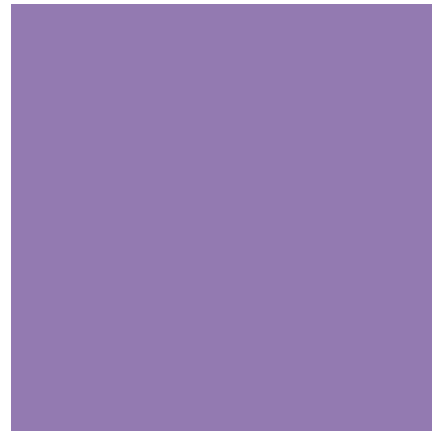




# Current Health Reform Efforts & Opportunities

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# + Immediate Areas of Focus

- Knowing the basics
- Influencing essential health benefits
- Creating/strengthening partnerships
- Engaging in state planning and/or providing information
- Crafting specific requests based on demonstrated need

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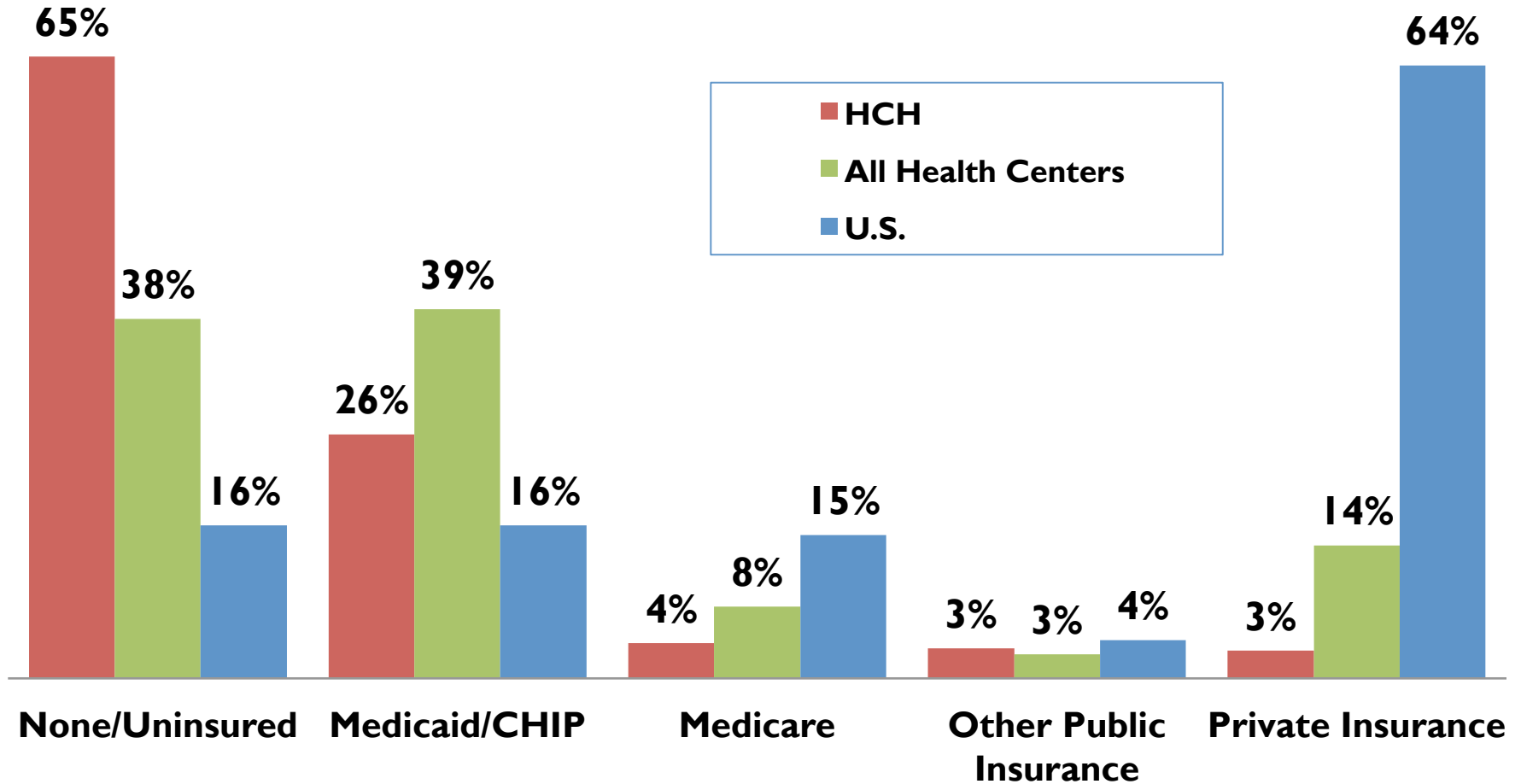


