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BEHAVIORAL HEALTH UPDATE: April 2017
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. Seema Verma sworn in as CMS administrator.
2. Repeal/replace legislation withdrawn.
3. President issues executive order establishing commission to address opioid use disorders.
4. Administration releases FY18 budget recommendations.
5. Now effective: Joint Commission surveying, scoring of ligature, suicide, self-harm in inpatient psychiatric settings.
6. April 11 Joint Commission webinar to focus on “Measurement-Based Care.”
7. May 1 is deadline to comment on Joint Commission field reviews of the National Patient Safety Goals on suicide prevention.
8. May 4 webinar to provide IPF PEPPER update.
9. May 17 is deadline to apply for SAMHSA grants to integrate primary, behavioral health care.
10. Joint Commission issues Sentinel Event Alert on “safety culture.”
11. NQF’S Measure Applications Partnership identifies opportunities to reduce measure burden in federal healthcare programs, including IPFQR.
12. Webinar recording discusses potential measures for the IPFQR program.
13. CMS/HHS letter to governors on Medicaid highlights interest in speedier approval of demonstrations and use of 1115 waivers.
14. CMS provides information on how to bill for collaborative care.
15. House subcommittee focuses on fentanyl’s role in the opioid crisis.
16. CDC: Drug overdose deaths increased more than 2.5 times between 1999 and 2015.
17. AHRQ issues final report on use of first and second generation antipsychotics in children and young adults.
18. VA plans to expand mental health care to former service members with other-than-honorable discharges and in crisis.
19. CMS streamlines access to ICD-10 resources on one website.
20. Reminder: National Alcohol Screening Day is April 6.
21. May is Mental Health Month.

1. SEEMA VERMA SWORN IN AS CMS ADMINISTRATOR. Seema Verma is now serving as the new administrator of the Centers for Medicare and Medicaid Services (CMS). She was confirmed (55-43) last month by the Senate. As president and founder of healthcare consulting company SVC Inc., Ms. Verma worked with the state of Indiana to design its Healthy Indiana Plan for low-income uninsured adults and on Medicaid reform projects in other states.

2. REPEAL/REPLACE LEGISLATION WITHDRAWN. House Republican leaders on March 24 pulled from consideration on the House floor their bill (the *American Health Care Act* or AHCA), which had been intended to replace the *Affordable Care Act* (ACA). The move came as Republicans were unable to garner enough votes to pass the legislation. Speaker Paul Ryan (R-WI) said that the ACA would remain the law of the land for the “foreseeable future.”

3. PRESIDENT ISSUES EXECUTIVE ORDER ESTABLISHING COMMISSION TO ADDRESS OPIOID USE DISORDERS. On March 29, President Trump [announced](#) an [executive order](#) establishing a “President’s Commission on Combating Drug Addiction and the Opioid Crisis.” The announcement came in conjunction with a White House opioid and drug abuse [listening session](#),

and [opening remarks](#) by President Trump. The new commission, to be chaired by New Jersey Governor Chris Christie, will include the Attorney General as well as the Secretaries of Health and Human Services (HHS), Veterans Affairs (VA), and Defense (DoD). In addition, up to five non-federal members (including provider stakeholders) are to be appointed by the commission chair. The commission is being asked, among other things, to “assess the availability and accessibility of drug addiction treatment services and overdose reversal throughout the country and identify areas that are underserved; identify and evaluate existing federal programs to prevent and treat drug addiction for their scope and effectiveness, and make recommendations for improving these programs; and make recommendations to the President for improving the Federal response to drug addiction and the opioid crisis.” The commission is expected to release a full report later this year.

4. ADMINISTRATION RELEASES FY18 BUDGET RECOMMENDATIONS. The Administration released a [Budget Blueprint](#) for fiscal year 2018 (FY18) outlining a plan to significantly reduce the size of government to support an additional \$54 billion in defense spending. The President’s FY18 budget requests \$69 billion for the Department of Health and Human Services (HHS), a \$15.1 billion (or 17.9%) decrease from the 2017 level. “This funding level excludes certain mandatory spending changes but includes additional funds for program integrity and implementing the *21st Century CURES Act*,” the plan states. “In addition to funding Substance Abuse and Mental Health Services Administration [SAMHSA] substance abuse treatment activities, the Budget also includes a \$500 million increase above 2016 enacted levels to expand opioid misuse prevention efforts and to increase access to treatment and recovery services to help Americans who are misusing opioids get the help they need.” In addition, the budget proposal “invests in mental health activities that are awarded to high-performing entities and focus on high priority areas, such as suicide prevention, serious mental illness, and children’s mental health.” A full budget (with 10-year projections for taxes and spending) is expected to be released in May, with greater detail on the President’s plans for Medicare, Social Security, and other programs.

