



ABH February Committee Meetings

Tuesday, February 2
ATS, 10 a.m.

Wednesday, February 3
e-Health, 10 a.m. (Hampton Inn, Natick)

Friday, February 5
Children's Services CEO, 10 a.m. (Hampton Inn, Natick)

Monday, February 8
Billing, 10 a.m. (Hampton Inn, Natick)

Thursday, February 11
CPS Oversight, 10 a.m.
SOAP, 10 a.m. (Hampton Inn, Natick)

Wednesday, February 10
Outpatient, 10 a.m. (Hampton Inn, Natick)

Friday, February 12
CBHI, 10 a.m. (Hampton Inn, Natick)

Corporate Compliance, 10 a.m.

Tuesday, February 16
OTP, 9:30 a.m.

Friday, February 19
DAE/SOA, 10 a.m.

Thursday, February 25
DSM-5/ICD-10, 10 a.m. (SMOC Café)

All meetings are held at ABH unless otherwise noted. For more information, call 508-647-8385.

ABH FY'17 Budget Recommendations

We recently submitted our Fiscal Year 2017 budget request to Secretary Sudders at the Executive Office of Health and Human Services (EOHHS) and the Commissioners serving relevant EOHHS agencies. Below is a snapshot of some of our budget requests:

Department of Mental Health (DMH)

- Continue to support expanding access to community based services in order to impact the current Emergency Department Boarding Crisis
- Annualize funding to preserve all existing community placements, especially those created in the last year
- Support funding to increase the clinical capacities in programs like Community Based Flexible Supports (CBFS)
- Preserve funding for DMH programming for children and adolescents
- Expand funding for the jail diversion grant program operated by DMH

Bureau of Substance Abuse Services (BSAS)

- Increase funding for the main BSAS line item by \$21 million to fund vital new services to address the ongoing opioid crisis
- Provide funding to expand Supportive Case Management and Recovery Coaches
- Maintain existing funding for other BSAS-funded services

MassHealth

- Fund MassHealth at a maintenance level to preserve all existing behavioral health services
- Further invest in MassHealth community based behavioral health outpatient services
- Provide adequate funding to ensure successful implementation of the *Rosie D.* court order.

If you have any questions, please do not hesitate to contact Mandy Gilman at AGilman@ABHmass.org.

Career Development Opportunities

Some of ABH's committees have recently discussed workforce training opportunities and career development. As a result of those discussions, ABH has compiled a list of resources and opportunities for staff and supervisors:

For Supervisors:

Smith College School for Social Work has a Graduate Certificate Program for an Advanced Clinical Supervision Certificate. Details can be found [here](#).



Considering an MSW?

For staff who are considering getting their Masters in Social Work, there is a web-based MSW program through the University of Southern California. Details can be found [here](#). The program is supported by the National Council for Behavioral Health (all ABH members are automatically members of the National Council due to your ABH membership). There are some scholarships offered!

Family Partners and Therapeutic Mentors

Recruitment is starting for the Family Partner and Therapeutic Mentor training programs at Urban College in Boston – classes begin on January 27, 2016. These are FREE 9 month Certificate Programs & Paid Internships for both Family Partners and Therapeutic Mentors. See attached flyers for details. Those interested in these trainings are welcome to contact Chantell Albert (chantell.albert@gmail.com) for more information.

Loan Forgiveness

For those who are exploring Loan Forgiveness, please click [here](#). This information was compiled by the DMH [CBH Knowledge Center](#). The DMH CBH Knowledge Center also has other workforce resources on their website.

Clawback Legislation

The Joint Committee on Financial Services recently held a public hearing on a piece of ABH priority legislation, H. 9205, *An Act to Limit Retroactive Denials of Health Insurance Claims for Mental Health and Substance Abuse Services*.

This legislation limits both MassHealth and commercial health insurers to a six month period for recovering payments to a provider for completed services. Health care providers are required to meet billing deadlines (usually 60 or 90 days) and get prior authorization before providing services (or within 24 hours) in order to receive payment for services.

Health insurance companies have the ability to audit and take back reimbursements (clawbacks) given to health care providers for services rendered, sometimes years in the past. For example, one ABH member reported clawbacks totaling \$50,000 that dated back to 2013. Another reported clawbacks totaling \$137,000. At this point, it is often too late for providers to bill the other payor.

This bill would also require MassHealth to institute a backend process to reconcile changes in MassHealth managed care insurance coverage without involving the provider.