# The Basics of Medicaid Expansion



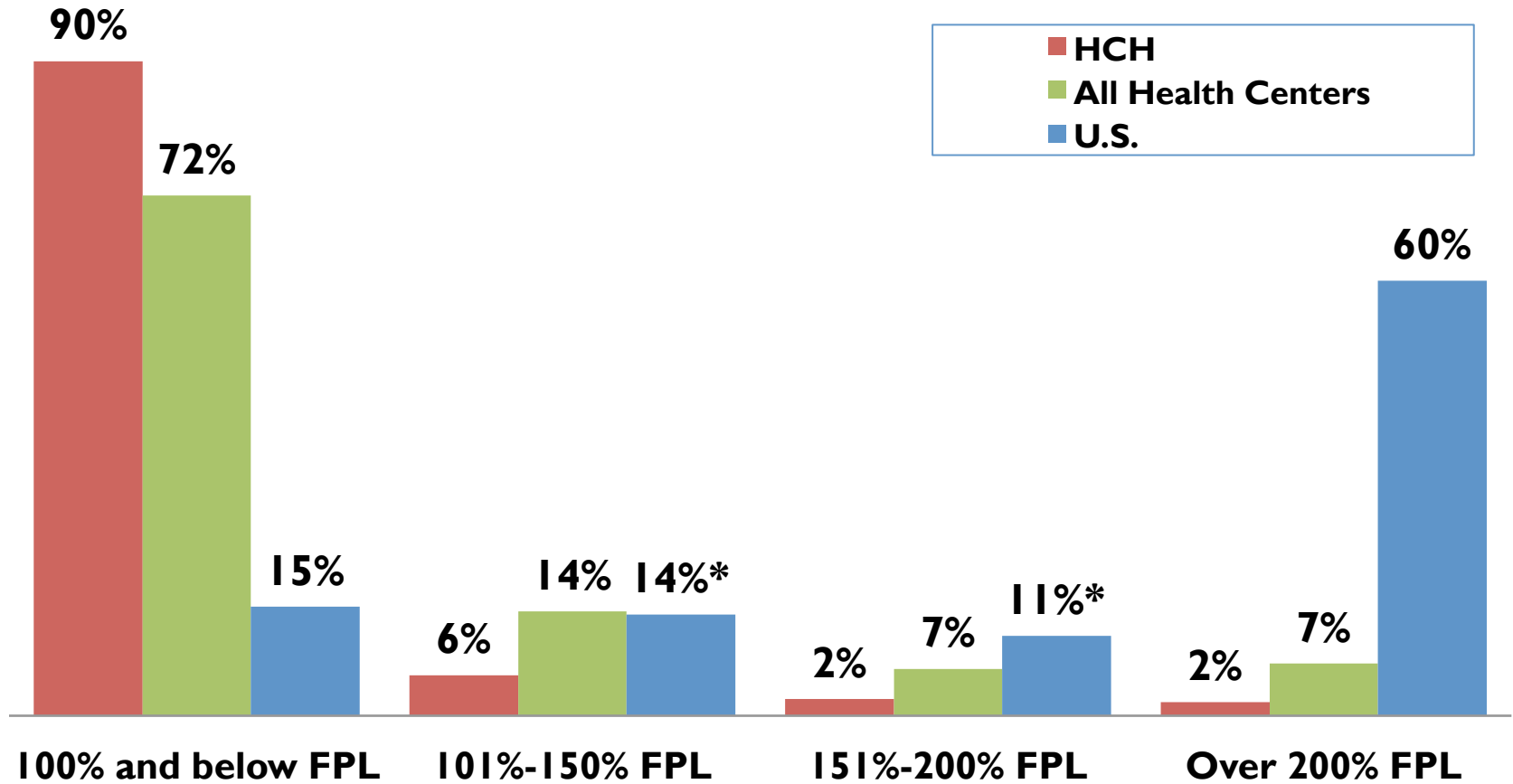
- January 1, 2014: Medicaid expands in all states to those earning  $\leq 138\%$  FPL
- Enrollment will be electronic, personal data auto-verified
- Prohibits requiring paper documentation at initial application (birth certificate, social security card, ID, etc.)
- Don't need permanent address, "no fixed address" allowed
- 12-month eligibility, auto-renewal (unless there are changes)
- Anticipate ~20 million remaining uninsured (many eligible, but unenrolled)

# Patient Insurance Status: HCHs v. All Health Centers v. U.S.



Sources: 2010 UDS Data, HRSA;  
2010 Census Data

# Patient Income: HCHs v. All Health Centers v. U.S.



Sources: 2010 UDS Data, HRSA  
 2010 Census data  
 State Health Facts (\* Note: 101-139%)

# + Essential Health Benefits

- Beginning in 2014, the benchmark coverage must include “essential health benefits,”
  - Ambulatory patient services
  - Emergency and hospital services
  - Maternity and newborn care
  - Mental health and substance abuse disorder services
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services (to include oral and vision care)

