



Practice opportunities: Innovative community- based models

Federal Updates – Mental and Behavioral Health

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Practice Opportunity: Mental and Behavioral Health



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Workforce Development



**Health
Resources
Services
Administration
(HRSA)**

- **Behavioral Health Workforce Education Training Grant**
- **Pediatric Mental Health Care Access Program**
- **Substance Use Disorder Treatment and Recovery Loan Repayment Program**

**US Department
of Education**

- **Mental Health Service Professional (MHSP) Demonstration Grant Program**
- **IDEA Part D – Personnel Prep Grants**



Behavioral Health Workforce Education Training (BHWET) Grant Program

Program to increase the behavioral health workforce by providing funding to higher education programs to help train students – especially through establishing appropriate fieldwork placements.

Goals:

- Increase opportunities for innovative mental and behavioral health fieldwork
- Provide inter-disciplinary exposure to occupational therapy
- Include OT in a listing of other mental health providers in a program of national significance

Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP)

Student Loan Forgiveness for providing direct treatment or recovery support for patients with, or in recovery from, a substance use disorder.

- Up to \$250,000 in educational loan forgiveness
- 6 years of full-time employment in a STAR LRP approved facility
- Tier 1: The facility is in a county where the drug overdose death rate for the past three years is higher than the most recent national average
- That facility is in a Mental Health Professional Shortage Area.
- Tenure of employment

Department of Education Workforce Efforts

Mental Health Service Professional (MHSP) Demonstration Grant Program

- Annual grant program to bolster school-based mental health workforce
- Bipartisan Safer Communities Act –\$300 million extra
- Two OT programs received nearly \$10 million – first time ever for an OT program

IDEA Part D – Personnel Prep Grants

- Special Ed training grant program; prioritizing mental wellness, transitions, and more
- Received \$20 million in supplemental COVID funding
- AOTA contacted to discuss OT/PT/SLP workforce identified as priority
- Multiple OT academic programs funded

AOTA Education Summit Special Event

- Department of Education Update:
- “Using Federal Grants to Strengthen the School Mental Health Workforce” – Ruth Ryder, Deputy Assistant Secretary, Office of Elementary and Secondary Education (OESE)

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Community- Based Programs



Certified Community Behavioral Health Centers

In 2014 Congress established an 8 state, Medicaid centered, demonstration project to improve community mental health services

- CCBHCs would look like federally qualified health centers and would not operate on a fee for service basis
- **Federal Medicaid spending match – 90%**
- CCBHCs must provide a specific set of intensive mental health services

“SAFER” Communities Act - 2022

Some calling it a “Redo” of the original 1963 Community Mental Health Act

- \$8.6 billion for community based mental health services through CCBHCs
- Currently 10 states are “CCBHC states” - receive the federal 90% cost share
- Adds 10 more state every 2 years until all 50 are included
- **New opportunities for OT every 2 years**

Intensive Outpatient Program (IOP or IOS)

- Created in the *Consolidated Appropriations Act of 2023*
- Medicare Part B program to provide intensive mental and behavioral health services for people who need more than 9 hours of services a week
- But are not at risk for hospitalization
- Provided in:
 - Hospital Outpatient Department
 - Community Mental Health Center
 - Federally Qualified Health Center
 - Rural Health Clinic

Mirror of Partial Hospitalization

- IOP requirements mirror those of partial hospitalization
- Occupational therapy is a benefit under this program
- Differences between IOP and PHP:
 - Location of services (can include FQHC and RHC)
 - Intensity of Services (would not otherwise need to be hospitalized)



Expanded Opportunity

Federally Qualified Health Centers

Rural Health Clinics

Opioid Treatment Programs

- Now can provide IOP services
- Which would also include OT services



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Community- Based Programs



**Certified
Community
Behavioral
Health Center**



**Partial
Hospitalization
Program**



**Intensive
Outpatient
Program**

Partial Hospitalization Services at
Community Mental Health Centers
(CMHC)

“A CMHC must be primarily engaged in provide the following care and services to all clients served by the CMHC regardless of payer type and must do so in a manner that is consistent with the following accepted standards of practice:

(xi) Provides occupational therapy services

-Conditions of Participation



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Service Scope Standards



Crisis services

Crisis management services
Crisis stabilization
Emergency crisis intervention



Screening, assessment and diagnosis



Patient-centered treatment planning



Evidence based/informed outpatient mental health **and** substance use services

Service Scope Standards



Primary care screening and monitoring of key health indicators and health risk



Targeted case management

Up to and including ACT



Psychiatric rehabilitation services

Psychoeducation
Personal care and ADL
Supported housing
Supported education
Supported employment

