

Nebraska Division of Behavioral Health  
**Joint Committee Meeting**  
**State Advisory Committee on Mental Health Services (SACMHS)**  
**State Advisory Committee on Substance Abuse Services (SACSAS)**  
**Office of Consumer Affairs – People’s Council (OCA-PC)**  
September 19, 2013 / 9:00 am – 4:00 pm  
Lincoln, NE – Country Inn & Suites

Meeting Minutes

**I. Call to Order and Roll Call**

*Jim Harvey*

Jim Harvey, Division of Behavioral Health Advisory Committee Facilitator, welcomed committee members and others present to the meeting. Chairperson Bev Ferguson, State Advisory Committee on Mental Health Services called the meeting to order. Roll call was conducted and a quorum was determined for the State Advisory Committee on Mental Health Services, the State Advisory Committee on Substance Abuse Services, and the Office of Consumer Affairs – People’s Council.

**State Advisory Committee on Mental Health Services Attending:** Adria Bace; Karla Bennetts; Cynthia Brammeier; Sheri Dawson; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Lara Huskey; Patti Jurjevich; Linda Krutz; Jerry McCallum; Phyllis McCaul; Ashley Pankonin; Rachel Pinkerton; Jill Schreck; Mary Thunker; Diana Waggoner; Cameron White.

**State Advisory Committee on Mental Health Services Absent:** Kasey Moyer; Joel Schneider; Mark Schultz.

**State Advisory Committee on Substance Abuse Services Attending:** Sheri Dawson; Ann Ebsen; Ingrid Gansebom; Paige Hruza; Jay Jackson; Janet Johnson; Delinda Mercer; Michael Phillips; Jorge Rodriguez-Sierra; Randy See.

**State Advisory Committee on Substance Abuse Services Absent:** Kimberley Mundil.

**Office of Consumers Affairs – People’s Council Attending:** Jennifer Ihle; Candy Kennedy-Goergen; Scott Loder; Judie Moorehouse; Nancy Rippen; Amanda Theisen; Patricia Vasquez.

**Office of Consumers Affairs – People’s Council Absent:** Corey Brockway; Tammy Fiala; Lori Hack.

**II. Housekeeping and Summary of Agenda**

*Jim Harvey*

Jim Harvey provided housekeeping/logistics reminders and confirmed the order of the agenda.

**III. Approval of Minutes**

*Bev Ferguson/Randy See*

- Chairperson Bev Ferguson asked for comments on or approval of the June 11, 2013 minutes of the State Advisory Committee on Mental Health Services. Motion was made by Adria Base and seconded by Brad Hoefs to approve the minutes. The motion carried by general consent.
- Vice Chairperson Randy See asked for comments on or approval of the June 11, 2013 minutes of the State Advisory Committee on Substance Abuse Services. Motion was made by Jorge Rodriguez-Sierra and seconded by Michael Phillips to approve the minutes. The motion carried by general consent.

**IV. Public Comment**

No public comment was offered.

**V. Affordable Care Act – Nebraska Department of Insurance**

*Martin Swanson and J.P. Sabby*

(Attachment A)

Martin Swanson, Nebraska Department of Insurance – Affordable Care Act Project Lead, and J.P. Sabby, Nebraska Department of Insurance – Health Policy Analyst, presented an overview of the Affordable Care Act (ACA) and the Federally Facilitated Marketplace. Additional information can be found on the following websites: [www.doi.ne.gov](http://www.doi.ne.gov) and <https://www.healthcare.gov/>.

\*\*Response to Committee questions included:

- Members of federally recognized tribes are recognized differently than non-members by the ACA, and individuals are encouraged to work with a Navigator specifically assigned to a tribe.
- Navigators do not provide advice on coverage; their responsibility is to guide individuals through the system.
- The Nebraska Department of Insurance oversees the licensure and continuing education of Navigators, Insurance Agents, and Brokers which will help protect consumers and reduce incidents of fraud.
- Individuals may register for insurance coverage individually through on-line services, or in person through a Navigator, Insurance Agent, or Broker.

#### **VI. Affordable Care Act – Blue Cross-Blue Shield**

*Kent Trelford-Thompson*

(Attachment B)

Kent Trelford-Thompson, Blue Cross-Blue Shield, Manager of Association and Government Business, presented information on Mental Health and Substance Abuse Benefits related to the Affordable Care Act.

