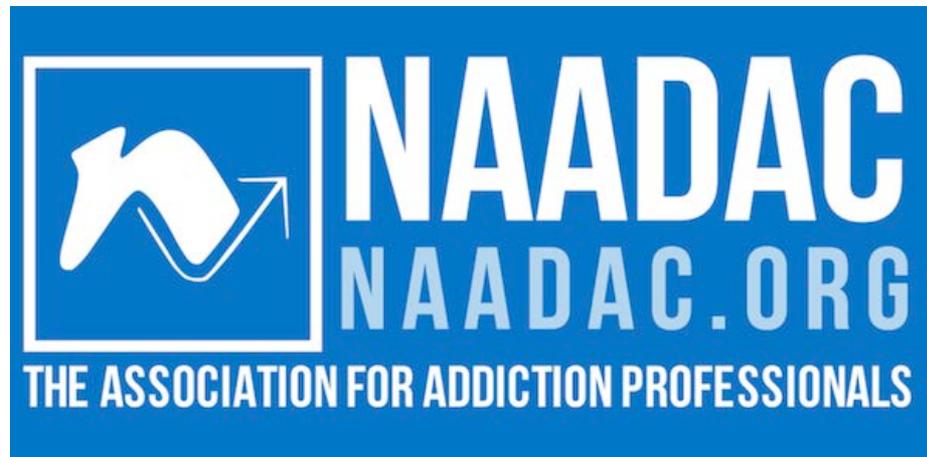




The Affordable Care Act (ACA): What It Means for the Addiction Profession





Introductions



Gerry Schmidt is currently the Chief Operations Officer at Valley HealthCare System in Morgantown, WV, and the Chair of NAADAC's Public Policy Committee. He has been in the addictions treatment field for nearly 40 years and has served in various capacities with NAADAC. He served on and chaired the NAADAC Certification Committee, is the current Chair of the Public Policy Committee and serves as NAADAC's Clinical Affairs Consultant. Gerry has been active over the past 5 years in the development and implementation of several of NAADAC's Life Long Learning Series of trainings. He is active both nationally and within West Virginia in legislative advocacy.



Introductions



Cynthia Moreno Tuohy, NCAC II, CCDC II, SAP, is the Executive Director of NAADAC, the Association of Addiction Professionals. She previously served as the Executive Director of Danya Institute and the Central East Addiction Technology Transfer Center. Prior to this she was the Program Director for Volunteers of America Western Washington, serving homeless populations and dealing with the co-occurrence of poverty and substance abuse issues. In addition, she has been the administrator of multi-county, publicly funded alcohol/drug prevention/ intervention/ treatment centers with services ranging from prenatal care to the serving the elderly for over 20 years. Moreno Tuohy has been a trainer in Domestic Violence/Anger Management and Conflict Resolution for over 19 years as well as an International, National and State trainer in a variety of topics. She has served as President of NAADAC, Certification Board Commissioner, International Chair, Treasurer and Legislative Chair for NAADAC. Moreno Tuohy has also written training components and manuals regarding: Working with adolescents, adults, seniors, school intervention, involuntary commitment, community mobilization, intensive outpatient and continuing care, impaired driver programs, EAP and gang intervention/treatment.



Training Goals

- ✓ Update you on the Affordable Care Act (and other addiction focused priority policy issues), and the impact and opportunities for the addiction profession
- ✓ How to get involved in implementation at the state level;
- ✓ How NAADAC Can Support Your Affiliate; and
- ✓ Questions and Answers



The Issues

Priority policy issues that NAADAC is working on for our members:

Priority Issue 1:
Ensuring that both the Affordable Care Act (ACA) and Wellstone-Pete Domenici Mental Health Parity and Addiction Equity (Parity) Act are fairly and effectively implemented

Priority Issue 2:
Growing and developing the addiction professional workforce in the 21st century

Priority Issue 3:
Increasing federal and state funding levels for addiction treatment



Priority Issue 1: Ensuring that Affordable Care Act is Fairly and Effectively Implemented