SAMHSA - CCBHC Certification Criteria

- Staffing Requirements:
 - Specific professionals not listed (except psychiatrist and peer support specialists)
 - Appropriate staff to meet the service standards
 - Culturally and linguistically appropriate
- Suggested Staffing a combination of:
 - (1) psychiatrists
 - (2) nurses
 - (3) licensed independent clinical social workers
 - (4) licensed mental health counselors
 - (5) licensed psychologists
 - (6) licensed marriage and family therapists
 - (7) licensed occupational therapists
 - (8) staff trained to provide case management....

<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

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Pediatric Mental Health Care Access Program

- Program promotes behavioral health integration into pediatric primary care using telehealth.
- Statewide or regional networks of pediatric mental health teams provide teleconsultation, training, technical assistance, and care coordination support services for pediatric primary care and other providers.
- To better recognize pediatric behavioral health conditions and to diagnose, treat and refer children with such conditions.



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New Opportunities for Occupational Therapy in Payment Policy

Sharmila Sandhu, JD, Vice President of Regulatory Affairs
Fall ALC 2023

Regulatory Affairs Department



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Challenge

- Payer definitions
- Use of CPT codes



Participate

- In-person meetings with payers
- Official comments to policy makers
- AMA Coding Process
- Education for OT practitioners



Collaborate

- With AOTA Staff and Member Volunteers
- Coordinate with other associations
- Coalition letters to policy makers
- Joint Statements

Your membership in AOTA makes this advocacy possible



Caregiver Training Services

Increased federal focus on caregiver support opens new opportunities for OT reimbursement

- 2022 National Strategy to Support Family Caregivers
- National Family Caregiver Support Program
- Grandparents Raising Grandchildren Advisory Council Recommendations
- Guiding an Improved Dementia Experience (GUIDE) Model for dementia care



Caregiver Training Services

3 *NEW* caregiver training **codes**
beginning Jan 1, 2024

- Captures caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, **without the patient present**

<https://www.aota.org/advocacy/advocacy-news/2023/new-codes-support-reimbursement-for-caregiver-training>



Target Populations

Game changer for training informal caregivers where:

- Transitions of care require preparatory caregiver training or recommendations for the home environment.
- Caregiver skill training *with* the patient is contraindicated due to medical status (e.g., cognitive deficits, challenging behaviors, fluctuations in physical capacity or activity tolerance, PTSD, etc)
- Caregiver skill training *with* the patient is unsafe due to risk for patient injury



Caregiver Training Services

New CPT Codes for:

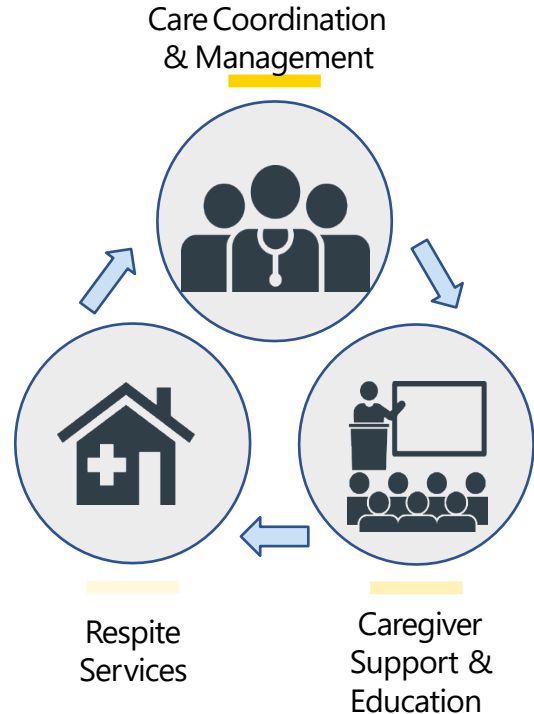
- Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (**without the patient present**); **initial 30 minutes**
- Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (**without the patient present**); **each additional 15 minutes** (List separately in addition to code for primary service)
- Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (**without the patient present**), with **multiple sets of caregivers**; **untimed**

Guiding an Improved Dementia Experience (GUIDE) Model Overview Webinar

Center for Medicare and Medicaid Innovation
August 2023

Model Purpose and Overview

The GUIDE Model will test whether a comprehensive package of care coordination and management, caregiver support and education, and respite services can **improve quality of life for people with dementia and their caregivers** while **delaying avoidable long-term nursing home care** and **enabling more people to remain at home** through end of life.



