

Advocating for and Implementing Innovative Federal Funding Opportunities to Support Mental Health, Nutrition & Social Service Support

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CONTRACTING OPPORTUNITIES THROUGH MEDICAID WAIVERS: THE CALIFORNIA EXPERIENCE

Eli Veitzer, Chief Executive Officer, JFS Los Angeles

Historical Integration of Social Services and Healthcare through Medicaid Waivers

- Waivered Services are non-medical services or supports which are provided in lieu of medical services <u>and</u> which will reduce the overall cost of care. These are referred to as "waivered services" because the Federal government approves a waiver to Medicaid regulations which restrict funding to medical services only. Common examples include home care and home-delivered meals which may support an individual living in the community and prevent a higher-cost nursing home admission.
 - MSSP (Multipurpose Senior Services Program)
 - Assisted Living Waiver Program

CalAIM

- CalAIM is a multi-year initiative to improve the quality of life and health outcomes of California residents by implementing broad delivery system, program and payment reform across the Medi-Cal program.
- Seeking to address impacts of social determinants of health, social service needs and long-term services and supports through the healthcare system.
- Integration of medical care, behavioral health care and social services.
- A key feature of CalAIM is the introduction of Enhanced Care Management (ECM) and Community Support Services (waivered services) through Medi-Cal Managed Care Plans.

Enhanced Care Management (ECM)

Target Populations:

- 1. Individuals experiencing homelessness or who are at-risk of becoming homeless with complex health and/or behavioral health conditions.
- 2. Children or youth with complex physical, behavioral or developmental health needs.
- 3. High utilizers with frequent hospitalizations, short-term SNF stays or emergency room visits.
- 4. Individuals at risk of institutionalization who are eligible for long-term care services.
- 5. Nursing facility residents who want to transition to the community.
- 6. Individuals who are at risk of institutionalization who have co-occurring chronic health conditions and Serious Mental Illness, Serious Emotional Disturbance (children & youth) or Substance Use Disorder.
- 7. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.

Community Supports (CS)

CalAIM Authorized Community Supports:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services (for caregivers; up to 336 hrs/yr)
- Personal Care and Homemaker Services (augmentative to IHSS; up to 336 hrs/yr)
- Day Habilitation Programs
- Nursing Facility Transitions/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Environmental Accessibility Adaptations (Home Modifications) (includes ramps, grab bars, etc.)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation





WJCS Clinics: Serving the Westchester community since 1944

- 1944 Chartered by New York State
 - Budget was \$13,064 with 2 social workers, and psychiatric and psychological consultants
 - Served 112 families from our Main Street office in White Plains

1958 – Licensed by the New York State Office of Mental Health as Family Mental Health Clinics

- 3 offices
- Today Providing Mental Health services at a variety of locations. Largest outpatient provider in Westchester County.
 - 4 clinics in some of our most diverse Westchester cities: Yonkers, Mt. Vernon, Peekskill & Hartsdale
 - Plus 13 satellite clinics for a total of 17 licensed locations where we provide mental health services
 - # staff: including approx. 57 social workers, 9 social work interns, 7 licensed psychologists,
 4 pre- doctoral psychology fellows, 2 psychiatrists, 4 psychiatric nurse practitioners, 4
 licensed practical nurses, 9 care managers, 10 peers, and 3 employment specialists





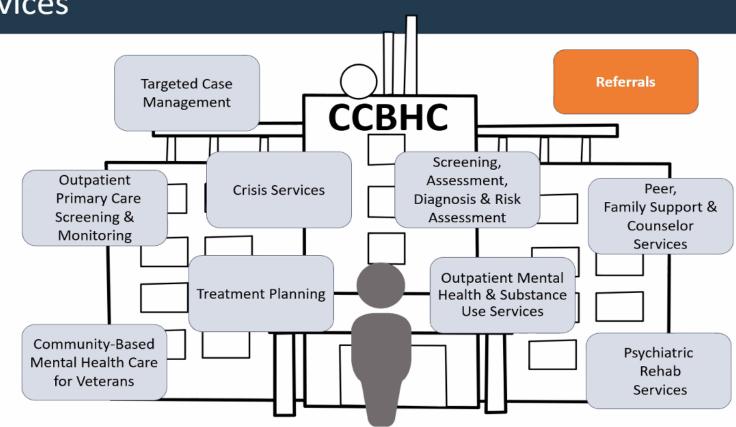
CCBHC Clinics

Certified Community Behavioral Health Centers, Grant Funded by SAMHSA

Required Services

CCBHCs must provide 9 required services directly or through a Designated Collaborating Organization (DCO).