\*\*Response to Committee questions included:

- The minimum standards for every qualified plan under the ACA include ten essential health benefits. Insurance providers can choose to offer additional benefits in a plan.

#### **VII. Affordable Care Act – Community Action of Nebraska**

*Roger Furrer*

(Attachment C)

Roger Furrer is the Executive Director of Community Action of Nebraska (CAN). Roger explained that CAN received the Affordable Care Act Navigator Grant. Navigators assist individuals in navigating the Marketplace (or Exchange) for the ACA. The Marketplace is the place for qualified individuals and employers to directly compare private health insurance options. Additional information can be found on the following website: <http://marketplace.cms.gov/>.

\*\*Response to Committee questions included:

- The cost of Navigator services is paid for with federal funds.
- Navigators can be contacted by calling your local Community Action Agency (CAA) or by using the interactive map at the following website: [www.canhelp.org](http://www.canhelp.org).
- The average citizen will be reached with ACA information through community outreach as well as public service announcements.
- Individuals may apply for insurance through in-person assistance at their local CAA or individually through on-line services; for those communities without a local CAA, assistance may be available at designated times and locations at community sites such as libraries, community centers, churches, schools, etc.

#### **VIII. Affordable Care Act – General Discussion**

*Committee Members*

\*Committee comments on the Affordable Care Act information included:

- Concerned about how to be helpful to families who may have existing health issues and cannot afford deductibles.
- Insurance plans do not cover Residential services which are a critical piece of the continuum of behavioral health services; with potential budget cuts to the Division of Behavioral Health budget how will these services be covered?
- It is important to get information out to individuals on what is covered and what is not.

\*\*Response to Committee questions/comments on the Affordable Care Act information included:

- Rate comparisons can be reviewed on the Nebraska Department of Insurance website: [www.doi.ne.gov](http://www.doi.ne.gov).
- Individuals who are homeless, or near homeless, do not earn enough to meet exemption from having health insurance and do not qualify for Medicaid, may fall in the gap and may be required to have insurance although they cannot afford the premiums.
- Premiums are set annually and could increase year to year; deductibles are set by federal law.
- Although incarcerated individuals are not eligible for health coverage under the ACA, it would be helpful if the State prison system would provide individuals the opportunity to apply for benefits upon release.
- Certain services, such as dental and eye glasses, are not covered by the ACA.
- The ACA has the potential to affect more people since the Social Security Act was passed, and is the most difficult healthcare issue since Medicaid was established; we are in an ever-changing landscape and individuals are advised to seek help.
- NOTE: Follow-up questions from the discussion regarding third parties ordering health services and medical necessity were sent to Blue Cross-Blue Shield. The response will be shared at the November 14, 2013 Advisory Committee meeting.

**IX. Working Lunch - Video: Pathways to Recovery**

*Carol Coussons de Reyes*

This video may be accessed at: [www.netNebraska.org/PathwaysToRecovery](http://www.netNebraska.org/PathwaysToRecovery)

Carol Coussons de Reyes is the Administrator of the Office of Consumer Affairs (OCA).

**X. Examine the Gaps in Services**

*Brad Hoefs*

(Attachment D)

Brad Hoefs is a member of the State Advisory Committee on Mental Health Services and is a Certified Peer Support and Wellness Specialist. Brad stated there are much worse things in life than mental illness, and that one's attitude makes all the difference in the world for recovery. He states he doesn't want to just cope with his illness, but wants to live a great life in spite of it. Brad reports he developed a support group, Fresh Hope, for individuals who are living with bipolar disorder and depression after he was unable to find the help he needed from attending other support groups. He desires Nebraska to be a model for other states in providing peer support along with treatment services. Brad states the greatest challenge of living with mental illness is fighting the stigma.

**XI. Intentional Peer Support**

*Carol Coussons de Reyes/Ken Timmerman*

(Attachment E and Attachment F)

Carol Coussons de Reyes is the Administrator of the Office of Consumer Affairs (OCA). Ken Timmerman is the Director of Peer Crisis Diversion Services with the Community Alliance Safe Harbor program in Omaha. Carol and Ken provided some history and an overview of Intentional Peer Support (IPS), as well as the Code of Ethics and Draft Job Description for the Certified Peer Support and Wellness Specialist.