**Federal decision:  
Details up to States!**

# + Essential Health Benefits

- Final rules not yet issued
- States have to designate specifics of benchmark by September 30, 2012 (or default to largest small group plan)
- Benchmark in effect 2014-2015 (then an HHS review)
- State mandates are included
- Plans can modify coverage/supplement between categories
- Factors: cost, mandated categories, additional state mandates
- Benefit packages likely different than current benchmark



# Other Medicaid Options for Benefits

- Advance Medicaid expansion (all, or incremental)
- **Health Home Option: 90% Federal match (2 years)**
  - Care management/coordination, comprehensive transitional care from inpatient to other settings
  - Coordination/integration of medical and BH care
  - People with at least 2 chronic illnesses OR one SMI dx
  - States can target specific conditions/populations
  - Provider arrangements: single provider, team of professionals that link to a designated provider, or a health team







# Other Medicaid Options for Benefits



- Home and Community-Based Services Options:
  - Allows individuals to live more independently in a home and community-based setting (as opposed to an institution)
  - Several different HCBS programs available to provide flexibility to states and to improve access to targeted populations
    - 1915(c) – Home and Community-Based Services Waiver
    - 1915(i) – State Plan Home and Community-Based Services
  - FFP incentive for states offering HCBS to Medicaid beneficiaries



# Other Medicaid Options for Benefits

	1915(c) HCBS Waiver	1915(i) HCBS State Plan
Eligibility	Eligible individuals must demonstrate the need for a Level of Care that would meet the State's eligibility requirements for services in an institutional setting.	States may provide services and supports before individuals need institutional care, and to individuals with mental health and substance use disorders.
Services	<ul style="list-style-type: none"><li>• Case management</li><li>• Homemaker/home health aide services and personal care services</li><li>• Adult day health</li><li>• Habilitation</li><li>• Caregiver respite care</li><li>• Any other services requested by the State for day treatment or partial hospitalization services, psychosocial rehabilitation services, and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness</li></ul>	<ul style="list-style-type: none"><li>• Same services as the 1915(c) HCBS program</li><li>• Such other services requested by the State upon approval by the Secretary of the U.S. Department of Health and Human Services (excluding room and board)</li></ul>



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# Other Medicaid Options for Benefits



- Recommendations for to improve access to HCBS programs
  - Meet with your state's HCBS lead at the State Medicaid Agency
  - Learn how the eligibility requirements and enrollment process for HCBS
  - Encourage your community to prioritize housing for people who have disabilities
  - Become a HCBS provider or collaborate with HCBS providers
  - Advocate for your patients
- HCBS Webinar: May 31, 2012, go to [www.nhchc.org](http://www.nhchc.org) to register



# Partnerships

- Hospitals
  - CEO/CFO/Administrators
  - Emergency department lead
  - Social work/discharge lead
- Medicaid Director/Senior Staff
  - Future payer for services
  - Significant pressure for cost-containment
- Local/State Health Officers
  - Public health implications
  - Use of local services/budget impacts

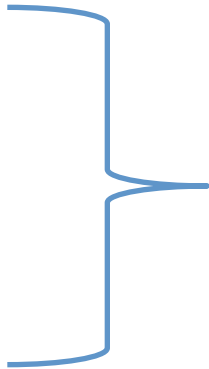




# Partnerships

## ■ Legislators/Council Members

- Health care leads
- Health disparities
- Poverty/homeless
- Fiscal conservatives
- Caucus members



Great for introducing legislation, mandating reports, scheduling informational briefings, getting attention to issues

## ■ Governors/Mayors

- 10-Year Plans to End Homelessness
- Budget concerns, impact on public services
- Leverage federal funding





# Partnerships



- **Judges/Specialty Courts**
  - Mental health/drug courts
  - Goal to reduce recidivism, engage in community care
- **Managed Care Organizations**
  - Key financial stakeholder
  - Wide range of flexibility for services and payment



# Other Changes & Potential Partners



- **New Delivery Care Models:** Emphasizing partnerships and data sharing

- Patient-Centered Medical Homes

- Accountable Care Organizations

- Continuing Care Entities



Will be sharing financial risk, interest in cost reduction/quality of care/health outcomes

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# State Planning & Need for Information



- Creation of state health benefit exchanges
- Commissions/task forces/advisory committees
  - Focus on special populations, safety net providers
  - Go to the meetings
  - Sign up to testify
  - Take consumers and Board members
  - Get nominated to stakeholder groups



# + Your Specific “Asks”

- What specific, feasible action(s) do you want to happen?
- Are action(s) outlined in writing with all needed detail?
- Do you have the data (hard or soft) to justify these changes?
- Have you identified someone appropriate to champion your cause?
- Have you met individually—and in coalition—with numerous stakeholders?