- **The Affordable Care Act (ACA)**, signed into law by President Obama in March 2010, expands health insurance coverage to 32 million Americans, largely through state health insurance Exchanges for individuals and small businesses, and through an expansion of Medicaid for low-income individuals and families in 2014
- ACA requires the plans in the Exchanges, as well as Medicaid expansion plans, to cover a set of “essential health benefits” that include “mental health and substance use disorder [MH/SUD] services, including behavioral health treatment.” In other words, under the new law, services such as screening, early intervention, treatment, and recovery support for patients **with substance use disorders will be provided in the same manner** and in the same primary care settings as services for any other illness
- The change will bring needed help to many as it also increases awareness that drug dependence is a chronic, treatable disease



Affordable Care Act

For millions of Americans the new health reform law significantly enhances access to healthcare, including prevention and treatment services for substance use disorders





The Affordable Care Act (ACA): What It Means for the Addiction Profession

- The passage of the Patient Protection and Affordable Care Act (ACA) has ensured that the role of behavioral health in the overall healthcare system will change – this means addiction and mental health services from across a continuum of care.
- Now, it is more important than ever to know how healthcare reform will affect your role and the role of States, behavioral healthcare providers, and consumers.



Background

- In 2008, 23.1 million Americans age 12 and older needed treatment for a substance use problem, and yet only 2.3 million – one in ten – received care at a specialty treatment center.
- Many of those who do not receive, but could benefit from, treatment do not have health insurance or other means to pay for it.
- By helping more people get the care they need, the ACA, when fully implemented in 2014, will go a long way toward closing the “treatment gap.”

