



MHSACM E-Update

September 2009



MHSACM October Committee Meetings

All meetings are at MHSACM unless otherwise noted.

Substance Abuse

Residential

Thursday, October 1
(Tentative)
10:00-11:30 am

ATS

Tuesday October 6
10-11:30 am

CBFS

Tuesday, October 6
3:00-4:30 pm

Corporate Compliance

Friday, October 9
10:00-11:30 am

Quality and Outcomes

Friday, October 16
9:30-11:30 am
Advocates, Inc.

DAE/SOA

Friday, October 16
10-11:30 am

Billing Rules, Regulations and Policy

Monday, October 19
9:30-11:30 am

FST

Monday, October 19
2:00-4:00 pm
Framingham Public Library

For more information, call
508-647-8385.

Saying Good-bye to Our Lion

Senator Edward M. Kennedy, 1932-2009

On Saturday, August 29, 2009, the Kennedy family, Massachusetts, and the nation laid to rest one of its icons. Senator Edward M. Kennedy, known affectionately as Teddy, succumbed to a brain tumor on Tuesday, August 25 after a fifteen month battle.

With his passing, Massachusetts loses not only its senior Senator, but one of the greatest advocates for the poor, the disabled, and the mentally ill. Senator Kennedy was the backbone of The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) which will apply to 113 million individuals, including the 82 million individuals not protected by state parity laws.

Moreover, one of Senator Kennedy's career ambitions was to secure health care coverage for all individuals — he was instrumental in the passage of health care reform here in Massachusetts and has been the force behind the federal health care reform effort to date. Although these two policy initiatives are only a microcosm of his efforts, they embody what he stood for during his career as a public servant.



Sen. Kennedy speaks to the audience at the MHSACM Provider Celebration in 2006.

The work goes on, the cause endures,
the hope still lives, and the dream
shall never die."

Senator Ted Kennedy

As President Obama said in his eulogy, "Ted Kennedy's life work was not to champion the causes of those with wealth or power of special connections. It was to give a voice to those who were not heard; to add a rung to the ladder of opportunity; to make real the dream of our founding."

Senator Kennedy, thank you for your steadfast devotion. You will be truly missed.

Health Care Key Indicators

The Division of Health Care Finance and Policy has released its most recent quarterly report: *Health Care In Massachusetts: Key Indicators*.

This report “provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government and through surveys of Massachusetts residents and employers.”

To access the latest report (as well as previous installments), [click here](#).



Splendid Speakers

Mark your calendars! MHSACM is pleased to announce a new Speaker Series starting this fall.

Dr. Doug Ziedonis, MD, MPH

Addressing Tobacco Addiction in Mental Health Settings and Addiction Treatment Programs

Tuesday September 15th, 2009 from 12:00-2:00

Hampton Inn, Natick



Jonathan Delman, JD, MPH

Consumer Quality Initiative (CQI) and Shared Decision Making

Tuesday January 12th, 2010 from 12:00-2:00

Holy Cross, Worcester



Medicaid Managed Care in Massachusetts

Medicaid Managed Care and Behavioral Health Care in Massachusetts – What’s Next

Tuesday March 9th, 2010 from 12:00-2:00

Holy Cross, Worcester

Registration is \$40 per session, \$105 for all three (lunch included). 1.5 CEUs will be available per course for \$10 or 4.5 CEUs for \$30 if you register for all three sessions.

Questions? Call Jessica Kirkpatrick at 508-647-8385, x. 16 or email her at jkirkpatrick@mhsacm.org.

The Nitty Gritty on Parity

The Massachusetts Division of Insurance is in the process of developing a bulletin relative to implementation of the state’s Mental Health Parity Law. Specifically, the bulletin will clarify mandated intermediate and outpatient mental health and substance use disorder services. The Division of Insurance solicited input from MHSACM. In addition, MHSACM has been working with our coalition partners to ensure that the bulletin is as clear and as comprehensive as possible.

Most recently, MHSACM and a number of coalition partners, including Children’s Hospital Boston, NAMI, Parent/Professional Advocacy League, Health Care for All, Health Law Advocates, the Massachusetts Association for Mental Health, and the Massachusetts Society for the Prevention of Cruelty to Children, commented on the draft bulletin. Included in this letter was a request to ensure that medication-assisted treatment for opioid addiction is included in the list of outpatient services and to ensure that care coordination is added as an intermediate service. For a copy of the letter, contact Sara Hartman at shartman@mhsacm.org. MHSACM will be sure to notify our members when the bulletin is finalized.

HIPPA Happenings

Near the end of August, the Department of Health and Human Services (HHS) Office for Civil Rights issued an Interim Final Rule relative to breaches of unsecured protected health information. This rule is required by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Similar to the state's new data breach regulations (but applicable to health information rather than personal information), this rule requires HIPPA-covered entities to notify individuals when there is a breach of unsecured protected health information.

According to the Interim Final Rule, when a breach affects less than 500 individuals, the HIPPA-covered entity must:

- ◆ Notify the affected individuals that a breach has occurred;
- ◆ Inform individuals of action they should take to protect themselves;
- ◆ Describe what the organization is doing to prevent future breaches; and,
- ◆ Provide contact information.



The organization must also report any breaches annually to HHS.

If a breach affects more than 500 individuals, the organization must, in addition to the action items listed above, notify both the media and HHS.