5. NOW EFFECTIVE: JOINT COMMISSION SURVEYING, SCORING OF LIGATURE, SUICIDE, SELF-HARM IN INPATIENT PSYCHIATRIC SETTINGS. Effective immediately, The Joint Commission has announced it will place added emphasis on the assessment of ligature, suicide, and self-harm observations in psychiatric hospitals and inpatient psychiatric patient areas in general hospitals. A March 1 [Joint Commission Online article](#) details the specific steps surveyors will take during on-site surveys to document all observations of ligature or self-harm risks in the environment. Each observation of a ligature or self-harm risk will be considered a requirement for improvement (RFI). The article details steps required for documentation of findings and follow-up. For more information on suicide risk, prevention, and resources, The Joint Commission recommends reviewing a Joint Commission [Sentinel Event Alert](#) on “Detecting and Treating Suicide Ideation in All Settings,” as well as the [Design Guide for the Built Environment of Behavioral Health Facilities](#) posted on the website of the Facility Guidelines Institute. The stepped-up emphasis “comes at a time when there is national concern about the number of suicides in hospitals,” The Joint Commission said. “Also, the ‘Zero Suicide’ campaign has set a new bar to eliminate suicides in healthcare facilities. Suicide is second on the list of The Joint Commission’s sentinel event database.”

6. APRIL 11 JOINT COMMISSION WEBINAR TO FOCUS ON “MEASUREMENT-BASED CARE.” On April 11, The Joint Commission will offer a webinar on “Measurement-Based Care: How, Why and When to be Ready.” The webinar will be held from 1pm-2pm Eastern. The new standards will apply only to behavioral health facilities accredited under the Behavioral Health Manual. Revisions that are effective Jan. 1, 2018, have been published for Behavioral Health Care Outcome Measures standard CTS.03.01.09 in the Care, Treatment, and Services chapter. The revisions include elements of performance (EPs) that require organizations to use: a standardized tool or instrument to monitor an individual’s progress; the results from analysis of the data to inform the individual’s goals

and objectives as needed; and their data to evaluate outcomes of the population(s) they serve. For information or to register for the webinar, go to <http://pages.jointcommission.org/BH2017.html>.

7. MAY 1 IS DEADLINE TO COMMENT ON JOINT COMMISSION FIELD REVIEWS OF THE NATIONAL PATIENT SAFETY GOALS ON SUICIDE PREVENTION. The Joint Commission is revising the current National Patient Safety Goal (NPSG) on suicide risk assessment for the Hospital and the Critical Access Hospital programs based on research and the feedback from experts and customers. “This NPSG is intended to assist healthcare organizations to better identify and treat individuals with behavioral health diagnoses who are potentially at risk for suicide,” said The Joint Commission. It addresses detection of individuals potentially at risk as well as screening, risk assessment, and taking care of at-risk individuals. Prior to commenting, The Joint Commission recommends reviewing the [Proposed Revisions to the Hospital Accreditation Program NPSG Related to Suicide](#) or the [Proposed Revisions to the Critical Access Hospital Accreditation Program](#). Submit [Hospital comments](#) or [Critical Access Hospital comments](#) online no later than May 1.

8. MAY 4 WEBINAR TO PROVIDE IPF PEPPER UPDATE. Hold May 4 at 1pm Central Daylight Time for a free, one-hour webinar that will review what has been updated in the Q4FY16 Program for Evaluating Payment Patterns Electronic Report (PEPPER) for Inpatient Psychiatric Facilities (IPFs). Registration for the event, to be hosted by the TMF Health Quality Institute, is not required. [Click this link to join the event](#) (with event number 922 100 824, and password wagonwheel). To connect by telephone, dial 1-415-655-0003 (toll). This number will be active 10 minutes prior to the start of the session. A handout will be available starting May 3 on the PEPPER’s [IPF Training and Resources page](#). (After the live event, a recording will be available at the same link by May 18.)

