FIFTH TIME'S THE CHARM? CCBHC FUNDING TEMPORARILY EXTENDED AGAIN

For the fifth time, Certified Community Behavioral Health Clinics ("CCBHCs") have received a short-term funding extension with Congress' last-minute passage of a temporary government-wide spending bill. Funding for CCBHCs in this extension runs through December 20, 2019. This measure was signed into law late on November 21, just in the nick of time as this was hours before funding was set to expire.

The measure extends funding for CCBHCs in the eight states selected for the original Medicaid demonstration program: Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon and Pennsylvania. This innovative Medicaid demonstration enabled mental health centers to offer broad, coordinated services for serious mental illness and substance use disorders.

Lawmakers have eight legislative days to finalize all funding bills and further fund CCBHCs. Stakeholders should continue to work with Congress to secure long-term funding for the program.

FOR A MORE PERMANENT FIX, SENATE FINANCE BILL INCLUDES LONGER-TERM FUNDING

On December 6, 2019, leaders on the Senate Finance Committee unveiled an updated version of their bipartisan drug pricing bill that includes a two-year extension of the CCBHC program. Additionally, it adds 11 additional states to the program. While this is a breath of fresh air for the program considering all of the short-term funding deals, there is still a long way to go before this becomes law. Hall Render has learned that Republican Senate leadership is supportive of extending the program for at least two years. However, whether it gets signed into law remains a question as the White House and Senate Majority Leader Mitch McConnell (R-KY) have yet to specifically endorse.

For background on CCBHCs and additional information on Congress' attempts to fund the program, see our previous set of articles here and here.

IN OTHER BEHAVIORAL HEALTH NEWS…CMS APPROVES GAME-CHANGING MEDICAID PROJECT EXPANDING ACCESS TO BEHAVIORAL HEALTH TREATMENT

On November 6, Centers for Medicare & Medicaid Services ("CMS") approved a "first-of-its-kind" Medicaid demonstration project, which broadens behavioral health services available to Medicaid beneficiaries living in the District of Columbia (D.C.). Additionally, the D.C. Medicaid program is approved to begin providing new services for its beneficiaries diagnosed with substance use disorder.

In late 2018, CMS announced that it would allow states to waive the so-called institutions for mental diseases ("IMD") exclusion, through Section 1115 of the Social Security Act. The IMD exclusion prohibits the use of federal Medicaid funding for reimbursing behavioral health care and substance use disorder services performed in large residential psychiatric institutions and treatment centers. Specifically, the rule bars Medicaid from paying for treatment for adults under the age of 65 in psychiatric residential facilities with more than 16 beds. The Trump Administration explained the demonstration opportunity in a letter to state Medicaid Directors outlining how states can apply for, implement and report their progress with new demonstration programs.

D.C. becomes the first Medicaid program in the country to gain approval for a demonstration to use federal Medicaid funds to pay for treatment of IMD patients with severe mental illness. The D.C. demonstration also allows Medicaid to reimburse for treatment services for patients with substance use disorders within residential treatment facilities. It also authorizes D.C. to offer several new community-based behavioral health services through December 31, 2021. CMS Administrator Seema Verma touts the demonstration, "this integrated approach supports the District's goals of reducing opioid misuse and overdose deaths – while expanding the continuum of mental health and substance use treatment options for individuals in need."

While behavioral health treatment access is vital across the country, it is especially crucial for D.C. due to the opioid crisis, as well as a substantially large portion of the population being chronically ill and the number of homeless individuals with serious mental illness and/or substance abuse disorders. According to CMS, opioid-related fatal overdoses increased by 236 percent from 2014 to 2017 in D.C., and about one-third of the region's adult residents that are treated for substance abuse disorder have a co-occurring serious mental illness. CMS expects the demonstration to improve access to acute care, residential treatment, crisis stabilization and other mental health services. CMS also anticipates this will lead to reductions in preventable emergency room and inpatient care.

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Likely, the approval will encourage more states to apply for IMD exclusion waivers. Currently, Indiana and Vermont are the only two states that have applied for similar IMD mental health waivers. Approval for these is still pending. Stakeholders claim this funding could significantly reduce the financial burden for states when providing mental health residential services within medical treatment facilities and within prison systems.

If you have any questions or would like additional information about this topic, please contact:

- Dana Stutzman at (317) 977-1425 or dstutzman@hallrender.com;
- Andrew Coats at (202) 370-9587 or acoats@hallrender.com;
- Abby Kaericher at (202) 780-2989 or akaericher@hallrender.com; or
- Your regular Hall Render attorney.

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