Susan Greene & Associates

SGA

STRATEGIES TO INCREASE ACCESS TO HEALTH CARE

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What are Community-Based Collaborative Care Networks?

The House passage of the **Affordable Health Care for America Act** (**HR 3962**) included a provision for ***Community-Based Collaborative Care Networks***. What is the purpose of these networks, who must be included, how will they be organized? We have summarized the major features, directly from the bill, below.

Defined as a "...consortium of health care providers with a joint governance structure that provides a comprehensive range of coordinated and integrated health care services for low income patient populations or medically underserved communities."

Each ***community based collaborative care network*** shall include a safety net hospital that provides services to a high volume of low-income patients and ALL federally qualified health centers located in the geographic area served by the coordinated care network (unless such providers do not exist within community, declines or refuses to participate or places unreasonable conditions on their participation).

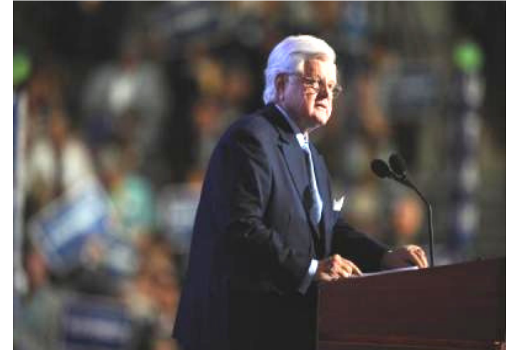
Each network MAY also include a critical access hospital, rural health clinic or rural health network, mental health clinic, substance abuse clinic, reproductive health clinic, health center controlled network, private practice or group practice physicians, a nurse or physician assistant or group practice, adult day care center, home health provider or any other type of provider, specified by HHS, with a desire to serve low-income and uninsured patients.

Participation in a ***collaborative care network*** shall not affect FQHCs' obligation to comply with Section 330 governance requirements. FQHCs may not be required to provide services beyond their federal scope of project approved by HRSA.

Range of services may vary based on needs of geographic areas or populations and may include a set of core services, must assign each patient to a PCP, chronic care management, nutritional counseling, transportation, language services, enrollment counselors, social services and others proposed by the network.

Must submit an evaluation at the beginning of 3rd yr of grant including number of people serviced, common health problems treated, any reductions in ER usage, improvements in access to primary care, etc.

Authorization to appropriate such funds as necessary for years 2011—2015.



Senator Ted Kennedy, the original sponsor of FQHC legislation, speaking at 2008 Democratic National Convention, his last public speaking engagement.

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INSIDE HRSA: WHAT SGA IS HEARING

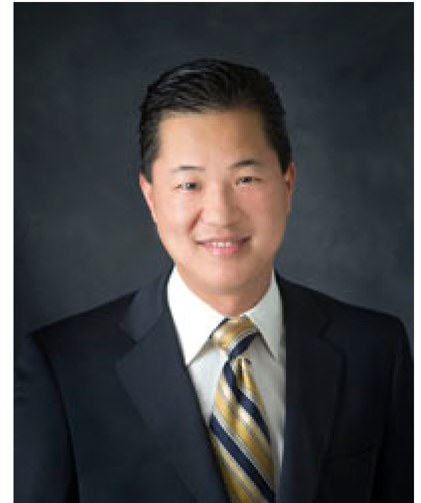
HRSA is waiting to see what new funding will emerge from Congressional health reform, if reform passes. Currently, all versions expand BPHC funding 50% next year. The FY 2010 Presidential budget did not include significant new dollars because of stimulus funding for health centers.

SGA hears that the first new dollars for Section 330 will go to permanently fund the 126 ARRA funded community health centers. When announced in early 2009 by President Obama, the 126 funded health centers were only guaranteed funding for 2 years. This will bring their status in line with all other Section 330 funded centers.

Secondly, the 2009 expansion grants (pharmacy, oral health, behavioral health & substance abuse) were so competitive, that HRSA will fund additional applicants from this original pool, possibly including expanded medical capacity grants.

Finally, there will be another opportunity to obtain capital funding.

It is expected that a New Access Point PIN will come out during 2010 but will entirely depend upon health reform increases in BPHC funding.



Christopher Lau, M.D., Chief Executive Officer, Northeast Community Clinic, Alhambra, California and SGA client

What are Federally Qualified Behavioral Health Centers?

HR 3962 establishes the criteria for *federally qualified behavioral health centers* (***FQBHC***), although there is NOT an appropriation to fund such entities. The following language is included in HR 3962.

FQBHCs shall be recertified at least every 5 years. Not later than 18 months after the date of enactment, final regulations shall be issued.

FQBHCs shall provide services in locations that assure access and in a manner which preserves human dignity and assures continuity of care.

Employs a core staff of multidisciplinary clinical staff.

Provide services, within the center's capacity, to any individual living or working in service area.

Provide directly, or through contract, to the extend covered by Medicaid, EPSDT, outpatient mental health (including screening, assessment, diagnosis, psychotherapy, substance abuse counseling, medication mgmt, and integrated treatment for mental illness and substance abuse which shall be evidence based), outpatient primary care services, crisis mental health service (with 24 hr mobile crisis teams), targeted case management, psychiatric rehabilitation, peer support, family supports, etc.

Maintain linkages with inpatient psychiatric facilities and substance abuse detoxification and residential programs.

SGA believes there will be further clarification and/or revisions in the conference committee.

School Based Health Centers Funded Separately

The House bill also includes funding for School Based Health Centers.

Authorizes appropriation of $50 million for fiscal year 2011 and such sums as may be necessary for 2012-15.