9. MAY 17 IS DEADLINE TO APPLY FOR SAMHSA GRANTS TO INTEGRATE PRIMARY, BEHAVIORAL HEALTH CARE. The Substance Abuse and Mental Health Services Administration is accepting applications for \$22.6 million in fiscal year 2017 (FY17) [grants](#) for states to work with qualified community health programs to integrate primary and behavioral health care for adults and children. The agency anticipates awarding 11 grants of up to \$2 million per year over five years through cooperative agreements under the program. Applications for FY17 are due May 17.

10. JOINT COMMISSION ISSUES SENTINEL EVENT ALERT ON “SAFETY CULTURE.” In health care, leadership’s failure to create an effective safety culture is a contributing factor to many types of adverse events such as delays in treatment, according to a new [Sentinel Event Alert](#) issued by The Joint Commission. The alert provides actions and resources to help healthcare organizations establish and continuously improve upon key components of safety culture. “A strong safety culture begins with leadership; their behaviors and actions set the bar,” [said](#) Ana Pujols McKee, M.D., executive vice president and chief medical officer, The Joint Commission. “I urge all healthcare leaders to make safety culture a top priority at their healthcare organization. Establishing and improving safety culture is just as critical as the time and resources devoted to revenue and financial stability, system integration and productivity—because a lack of safety culture can have serious consequences for patients, staff, and other stakeholders.”

11. NQF’S MEASURE APPLICATIONS PARTNERSHIP IDENTIFIES OPPORTUNITIES TO REDUCE MEASURE BURDEN IN FEDERAL HEALTHCARE PROGRAMS, INCLUDING IPFQR. Seven of 20 current Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program measures should be removed, according to a new [report](#) from the National Quality Forum’s (NQF’s) Measure Applications Partnership (MAP). The IPFQR Program is one of seven federal healthcare programs in which recommendations were made. In all, MAP recommended that the Department of Health and Human Services (HHS) remove 51 of 240 measures used throughout various federal programs. The IPFQR measures the MAP suggests removing are detailed in Appendix B. “In order for

CMS [the Centers for Medicare and Medicaid Services] to act on these recommendations, it will likely need to engage in rulemaking as well as consider other programmatic needs not taken into account by the MAP process,” NQF [said](#).

12. WEBINAR RECORDING DISCUSSES POTENTIAL MEASURES FOR THE IPFQR PROGRAM. A [recording](#) and [slides](#) from a national provider webinar for participants in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program focus on “Potential Measures for the IPFQR Program and the Pre-Rule Making Process.” Originally presented on March 21, the archived presentation provides an overview of the measure development and review process that occurs prior to rulemaking, as well as information about the measures that the IPFQR Program is considering for adoption in the future. Presenters include Michelle Geppi, health insurance specialist, Centers for Medicare and Medicaid Services (CMS); Erin O’Rourke, senior director, National Quality Forum; Kyle Campbell, PharmD, vice president, pharmacy and quality measurement, Health Services Advisory Group (HSAG); and Evette Robinson, M.P.H., project lead, IPFQR Program, Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC). Measure topics under consideration are: medication continuation following inpatient psychiatric discharge; medication reconciliation on admission; and identification of opioid use disorder. This presentation (as well as other archived IPFQR webinars) are online at <http://www.qualityreportingcenter.com/inpatient/ipf/events/>. The April (date to be announced) IPFQR webinar will focus on the abstraction process for the transition record measures.

13. CMS / HHS LETTER TO GOVERNORS ON MEDICAID HIGHLIGHTS INTEREST IN SPEEDIER APPROVAL OF DEMONSTRATIONS AND USE OF 1115 WAIVERS. Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma joined Health and Human Services Secretary Tom Price in a [joint letter to governors](#) announcing their commitment to “...ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population.” States, they [said](#), “are in the best position to assess the unique needs of their respective Medicaid-eligible populations and to drive reforms that result in better health outcomes.” The letter states that the agencies aim to improve State Plan Amendment approval process and speed “to facilitate expedited waivers of ‘fast-track’ approval of waiver and demonstration project extensions. We also endeavor to be more consistent in evaluating and incorporating state requests for specific waivers and demonstration project approaches that have already received approval in another state.” The letter also outlines plans to address the opioid epidemic. The letter notes that under recent regulatory changes, states may now make managed care capitation payments for individuals with Institutions for Mental Disease [IMD] stays of 15 days or less within a month. “We will continue to explore additional opportunities for states to provide a full continuum of care for people struggling with addiction and develop a more streamlined approach for Section 1115 substance abuse treatment demonstration opportunities,” the letter stated.