\*Committee comments included:

- The Peer Support trend is to become wellness coaches, which could provide a "hub" for individuals to navigate the behavioral health system.
- Some goals of Peer Support related to families are to provide an overview of Trauma Informed curriculum to the family organizations, to utilize feedback from the University of Nebraska - Public Policy Center research on Certified Peer Support and Wellness Specialist training to improve the utilization of IPS, and to move toward certifying Family Peer Support Specialists.
- Better measures are needed to evaluate the effectiveness of Peer Support; hospitalization reduction is great, but it is not the only measure.

**XII. Behavioral Health Prevention**

*Renee Faber*

(Attachment G and Attachment H)

- a. Renee Faber is the Prevention System Coordinator with the Division of Behavioral Health. Renee reviewed the Prevention Cornerstone presentation. The intended goal of Mental Health Promotion is achieving and sustaining wellness. Mental Health Promotion can be thought of as the umbrella over both substance abuse and mental prevention activities, thus Prevention and Promotion are overlapping and complementary activities.
- b. Renee reported the Division of Behavioral Health was awarded a Partnership for Success - Strategic Prevention Framework Grant from the Substance Abuse and Mental Health Services Administration - Center for Substance Abuse Prevention (SAMSHA-CSAP) to focus on the reduction of the underage drinking among Nebraskans aged 12 to 20. Using a risk-and-protective-factor framework as the cornerstone of prevention programming, the grant proposes to serve communities identified with personal, family, and/or community characteristics that increase the likelihood of a substance abuse problem developing and will implement programs to reduce risk. Targeted sub-populations are Nebraska counties found to have fewer protective factors and higher risk among the surveyed population. These counties were selected as a result of comparing demographic, survey and health profiles of the State's 93 counties, and ranking each county against the state wide average of the selected indicators. The grant is for 5 years, 09/30/2013 – 09/29/2018. \$1,507,564 is to be awarded each year, for a total of up to \$7,537,820.
- c. Renee also discussed the proposed membership of the Prevention Advisory Council and invited one representative from the State Advisory Committee on Substance Abuse Services or the State Advisory Committee on Mental Health Services to serve on the council. Members of both committees may submit nominations to Renee by the Close of Business on October 3, 2013. Renee noted that a summary of the Strategic Plan for Prevention is referenced on the back of the Prevention Advisory Council Draft Charter.
- d. Renee noted the Strategic Plan for Prevention is referenced on the back of the Prevention Advisory Council Draft Charter.

\*\*Responses to Committee questions included:

- The Prevention Advisory Council is answerable to the State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services (the Behavioral Health Planning Council).
- Representatives to the Prevention Advisory Council are appointed by the Director of the Division of Behavioral Health.
- The Prevention Advisory Council will meet quarterly prior to the State Advisory Committee meetings.

**XIII. Hastings Regional Center-Chemical Dependency Youth Treatment Facility**

*Sheri Dawson*

(Attachment I)

Sheri Dawson is the Deputy Director of the Division of Behavioral Health – Community Based Services. Sheri provided an update on the Hastings Regional Center (HRC) Juvenile Chemical Dependency Youth Treatment Facility in response to a question raised at the June 11, 2013 meeting of the State Advisory Committee on Substance Abuse Services. LB198 provided funding for the Capital Construction project which includes the renovation of one HRC building, the demolition of other buildings, and the sale of nearly 550 acres of land. A description of the future plan for the Chemical Dependency Treatment Facility is available on the Hastings Regional Center website:

[http://dhhs.ne.gov/behavioral\\_health/Documents/HRC-Program-3-13-final.pdf](http://dhhs.ne.gov/behavioral_health/Documents/HRC-Program-3-13-final.pdf).

**XIV. System of Care Grant**

*Sheri Dawson*

(Attachment J)

Sheri Dawson is the Deputy Director of the Division of Behavioral Health – Community Based Services. Sheri provided an overview of the System of Care Expansion Planning Grant. The purpose of this grant is to plan a framework to infuse a System of Care through the system. It is not a single program, but involves coordination and integration across partnerships. A kickoff event for this grant work is planned for October 29, 2013 from 9:00 am – 3:00 pm (CT) at the Cornhusker Hotel in Lincoln.

\*Committee comments included:

- Be aware of the potential for duplication of work/effort with the Partnership for Success - Strategic Prevention Framework Grant; suggest the counties involved with the Prevention grant be invited to the table with the System of Care grant.

#### **XV. Public Comment**

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No public comment was offered.