SHC must provide non-Federal funding sources of an amount equal to 20% of the amount of the grant (may be in-kind or in cash). Must not supplant non-Federal and other funds otherwise available. May only SUPPLEMENT existing funds.

Sponsoring facility may be a hospital, public health dept, FQHC, nonprofit health care entity whose mission is to provide access to primary care, local educational entity, or Indian Health Service.

Preferences in funding to SHCs that have demonstrated a record of service to at least one of the following: high percentage of medically underserved; communities or populations in which access to mental health services are difficult; or communities with high percentages of uninsured, underinsured, or Medicaid eligible children and adolescents.

To be eligible for grant funding, SHC shall meet necessary criteria (outlined above), provide evidence of need for services, have established collaborative relationships with other providers, provides services with on-site access during academic day with network of support and access to backup health providers when school or SHC is closed, must be integrated into school environment.

Grant funds may be used for providing training related to the provision of comprehensive primary care and add'l services, the mgmt and operation of SHC, including subcontracts, and the payment of salaries for health professionals and other appropriate staff.

Must provide comprehensive primary health services meaning core services shall include comprehensive assessment, diagnosis and treatment of minor, acute, and chronic medical conditions and referrals to, and follow-up for specialty care; and mental health assessments, crisis intervention, counseling, treatment and referral to continuum of services including emergency psychiatric care, community support programs, inpatient care, and out patient programs; may include others such as oral health and health education.

HR 3962 Final Section 330 additional authorized appropriation was:

FY 2011 $1 billion

FY 2012 $1.5 billion

FY 2013 $2.5 billion

FY 2014 $3.0 billion

FY 2015 $4.0 billion

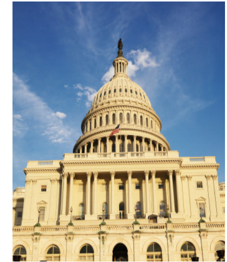
ADDITIONAL HR 3962 PROVISIONS

Nurse Managed Health Centers. Establishes a nurse-managed health center program to award grants to entities that plan and develop a nurse managed health center or operate a nurse managed health center.

Funds may be used for equipment, training and technical assistance related to providing primary care services and other activities related to planning, developing, or operating a nurse managed center.

Grants require 20% match and may not supplant other funds. Must provide comprehensive primary care services, without respect to insurance status or patient income, to a medically underserved population.

Authorized to appropriate such sums as may be necessary for each of fiscal years 2011—2015.



Allows States to implement a Community First Choice Option. Under Medicaid state plans, states may provide coverage of community-based attendant services and supports furnished in homes and communities, at an individual's option, who would otherwise qualify for Medicaid.

Such supports include assistance to individuals with disabilities in accomplishing daily activities. Federal matching percentage is enhanced.

Creates "Teaching Health Center" Demonstration Project. A teaching health center is defined as a FQHC or rural health clinic that develops and operates an accredited primary care residency program for which funding would be available if it were operated by a hospital. Demonstration will provide payments to teaching health centers for its own direct costs of graduate medical education activities for primary care residents, as well as for the direct costs of GME activities of its contracting hospital for such residents, in a manner similar to which such payments would be made to a hospital operating such a program.

HR 3962 ESTABLISHES A PUBLIC HEALTH INVESTMENT FUND WITH $33.9 BILLION, FROM 2011-2015, FOR INVESTMENTS IN PREVENTION, WELLNESS, AND OTHER ACTIVITIES.

Funding for SBIRT. Authorizes appropriation of $30 million in FY 2011 for grants, contracts, or cooperative agreements to fund SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS.

Funding is for entities to provide SBIRT services, to coordinate these services with primary care in the same setting, to develop a network for patient referrals, to purchase needed screening and other tools necessary to provide services.

To be eligible, a public or nonprofit entity must provide primary health care services, seek to integrate with mental health and substance abuse services.

Preference in funding for rural or frontier areas, to serve special populations, including American Indian or Alaskan native, provide services in school based health clinics or on college campuses.

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WE ARE ON THE WEB!
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Since 1998, SGA has worked with safety net providers across the county, including public and private hospitals, health systems, FQHCs, free clinics and other providers to assess capacity, conduct FQHC feasibility studies, access federal funding, identify and negotiate strategic partnerships, and conduct operational assessments to expand access to care for the underserved.

Firm activities include:

- **Strengthening Ambulatory – Hospital Partnerships**
- **Building Collaborative Relationships**
- **Strategic Planning for Health Systems, Community Health Centers, Physicians**
- **Complex Project Management for public agencies and health systems**
- **Operational Assessments for long term Sustainability and Capacity Expansion**
- **Federal FQHC Look-Alike and Section 330 CHC strategy and application(s)**
- **Strategic Positioning & Business Plan Development**
- **Community Needs Assessment & Target Population Strategies**
- **Policy Analysis with particular expertise in Medicaid**
- **Facilitation of Meetings of Board of Directors, Executive Staff, Managers**

This newsletter is sent twice a month to current and former SGA clients.

Health Reform Process, What Health Centers Should Do

It is important to remember that the House bill is only one step in what will certainly be an arduous process. Not until both the House and Senate pass identical bills, and the President signs, is a bill considered law.

Health centers should continue to embark on expansion planning, both in terms of capital needs and services. With such profound increased funding in the passed House bill and both Senate bills, HRSA/BPHC will be stretched to spend these funds even more than we have witnessed with stimulus funding.

Strategies to consider include expanding scope of services, submitting change of scope to include sites and/or services not currently in your 330 scope, collaboration with safety net hospitals to position yourselves for Collaborative Care Network funding AND continue to work towards meeting the “meaningful use” criteria for information technology.

SGA is available to assist with your strategic planning and feasibility studies.