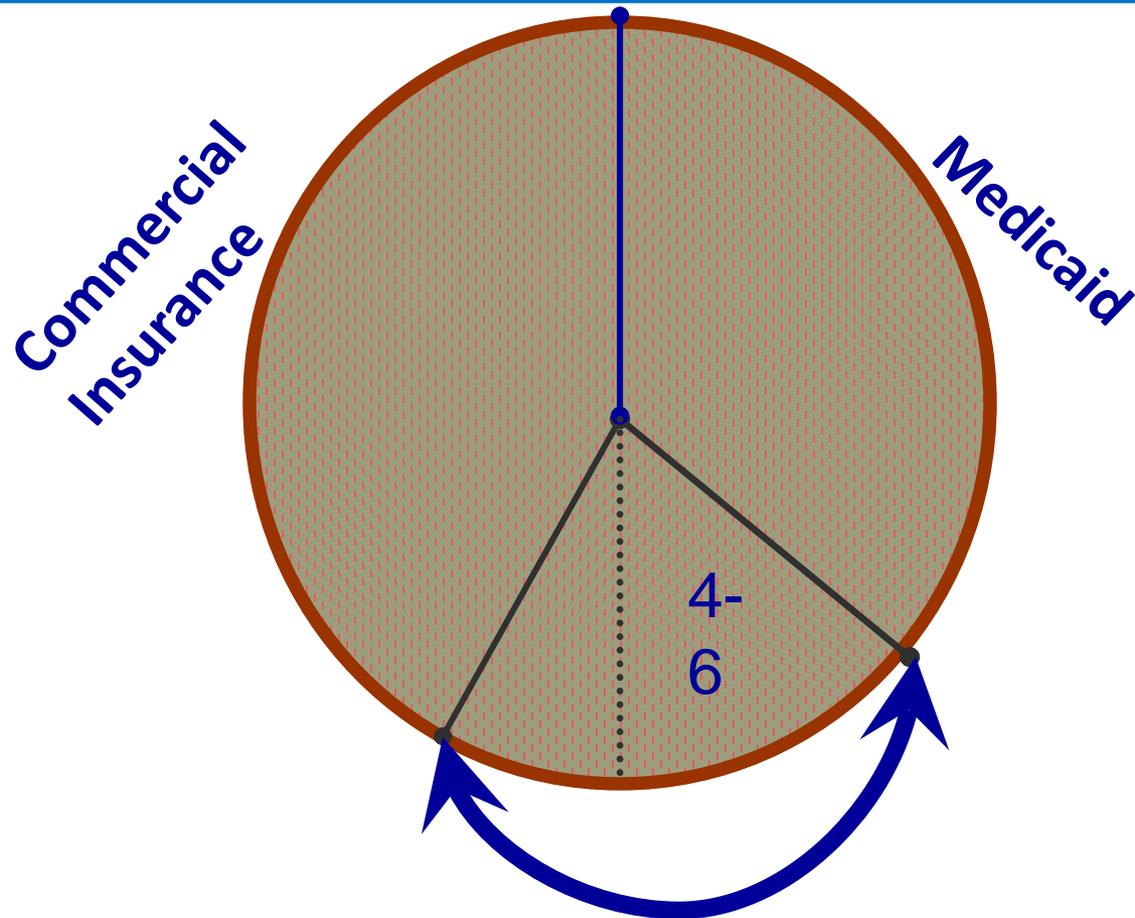


The Affordable Care Act

- The Affordable Care Act (ACA), signed into law by President Obama in March 2010, expands health insurance coverage to 32 million Americans, guaranteeing that 95 percent of Americans will be covered.
- Under the new law, services such as screening, early intervention, treatment, and recovery support for patients with substance use disorders will be provided in the same manner and in the same, primary care settings as services for any other illness.
- The change will bring needed help to many as it also increases awareness that drug dependence is a chronic, treatable disease.



In 2014: 32 MILLION MORE AMERICANS WILL BE COVERED





The Affordable Care Act

- Of the 32 million currently uninsured Americans who will receive health insurance under the ACA, about 5 million meet medical diagnostic criteria for a substance use disorder (6-10 Million with M/SUDs.)
- These Americans will receive insurance coverage to help pay for substance use treatment.



The Affordable Care Act

- Insurers will no longer be able to deny coverage based on pre-existing medical conditions, such as substance use disorders



The Affordable Care Act

- Individuals and small businesses have access to affordable coverage through a new competitive private health insurance market through state-based Health Insurance Exchanges
- Plans offered through the Exchanges are required to cover mental health and substance use disorder services and must meet the “parity” requirements of the Wellstone-Domenici Mental Health Parity Act of 2008.



The Affordable Care Act

- Medicaid eligibility is expanded for families or individuals with incomes up to 133 percent of Federal poverty guidelines. Many newly eligible beneficiaries will receive substance use services
- Participation in Medicaid will help more patients gain access to traditional healthcare benefits, such as medications and behavioral therapies in the treatment of addiction



How Do These Numbers Break Down?

In 2014:

- 6.3 million individuals newly covered by Medicaid will be in need of behavioral health services
- 4.2 million individuals newly covered by private insurance will be in need of behavioral health services
- \$30 billion in Medicaid funding annually for substance abuse services
- \$7 billion annually in private healthcare contributions for substance abuse services



Implementation of Affordable Care Act

NAADAC, along with other addiction groups, has been working to ensure the full inclusion of substance use disorder services within the Essential Health Benefits package that is offered under the ACA



Priority Issue 1: Ensuring the Parity Act is Fairly and Effectively Implemented

- In October 2008, President Bush signed into law **the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act**
- This historic law requires most insurance plans to provide the same level of benefits for mental health and substance use disorder services that they provide or other health care conditions
- The final rule that was issued on November 8th, 2013 through the Departments of Treasury, Labor and Health and Human Services. These rules govern the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA)



Priority Issue 1: Ensuring The Parity Act Is Fairly And Effectively Implemented

- The final plan is effective for insurance plan years beginning on or after July 1, 2014. The reality is that the bulk of the insurance plans end on December 31, thereby making the effective date for most insured to be January 1, 2015.
- Final rule clarified the scope of service eligibility as follows: A) the 6 classification of benefits (inpatient in and out-of-network, outpatient in and out-of-network, emergency care, and prescription drugs) was never intended to exclude intermediate levels of care (intensive outpatient, partial hospitalization, residential). Therefore, expect these to be covered in insurance plans. B) the language in e the final rule on scope makes it clear that each classification and sub-classification has to meet all parity tests within each classification.



Priority Issue 1: Ensuring The Parity Act Is Fairly And Effectively Implemented

- It further states that “the classifications and sub-classifications are intended to be comprehensive and cover the complete range of medical/surgical benefits and mental health or substance use disorder benefits offered by health plans and issuers.”
- This language, coupled with the new specific examples around intermediate levels of care, makes it clear that MH/SUD services have to be comparable to the range and types of treatments for medical/surgical within each class.