Care Coordination & Management

Beneficiaries will receive care from an **interdisciplinary team** that will develop and implement a comprehensive, person-centered care plan for **managing the beneficiary's dementia and co-occurring conditions** and provide **ongoing monitoring and support**.

Caregiver Support & Education

GUIDE participants will provide a **caregiver support program**, which must include caregiver skills training, dementia diagnosis education, support groups, and access to a personal care navigator who can help problem solve and connect the caregiver to services and supports.

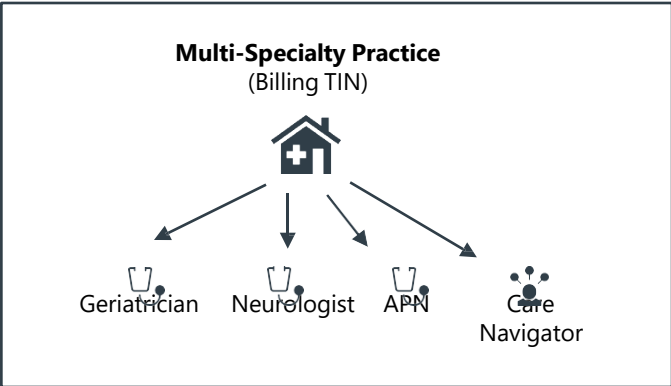
Respite Services

A subset of beneficiaries in the model will be eligible to receive payment for respite services with no cost sharing, up to a cap of **\$2,500 per year**. These services may be provided to beneficiaries in a variety of settings, including **their personal home, an adult day center, and facilities that can provide 24-hour care** to give the caregiver a break from caring for the beneficiary.

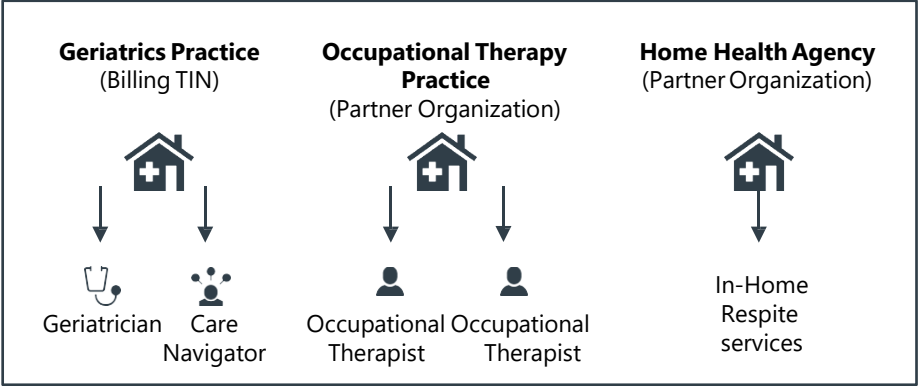
Who is Eligible to Participate in GUIDE?

GUIDE participants will be Medicare Part B enrolled providers/suppliers, excluding durable medical equipment (DME) and laboratory suppliers, who are eligible to bill for Medicare Physician Fee Schedule service and agree to meet the care delivery requirements of the model. If the GUIDE participant can't meet the GUIDE care delivery requirements alone, they have the ability to contract with "Partner Organizations," which are other Medicare providers/suppliers, to meet the care delivery requirements

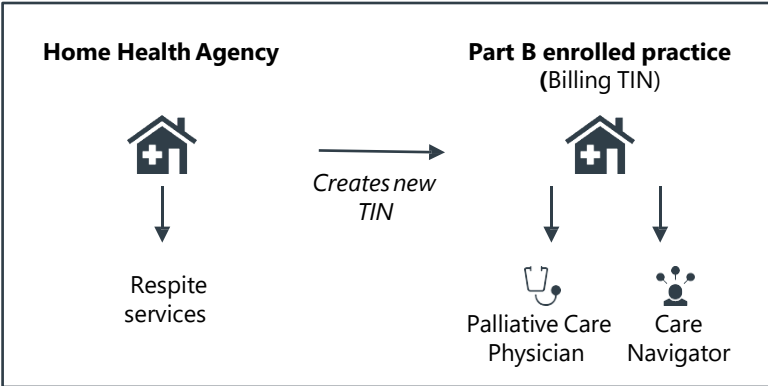
Example Dementia Care Program provider and supplier arrangements:



A single Medicare provider with multiple suppliers forms a GUIDE DCP



Several Medicare providers and multiple suppliers form a DCP



Medicare-enrolled provider establishes a new Part B enrolled TIN to form a GUIDE DCP

GUIDE is an 8-year voluntary model offered in all states, D.C., and the U.S. territories.