#### **XVI. Committee Comments and Future Agenda Items** *all*

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\*Committee Comments included:

- Jill Schreck, Deputy Director, DHHS-Division of Children and Family Services, reported the Affordable Care Act initiated the move of Medicaid staff from the DHHS-Division of Children and Family Services to the DHHS-Division of Medicaid and Long-Term Care, which better aligns the eligibility determination function. The new telephone numbers for Medicaid and Economic Assistance are as follows:
  - ✓ Questions about **Medicaid** programs: 1-855-632-7633
  - ✓ Calls from Lincoln local numbers: 402-473-7000
  - ✓ Calls from Omaha local numbers: 402-595-1178
  - ✓ TTY: 402-471-7256
  - ✓ Fax: 402-471-9209
  - ✓ Customer Service hours for Medicaid: 8:00 am to 5:00 pm Monday-Friday (closed weekends and federal and state holidays)
- Questions about **Economic Assistance** programs (SNAP, Energy, Child Care, ADC):
  - ✓ 1-800-383-4278
  - ✓ Calls from Lincoln local numbers: 402-323-3900
  - ✓ Calls from Omaha local numbers: 402-595-1258
  - ✓ TTY: 402-471-7256
  - ✓ Fax: 402-595-1901
  - ✓ Customer Service hours for Economic Assistance: 8:00 am – 5:00 pm Monday – Friday (closed weekends and federal and state holidays)
- The Division of Behavioral Health needs to be mindful of the continuum of care of service related to Affordable Care Act coverage.
- The Division of Behavioral Health directory of services, including Prevention services, are available on the Network of Care website:  
[http://dhhs.ne.gov/behavioral\\_health/Pages/networkofcare\\_index.aspx](http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx)
- The meeting today was the best educational meeting we have had for many years.

Future Agenda Items include:

- Invite a State Senator or other Legislative staff to discuss Legislative Bills related to behavioral health.
- Update on grants and other information presented today.
- Update on the Affordable Care Act and its impact on services.
- Open discussion on what the Advisory Committees can do to become more proactive and affect change on behavioral health issues.
- Juvenile Justice Reform

**XVII. Adjournment and next meeting**

The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is Thursday, November 14, 2013.

# Overview of the Affordable Care Act and the Federally Facilitated marketplace.

September 2013

**Section 1: Overview of the Affordable Care Act**  
**Section 2: Health Insurance Marketplaces (Exchanges)**  
**Section 3: SHOP**  
**Section 4: Market Reforms**  
**Section 5: Agents, Navigators, Certified Application Counselors**  
**Section 7: Questions**