This Interim Final Rule will be effective on September 23, 2009. To read the rule, click [here](#).

Come Celebrate with Us!

MHSACM's 10th Anniversary Provider Celebration will recognize the accomplishments of individuals and organizations that have made outstanding contributions to community-based behavioral health over the past year. This year's event will be held on **Friday, October 23, 2009 from 8 am to 2 pm at The Westin Waltham Hotel**. Registration information for this inspiring celebration is available [here](#).

Do you know someone who should be recognized for their outstanding work? If your answer is yes, you should nominate them for recognition at this year's Provider Celebration. Nomination is easy, we promise. Just click [here](#) for information on award categories and nomination forms.

Interested in being a sponsor, advertiser or exhibitor at this year's celebration? Click [here](#) to learn more about available opportunities.

Need more details? Have a few more questions? Contact Jessica Kirkpatrick at jkirkpatrick@mhsacm.org or at 508-647-8385 x 16.

We hope to see you on October 23—it's a celebration you don't want to miss.



Public Hearing

The Division of Health Care Finance and Policy (DHCFP) has proposed rates for Intensive Foster Care (IFC) and Enhanced Intensive Foster Care (EIFC) as required under Chapter 257 of the Acts of 2008 (*An Act Relative to Rates for Human and Social Services*). Both of these services are purchased by the Department of Children and Families.

Proposed rates (these include a support amount and a stipend for the foster parent or family):

IFC Skill Level One: \$100.94 per day

IFC Additional Sibling: \$25.10 per day

IFC Teen Parent: \$126.04 per day

Enhanced IFC: \$171.74 per day.

DHCFP will hold a hearing on the proposed rates on **Friday, September 25, 2009**. For more information on the hearing, click [here](#). For a copy of the proposed regulations, click [here](#).

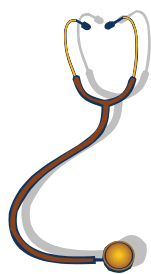
CeltiCare is Coming to You

CeltiCare? What's that? A new Gaelic health plan? A tribute to Red Auerbach? Nope. It's the newest managed care organization that will provide coverage to individuals enrolled in Commonwealth Care and Commonwealth Choice (the state's subsidized and unsubsidized health plans, respectively, created under health care reform). CeltiCare's coverage for individuals in Commonwealth Care began July 1, 2009. Coverage for individuals in Commonwealth Choice is expected to begin January 1, 2010.

For more information about CeltiCare, click [here](#).

Update: Health Care Reform and Legal Immigrants

Last month, we wrote about the elimination Commonwealth Care health insurance coverage for 31,000 legal immigrants (Aliens with Special Status or AWSS). At that time, the Administration did not yet have a long-term plan for individuals who had lost their insurance coverage.



On Monday, August 31, the Administration announced that CeltiCare Health Plan of Massachusetts will provide coverage for the 31,000 individuals who were slated to lose coverage. Coverage will begin in the Boston area by October 1 and in the rest of the state by December 1. Individuals will have access to MassHealth Limited and the Health Safety Net during any lapse in coverage. According to a press release from the Governor's office, "The plan will offer virtually full coverage for this population and utilize the \$40 million appropriated by the Legislature to sustain health care for this vital population." Dental, hospice, and skilled nursing services will not be covered. For more information, click [here](#).

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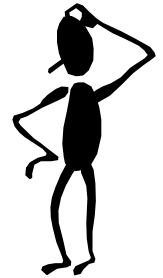
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What Does the Rest of the Country Think?

Here in the hotbed of healthcare reform, we're at risk of being isolated from the opinions of the rest of the country when it comes to federal health care reform. After all, Massachusetts is best situated to tell everyone else what works and what doesn't work. Right...but what *does* everyone else think?

Lately, the news has been filled with stories of hostile town hall meetings with members of Congress. Does the public think federal health care reform is a bad idea? At the same time, people are boycotting Whole Foods after its CEO wrote an [op/ed](#) that appeared in the Wall Street Journal stating, "A careful reading of both the Declaration of Independence and the Constitution will not reveal any intrinsic right to health care, food or shelter. That's because there isn't any. This 'right' has never existed in America." Maybe the country is fervently in favor of health care reform.

An August [poll](#) by the Kaiser Family Foundation found that 53% of the public "believes that tackling health care reform is more important than ever." 42% say that we can't afford it at the current time. This gap has narrowed in recent months. In addition, 63% responded that they are "hopeful", 41% are "afraid", and 46% are "confused".



Wonks Worth Reading



- ◆ The [Centers for Disease Control and Prevention](#) has two briefs on The State of Mental Health Aging in America. The first, titled [What do the Data Tell Us?](#) examines data and mental health issues affecting individuals over the age of 50. The second brief, titled [Addressing Depression in Older Adults: Selected Evidence-Based Programs](#), examines depression in older adults and examines three evidence-based programs "that communities can use to improve the mental health and quality of life of older Americans."
- ◆ *The Cost Conundrum: What a Texas town can teach us about health care.* Written by Atul Gawande, a staff writer for *The New Yorker* and a surgeon by trade, this article looks at health care costs in McAllen, Texas. McAllen "is one of the most expensive health-care markets in the country...Only Miami—which has much higher labor and living costs—spends more per person on health care." Gawande searches for answers to explain both why this is the case and what can be done to fix it. To read this thought-provoking article, click [here](#).