Priority Issue 1: Ensuring The Parity Act Is Fairly And Effectively Implemented

- C) Although neither the Interim Final Rule (IFR) or final rule mandate specific services required to be offered by plans under the 6 classifications, the final rule clarifies that plans must assign intermediate services in the behavioral health area to the same classification as plans or issuers assigned intermediate levels of services for medical/surgical conditions.



Implementation of the Parity

- MHPAEA requires that the criteria for medical necessity determinations be made available to any current or potential enrollee or contracting provider upon request. MHPAEA also requires that the reason for the denial of coverage or reimbursement must be made available upon request. New disclosure requirements in the final rule will require plans to provide written documentation within 30 days of how their processes, strategies, evidentiary standards and other factors used to apply an NQTL were imposed on both medical/surgical and MH/SUD benefits.



Implementation of the Parity

- The final rule clarifies, as codified in federal and state law, states have primary enforcement authority over health insurance issuers. As such, states will be the primary means of enforcing implementation of MHPAEA. The Department of Health and Human Services (HHS), through its Centers for Medicare and Medicaid Services (CMS), has enforcement authority over issuers in a state that do not comply. The Department of Labor (DOL) has primary enforcement authority over self-insured ERISA plans.



Implementation of the Parity

- These final rules do not apply to Medicaid Managed Care Organizations, Children's Health Insurance Program (CHIP) or Alternative Benefit Plans (i.e. Medicaid Expansion Plans under the ACA) even though the rule states the statute applies to these entities. As stated, the January 2013 CMS State Health Official Letter will continue to govern implementation of Medicaid managed care parity. The final rule states more guidance on this will be forthcoming. The PIC will be requesting this additional Medicaid guidance be issued within 180 days.



Implementation of the Parity

- The final rules give clear direction for plan parity requirements. It will be vital that the clients/patients you are planning to serve understand the provisions in their health benefit coverage, what the limits are for medical/surgical benefits and that the substance use disorder/mental health benefits are on par. If they are not, the State Insurance Commissioner or the Department of Health and Human Services are the departments with primary responsibility to enforce.
- (Final regulations available at: www.dol.gov/ebsa/pdf/mhpaeafinalrule.pdf)



Priority Issue 2: Growing and Developing the Addiction Professional Workforce in the 21st Century

- Under the Affordable Care Act, by 2014 approx. 32 million more Americans will have health insurance coverage, which will include treatment services for substance use disorders
- About 5 million of these newly insured will meet the medical diagnostic criteria for a substance use disorder
- **Demand will rise for qualified and well-trained addiction professionals**



Priority Issue 2: Growing and Developing the Addiction Professional Workforce in the 21st Century

- Unfortunately, the addiction treatment workforce currently is not equipped to handle this influx and other professions are willing the gap without specific education, training, skills and competencies specific to substance use disorders.
- NAADAC is promoting the addiction professional as a specialty health care profession that requires specific educations, training, skills and competencies.
- NAADAC is promoting a stronger career ladder with equitable pay and benefits as counseling professions to build the addiction workforce.



Priority Issue 2: Growing and Developing the Addiction Professional Workforce in the 21st Century

What Challenges Face the Addiction Workforce?

Growth rate is high. There is predicted to be a 31% growth rate from 2012 -2022

Current numbers are 89,600 identified Addiction Counselors

Compensation is low. The median income of addiction counselors was \$38,520 in 2012

Mental Health and Marriage & Family Counselors average is \$41, 500

Social Workers is \$44,200



Priority Issue 2: Growing and Developing the Addiction Professional Workforce in the 21st Century

- NAADAC is working to ensure that current and future addiction counselors receive the same opportunities as other health professionals, such as federal loan forgiveness and scholarship programs. For the first time, in the 2015 budget is \$2 M budgeted specific for addiction workforce scholarships.
- By ensuring that addiction counselors can compete on a level playing field additional counselors will be able to enter the profession and remain in their field of practice



Priority Issue 3: Increasing Federal and State Funding Levels for Addiction Treatment

- The Substance Abuse Prevention and Treatment Block Grant (SAPT) is **single largest** funding stream for state treatment programs and the most important program that provides addicted individuals treatment
- The SAPT Block Grant serves our nation's most vulnerable, low-income populations
- Funding for the SAPT Block Grant is essential for those clients who do not apply for the ACA or have other wrap-around auxiliary needs (transportation, child care, housing, and others)