# **SECTION 1: OVERVIEW OF THE AFFORDABLE CARE ACT**

# AFFORDABLE CARE ACT OVERVIEW

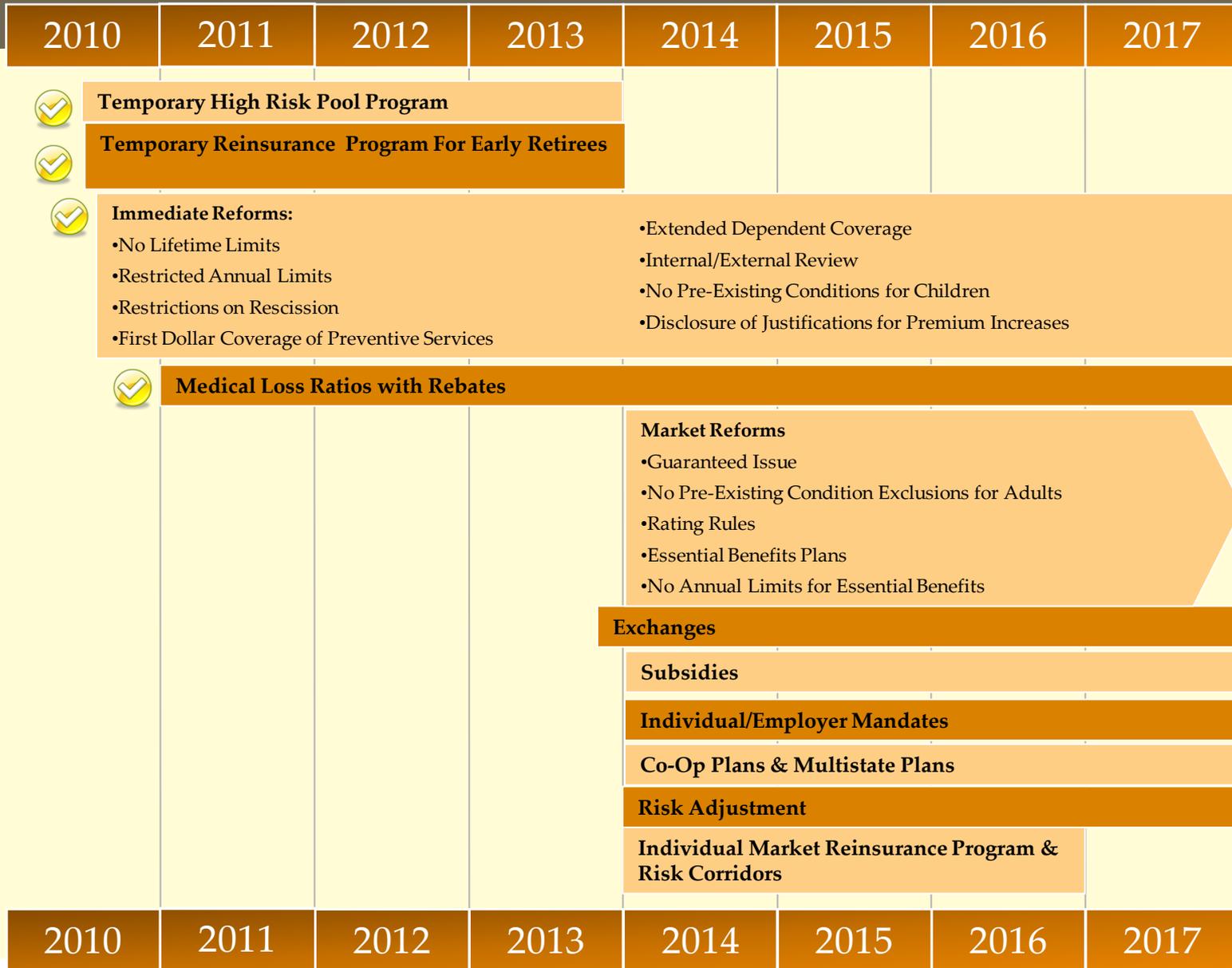
- » The Affordable Care Act was enacted in March 2010.
- » The primary goal of the Affordable Care Act is to decrease the number of uninsured Americans and to reduce the overall costs of healthcare.

# AFFORDABLE CARE ACT

## » The Affordable Care Act:

- › Establishes a Health Insurance Marketplace in each state to help individuals obtain health insurance.
  - States may choose to operate the marketplace themselves, partner with the federal government or have federal Health and Human Services operate all aspects of the marketplace.
- › Provides for premium tax credits and cost sharing reductions to help eligible low income and middle income individuals purchase health insurance through the Marketplace.

# IMPLEMENTATION TIMELINE



# Individual Mandate

Individuals required to have minimum qualified coverage beginning January 1, 2014

Penalties	2014	<b>\$95 per adult up to \$285 or 1% of household income, whichever is higher</b>
	2015	<b>\$395 per adult up to \$885 or 2% of household income, whichever is higher</b>
	2016	<b>\$695 per adult up to \$2,085 or 2.5% of household income, whichever is higher</b>

Penalty for a child is  $\frac{1}{2}$  that of an adult

Penalties indexed to the growth of CPI after 2016

# Individual Mandate



IRS is prohibited from filing liens or charging interest for penalties. No fines or criminal charges for nonpayment.

## Exemptions:

- Cost of coverage is more than 8% of household income
- Religious objection
- Financial hardship

## WHY DID THE LAW INCLUDE A MANDATE?

- » Concerns about adverse selection (people might wait until they were sick to purchase health insurance).
- » Adverse selection could allow less cost sharing among sick and healthy, resulting in extremely high insurance rates.
- » Open enrollment periods along with mandate was implemented as a way to temper the adverse selection concern.

