the operation of therapeutic court programs reduced by \$500,900 in 2017 and thereafter, per Ordinance 12-097 and S.C.C. 4.25.050.
8. Expenditures decrease as level of supplant decreases, per RCW and S.C.C. Supplant as follows:
 - 2013: 30% of Sales Tax Revenues collected
 - 2014: 25% of Sales Tax Revenues collected
 - 2015: 15% of Sales Tax Revenues collected
 - 2016: 5% of Sales Tax Revenues collected