CCBHCs may refer out to other service providers but are still responsible for coordinating care with other service providers.







CCBHC Clinics

WJCS received SAMHSA grants (\$4M) to continue services in Peekskill & Mt Vernon and \$4M to expand services into Yonkers community

- Working together to provide wrap-around services
- Funding allowed us to add staff to clinics: Care Manager, Peer Specialist and Education/Employment Counselor
- Services include, but are not limited to, assistance with housing, food insecurity, entitlements, transportation, crisis planning and stabilization, medical concerns, advocacy, employment/education needs and linkage to community resources
- Wrap around services help to integrate care for individuals in the communities that we serve. When they come to us, we are there to assist and guide them through all of life's challenges





Growth of CCBHC Clinic Program

From SAMHSA Grants to Medicaid Nationwide

- 2015: First SAMHSA grants
- 2017: Expanded to Medicaid in 8 states (67)
- 2022: Nationwide option expansion in Medicaid
 - Bipartisan Safer Communities Act
 - Consolidated Appropriations Act of 2023 (+\$70M)
- 2023: 500 in 46 states, DC, Guam, and Puerto Rico; new planning grants; 10 more states added to Medicaid demo; 15 more states (planning grants/\$IM each)





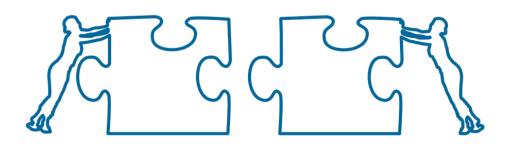
Program Benefits of CCBHC Program

- Provide the services needed to help those in your programs make progress
- Pays you for work you are likely already doing
- Increases linkages to other agencies
- Nationally known credential
- Improves morale of service providing staff



Challenges in Providing CCBHC Services

- Extensive reporting required both programmatically and financially
- If don't have previous federal grants, reporting requirements may require new systems
- Substantial data needs
- Must coordinate with many partners
- Uncertainty on future funding
- Difficulty hiring for new programs



Improving Access to NA Mental Health for Older Adults

WILL FRANCIS

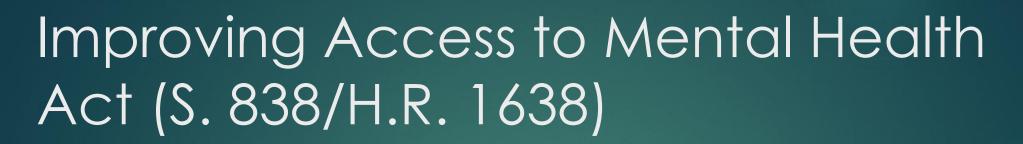
Executive Director National Association of Social Workers – Texas and Louisiana Chapters



Improving Access to Mental Health Act (S. 838/H.R. 1638)



- Introduced on March 16 and 17, 2023
- Bipartisan and bicameral
 - Sens. Debbie Stabenow, MSW (D-MI) and John Barrasso (R-WY) in the Senate
 - ▶ Reps. Barbara Lee, MSW (D-CA-12) and Brian Fitzpatrick (R-PA-01) in the House and 17 original cosponsors
- Committees of Jurisdiction
 - ▶ Senate Finance
 - ▶ House Ways and Means
 - ▶ House Energy and Commerce





- Support for the bill
 - ▶ 18 organizations, including NJHSA, endorsed the legislation upon introduction. See the NASW Press Release here: https://bit.ly/3LxyGrb
- Provisions
 - Allow clinical social workers (CSWs) to bill independently at skilled nursing facilities for Medicare Part B
 - Allow CSWs to bill for Health and Behavior Assessment and Intervention services in Medicare
 - ▶ Increase CSW reimbursement in Medicare from 75% to 85% of the Physician Fee Schedule

What can you do?



- Reach out to your members of Congress
 - ▶ Respond to NASW's action alert: https://bit.ly/3ySNNnx
 - Attend a Town Hall Meeting
 - Set up a meeting with your Senators' state staff and Representative's district staff
- ▶ Share your experience with Medicare and the need for this bill



What Can You Do to Support the Improving Access to Mental Health Act Right Now?

https://jewishtogether.salsalabs.org/mentalhealth



THANK YOU!

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