# DEADLINES TO NOTE

- » Exchanges:
  - › Carriers begin submitting federal Exchange applications: April 1, 2013
  - › All federal Exchange applications due: April 30, 2013
  - › State certification complete: July 31, 2013
  - › Companies sign contracts with Exchange: September 12, 2013
  - › Exchange sales begin October 1, 2013
  - › Coverage effective January 1, 2014
  
- » Market Rule Gives States until March 29<sup>th</sup> to Request:
  - › Family Tiers; Rating Areas; Age Ratio; Age Curve; Tobacco Ratio
  - › Merging of Small Group and Individual Markets

# AFFORDABLE CARE ACT: THE MARKET PLACE

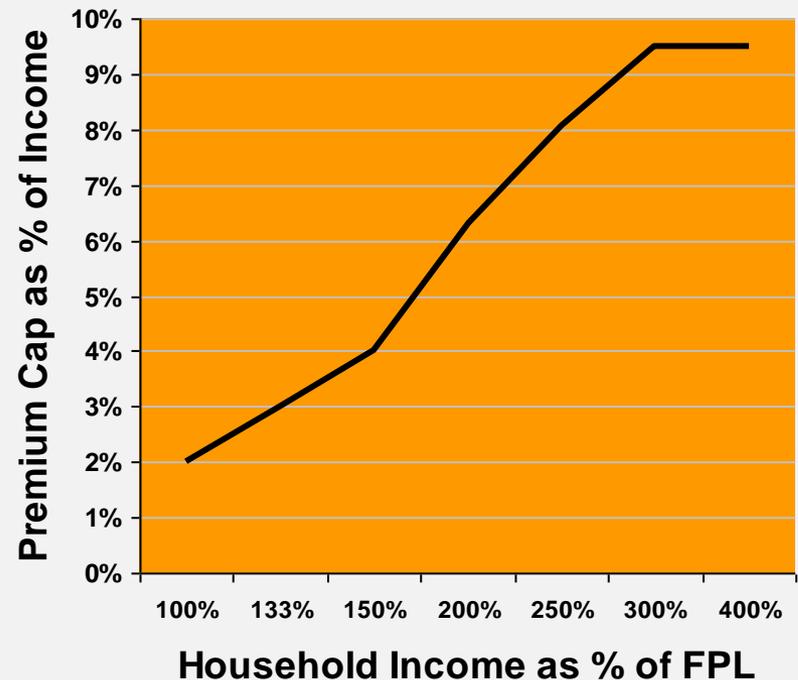
## » Marketplace:

- › New commercial insurance marketplace where individuals and employers can shop for private health insurance plans. Individuals and employers may be eligible for tax credits.
- › **Enrollment starts October 1, 2013.**
- › **Coverage starts as soon as January 1, 2014.**
- › Consumers will have a variety of choices in health plan selection and may be eligible for insurance affordability programs.

## SUBSIDIES: PREMIUM TAX CREDIT

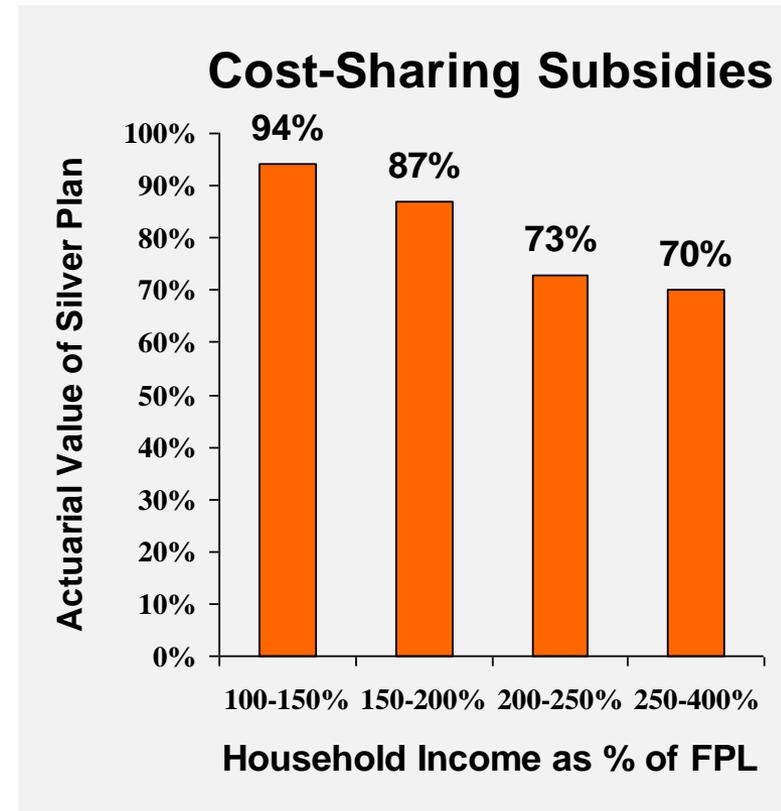
- » Available from 100% - 400% FPL.
- » Covers the difference between premium for the second-lowest-cost Silver plan and a percentage of income.
- » Advanced to insurer.