Priority Issue 3: Increasing Federal and State Funding Levels for Addiction Treatment

SAPT BLOCK GRANT FUNDING	
2007	\$1,758,591,000
2008	\$1,758,727,939
2009	\$1,778,600,000
2010	\$1,798,600,000
2011	\$1,782,600,000
2012	\$1,778,000,000
2013	\$1,710,300,000
2014	\$1,819,800,000



Priority Issue 3: Increasing Federal and State Funding Levels for Addiction Treatment

NAADAC, as part of the Addiction Leadership Group, is calling on Congress to:

- Invest in the “Safety Net” - Maintain the existing structure of the Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Increase research funding with NIDA and NIAAA as well as research specifically in the efficiency of substance use disorders treatment by counselors educated, trained and experienced in SUD specific knowledge, skills and attitudes (TAP 21 and 21A)



How to Get Involved in ACA Implementation at the State Level

- As the Affordable Care Act is implemented in 2014, individuals will have access to health care coverage through a new competitive private health insurance market – state-based Health Insurance Exchanges and the National Marketplace

Health Insurance Marketplace

Dept. of Health and Human Services

465 Industrial Blvd.

London, KY 40750-0001

1-800-318-2596 - www.healthcare.gov

Visit <https://localhelp.healthcare.gov/> to find an Assistor to enroll you in person.



NAADAC Working for You!

- NAADAC working to develop with other National Organizations and the Federal Government a National Addictions Workforce Development Plan
- Began by cataloging the recent significant contributions to Substance Use Disorder and Mental Health Workforce Needs and Development
- NAADAC has catalog our Workforce Initiatives (see page 15 in your program) and submitted to SAMHSA



Major Goals and Tasks – Annapolis Coalition – November 2013

- **Three Specific Goals:** 1) broadening the concept of the workforce in behavioral health 2) Strengthening the existing workforce 3) Creating a national infrastructure to support workforce development
- **Three First Tasks :** 1) Advocate for resources from the Administration and Congress to effectively address the crisis. 2) Allocate a greater portion of time and resources to workforce development. 3) Create a robust national technical assistance structure on Mental Health and Substance Use Disorders workforce development.



NAADAC's Workforce Strategy

- ▶ Promote the substance use profession as a specialty health care profession requiring specific competencies, training skills, and abilities. Building a stronger career ladder with equal pay & benefits to develop the workforce needed to serve clients.
- ▶ Collaborate with other disciplines to strengthen their substance use disorder skills and training.



NAADAC's Workforce Strategy

- Work in partnership with addiction and mental health colleagues to build infrastructure to expand recruitment, retention and reimbursement (3 R's).
- Expand access to services, develop integrated models of care and delivery systems including: early preventions, screening, special populations (child, adolescent, elderly, veteran, rural, sexual orientation, et al) treatment & recovery.



How NAADAC Can Help

- **National Committees** (members listed on website)
 - NAADAC Public Policy Committee
 - NAADAC Clinical Issues

- **State Advocacy Liaisons**
 - Work with both NAADAC Govt. Relations Dept. and your state affiliate to (1) track state-level legislative issues and (2) mobilize your state's grassroots when there's a national issue that requires action



How NAADAC Can Help

- ✓ **Articles** in *Advances in Addiction & Recovery* and *NAADAC eNews*, among others
- ✓ **Access** to NAADAC 800.548.0497



How Can NAADAC Support You?

- Strategic Inventory/Planning Guidance
- Articles for affiliate newsletters
- Data
- Best practices
- Letters of support (see www.naadac.org/advocacy)
- Boilerplate proclamations, talking points, and other documents.
- Guide to Addiction Policy



Additional Resources

 **NAADAC**
THE ASSOCIATION FOR
ADDICTION PROFESSIONALS
www.naadac.org

Guide to State-level Advocacy for NAADAC Affiliates



A Publication of NAADAC, the Association for Addiction Professionals
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1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314
P 800.548.0497 / 703.741.7686
F 800.377.1136 / 703.741-7698

Guide to State-level Advocacy for NAADAC Affiliates
January 2011

1



Additional Resources

How-To Series:

Licensing of Substance Use Disorder Professionals in States

August 2010



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Questions and Discussion