To read our testimony in its entirety, click [here](#).





Happy New
Year!

ABH would like
to wish you all a
happy and
healthy new
year.

As we look
forward to 2016,
we do so
knowing that
your support
makes our work
possible.

Thank you.



Certified Community Behavioral Health Clinics

In 2014, Congress enacted the Excellence in Mental Health Act to help states establish Certified Community Behavioral Health Clinics (CCBHCs). In October 2015, twenty-four states, including Massachusetts, were awarded planning grants to prepare for CCBHC development, and of these states, up to eight will be selected to participate in a two-year CCBHC demonstration program.

CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services, and they will be required to offer the following services either directly or through a formal contract with a designated collaborating organization (DCO): crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization; screening, assessment and diagnosis including risk management; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring; targeted case-management; psychiatric rehabilitation services; peer support, counseling services, and family support services; services for members of the armed services and veterans; and, connections with other providers and systems (criminal justice, foster care, child welfare, education, primary care, hospitals, etc.)

The National Council for Behavioral Health has developed a feasibility and assessment tool that organizations can use to help determine whether or not it is feasible to move forward to become a CCBHC or whether your organization should consider becoming a DCO for a CCBHC. The tool also includes a readiness assessment of your organization's ability to meet the CCBHC certification standards. If your organization has determined that it is feasible to move forward as a CCBHC. The Feasibility and Readiness Assessment tool is available [here](#).

Bargain Hunters: Free Training!

Are you interested in learning more about mental health parity laws?

Would you like guidance on how to appeal a denial of coverage by an insurance company?

Would you like to know how to identify and report parity law violations?

Health Law Advocates (HLA) and the Association for Behavioral Healthcare are conducting a **free training** for health care providers that address these issues. All are welcome to attend. A Question and Answer session will follow the training.

When: Tuesday, January 19, 2016

Time: 10-12 p.m.

Where: Hampton Inn, 319 Speen Street, Natick, MA

Please RSVP to Caroline Donahue at ctdonahue@hla-inc.org or by phone at (617) 275-2981. You may also contact Caroline to request copies of the training materials.

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MAP Updates

The Department of Public Health recently issued an [advisory](#) clarifying that “it is the policy of the Medication Administration Program (MAP) that the possession and use of naloxone is not covered by the MAP Policy Manual” meaning that the storage and administration of naloxone (narcan) in programs is exempt from the requirements of MAP.

MAP for STARR—Implementation Delayed

On December 31, EOHHS posted an amendment to the Caring Together RFR on CommBuys regarding MAP (Medication Administration Program) implementation for STARR providers. The amendment announces a delay in MAP implementation for STARR until April 1, 2016 (from December 31, 2015). The amendment/language announcing the delay can be found [here](#).

RFR Roundup

DPH/BSAS has posted an RFR seeking a licensed outpatient agency to pilot the **Recovery Coaches in Emergency Department (RCED) project** in one opioid overdose hotspot area having high rates of unintentional opioid overdoses with the goal of increasing engagement and enrollment in treatment and recovery programs for individuals with opioid addiction at this critical intervention point. The RFR is available [here](#).

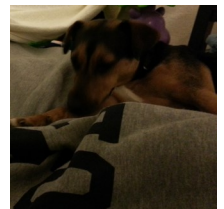
The on-call recovery coach will respond to overdoses that result in care in the emergency departments. In order to respond to these crises, the recovery coaches are expected to have lived experience and completed the BSAS Recovery Coach training. Staff will need to be available during all hospital shifts in order to respond to any overdose crisis that is presented in the emergency department. Recovery Coaches provide non-clinical support services and should not be utilized as clinical staff. BSAS reserves the right to fund more than one agency if additional funds become available. The annual contract amount will be approximately \$500,000.

The Bidders Conference is scheduled for Thursday, January 21 at 12 noon. To participate, register [here](#).

Keeper's Korner

Brrr. It's a fact: Keeper does not like the cold. She has short fur and is from Southern Virginia. What she does like is stealing blankets and reading and/or watching a bit of television:

- ["A New Direction on Drugs" with Michael Botticelli from the Office of National Drug Control Policy. 60 Minutes.](#)
- [Lethal Strain of Heroin Strikes Western Massachusetts. CNN](#)
- [Keep Things Simple For A Healthy, Long Life. NPR](#)



Cozy blankets are the best.