Care Delivery Requirements

Participants must provide specified services across the domains outlined below. Participants will tailor the exact mix of services based on each beneficiary's individual care plan.

COMPREHENSIVE ASSESSMENT

Beneficiaries and caregivers receive separate assessments to identify their needs and a home visit to assess the beneficiary's safety.

CARE PLAN

Beneficiaries receive care plans that address their goals, preferences, and needs, which helps them feel certain about next steps.

24/7 ACCESS

Beneficiaries and caregivers can call a member of their care team or a third-party representative using a 24/7 helpline.

ONGOING MONITORING & SUPPORT

Care navigators provide long-term help to beneficiaries and caregivers so they can revisit their goals and needs at any time and are not left alone in the process.



REFERRAL & SUPPORT COORDINATION

Beneficiaries' care navigator connects them and their caregivers to community-based services and supports, such as home-delivered meals and transportation.

CAREGIVER SUPPORT

Caregivers take educational classes and beneficiaries receive respite services, which helps relieve the burden of caregiving duties.

MEDICATION MANAGEMENT

Clinician reviews and reconciles medication as needed; care navigators provide tips for beneficiaries to maintain the correct medication schedule.

CARE COORDINATION & TRANSITION

Beneficiaries receive timely referrals to specialists to address other health issues, such as diabetes, and the care navigators coordinate care with the specialist.

Model Resources

The GUIDE Model team has a host of resources to support interested organizations. To see the latest resources, visit the model's website at <https://innovation.cms.gov/innovation-models/guide>.



Letter of Intent (LOI)

The GUIDE model's non-binding [LOI](#) will help us better assess your interest in the model. Information from the LOI helps the Model team better understand your organization's goals and challenges in applying to the GUIDE Model so that we can facilitate a smooth application process.



Model Factsheets

[Model Overview](#) and GUIDE Model [Dementia Pathways Infographic](#) may be found on the Model's website.



Request for Applications (RFA)

Coming in Fall 2023



Helpdesk

If you have questions for the model team, please reach out to us via email at GUIDEModelTeam@cms.hhs.gov.

Guiding an Improved Dementia Experience (GUIDE) Model Overview Factsheet

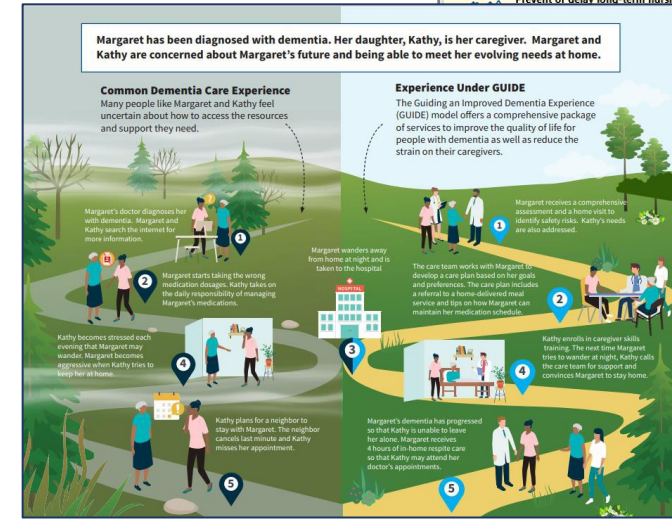
MODEL PURPOSE

Alzheimer's Disease and Related Dementia (ADRD) is a major public health issue and is increasingly affecting the American population. About 6.7 million Americans currently live with Alzheimer's disease or another form of dementia, a number that is projected to grow by nearly 14 million by 2050. To help address this, the GUIDE Model aims to:

- Improve quality of life for people with dementia** by addressing their behavioral health needs and functional status, coordinating care for dementia and co-occurring conditions, and improving transitions between community, hospital, and post-acute settings.
- Reduce burden and strain on unpaid caregivers of people with dementia** by providing caregiver skills training, support services, referring to community-based social services and supports, 24/7 care team access, and respite services.
- Prevent or delay long-term nursing home care** for as long as appropriate by helping people with dementia to remain in safety.

CAREGIVER SERVICES

Participants will assess and address caregiver needs and include the caregiver as part of the care team. Caregiver services will include ongoing monitoring and support and 24/7 hotline access to a support line.







American
Occupational Therapy
Association