14. CMS PROVIDES INFORMATION ON HOW TO BILL FOR COLLABORATIVE CARE. The Centers for Medicare and Medicaid Services (CMS) has posted to its [website](#) a number of resources to help providers bill Medicare under the fee-for-service physician fee schedule. Two publications highlight how to bill for collaborative care. See a [Fact Sheet: Behavioral Health Integration Services](#) and [Frequently Asked Questions about Billing Medicare for Behavioral Health Integration Services](#).

15. HOUSE SUBCOMMITTEE FOCUSES ON FENTANYL’S ROLE IN THE OPIOID CRISIS. The House Energy and Commerce Subcommittee on Oversight and Investigations held a March 21 hearing titled [Fentanyl: The Next Wave of the Opioid Crisis](#). “Fentanyl and its analogues have contributed to at least 5,000 overdose deaths in the United States,” noted Subcommittee Chairman Rep.

Tim Murphy (R-PA) in his [opening statement](#). The subcommittee heard testimony from Mathew Allen, assistant director of Homeland Security Investigative Programs and Homeland Security Investigations for Immigration and Customs Enforcement (ICE); Kemp Chester, acting deputy director of the Office of National Drug Control Policy; Wilson Compton, deputy director of the National Institute on Drug Abuse; Debra Houry, director of the National Center for Injury Prevention and Control at CDC; and Louis Milione, assistant administrator in the Diversion Control Division of the Drug Enforcement Administration.

16. CDC: DRUG OVERDOSE DEATHS INCREASED MORE THAN 2.5 TIMES BETWEEN 1999 AND 2015. In 2015, the age-adjusted rate of drug overdose deaths in the United States (16.3 per 100,000) was more than 2.5 times the rate in 1999 (6.1 per 100,000), according to a [data brief](#) (#273) from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS). Drug overdose death rates increased for all age groups, with the greatest percentage increase among adults aged 55–64 (from 4.2 per 100,000 in 1999 to 21.8 in 2015). In 2015, adults aged 45–54 had the highest rate (30.0).

17. AHRQ ISSUES FINAL REPORT ON USE OF FIRST AND SECOND GENERATION ANTIPSYCHOTICS IN CHILDREN AND YOUNG ADULTS. The Effective Health Care Program (EHC) of the Agency for Healthcare Research and Quality (AHRQ) has posted a final report titled [First- and Second-Generation Antipsychotics in Children and Young Adults: Systematic Review Update](#). The report reviews the evidence on first- and second-generation antipsychotics for the treatment of various psychiatric and behavioral conditions in children, adolescents, and young adults (ages ≤ 24 years).

18. VA PLANS TO EXPAND MENTAL HEALTH CARE TO FORMER SERVICE MEMBERS WITH OTHER-THAN-HONORABLE DISCHARGES AND IN CRISIS. Department of Veterans Affairs (VA) Secretary. David J. Shulkin, M.D. has [announced his intention](#) to expand provisions for urgent mental health care needs to former service members with other-than-honorable (OTH) administrative discharges. This move marks the first time a VA Secretary has implemented an initiative specifically focused on expanding access to assist former OTH service members who are in mental health distress and may be at risk for suicide or other adverse behaviors, the VA said.

19. CMS STREAMLINES ACCESS TO ICD-10 RESOURCES ON ONE WEBSITE. To streamline access to resources, the Centers for Medicare and Medicaid Services (CMS) has made www.cms.gov/ICD10 the official site for all resources related to use of the ICD-10 (the International Classification of Diseases). Required use of ICD-10 became effective for all HIPAA-covered entities on October 1, 2015. CMS will phase out an earlier website (Road10.org) by April 3. Please be sure to update all your bookmarks and links to point to www.cms.gov/ICD10 going forward. You can also [sign up](#) for CMS ICD-10 email updates.

20. REMINDER: NATIONAL ALCOHOL SCREENING DAY IS APRIL 6. National Alcohol Screening Day (NASD), set for April 6 this year, is an annual campaign bringing attention to the critical needs of people with alcohol and other substance use disorders and their families. During the month of April, Screening for Mental Health, Inc. provides the public with a free, anonymous substance use screening at www.HowDoYouScore.org.

21. MAY IS MENTAL HEALTH MONTH. Since 1949, Mental Health America (MHA) and its affiliates have led the observance of May as “Mental Health Month.” MHA is making available a toolkit to help other organizations join in conducting awareness activities in local communities. Go to <http://www.mentalhealthamerica.net/may> for details.

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