### Premium Tax Credits



## SUBSIDIES: REDUCED COST-SHARING

- » Available from 100% - 400% FPL.
- » Increases actuarial value of silver plan.
- » First achieved by reducing out-of-pocket limit.
- » Advanced to insurer.



## Section 2: Health Insurance Marketplace (Exchanges)

# WHAT IS A MARKETPLACE?

- » Previously referred to as an Exchange.
- » Designed as a method for health insurance customers to shop and compare for insurance that is offered by participating private health insurers.
  - On the internet.
  - By phone.
  - Written applications
  - In person
  - Through a licensed insurance producer
- » Qualified health insurance customers (100% - 400% fpl) can determine eligibility and receive federal advance tax credit subsidies to help pay for health insurance, or learn potential eligibility for Medicaid programs.

# NEBRASKA MARKETPLACE

## » Federally Facilitated Marketplace (Nebraska)

- › Feds set standards and operate the Exchange
- › State maintains oversight of health plans and may coordinate with the federal Exchange
- › Plans charged 3.5% of premium per month

## » Plan Management Marketplace (Nebraska)

- › Letter of Intent from DOI that the state will fulfill QHP certification functions and/or consumer assistance functions
- › Plans need only submit to state regulator
- › Grant funds available

# EXCHANGE FUNCTIONS

## At a minimum, an Exchange must:

- » Implement procedures for certification, recertification, and decertification of health plans.
- » Operate toll-free hotline.
- » Maintain Internet website with standardized info.
- » Assign a rating to each plan.
- » Utilize standardized format for presenting options.
- » Inform individuals of eligibility for Medicaid, CHIP or other applicable state or local public programs.
- » Certify exemptions from individual mandate.

# EXCHANGE FUNCTIONS

## (CONTINUED)

- » Make available a calculator to determine the actual cost of coverage after subsidies.
- » Grant a certification attesting that the individual is not subject to the coverage mandate because:
  - › there is no affordable option available, or
  - › the individual is exempt from the mandate.
- » Transfer to the Treasury a list of exempt individuals and employees eligible for tax credit.
- » Provide to each employer the name of employees eligible for tax credit.
- » Establish a Navigator program.

# FINANCIAL ASSISTANCE IN THE MARKETPLACE

## » Cost-sharing reductions:

- › Reduces out-of- pocket expenses.
  - Deductibles
  - Copayments
  - Coinsurance
  
- › Generally available to enrollees in silver level plans with income between 100%-250% of federal poverty level.
  
- › Based on household income and family size for the taxable year.
  
- › Also available to American Indians /Alaska Natives.

# HEALTH PLANS

- » All health plans that want to participate in the marketplace must be certified to meet the minimum standards.
- » Health plans will be standardized into 4 coverage tiers based on the percentage of the total allowed cost of benefits paid by a health plan on average.
  - › Bronze                      Plans cover 60% of the costs
  - › Silver                      Plans cover 70% of the costs
  - › Gold                      Plans cover 80% of the costs
  - › Platinum                      Plans cover 90% of the costs

# ESSENTIAL HEALTH BENEFITS

- » All health plans offered through the Marketplace must include 10 required Essential Health Benefits:
  - › Ambulatory patient services
  - › Emergency services
  - › Hospitalization
  - › Maternity and newborn care
  - › Mental health and substance use disorders services, including behavioral health treatment
  - › Prescription drugs
  - › Rehabilitative and habilitative services and devices
  - › Laboratory services
  - › Preventive and wellness services and chronic disease management
  - › Pediatric services including oral and vision care
- » Health Plans must comply with new market reforms, as applicable.
- » The Essential Health Benefits will cover all things in the plan selected for Nebraska as the benchmark plan.

# MARKETPLACE ENROLLMENT PROCESS

**Consumer submits application to the marketplace:**

- Online
- Phone
- Mail
- In Person

**The marketplace verifies and determines or assesses eligibility.**

- Determines eligibility for :
  - Enrollment in a qualified health plan.
  - Tax credits and cost-sharing reductions .
  - Assess Medicaid or CHIP eligibility.

**Eligible consumer enrolls in a qualified health plan or Medicaid /CHIP.**

- Online plan comparison.
- Premium tax credit and cost sharing reductions are sent to the insurer, if eligible.
- Enrollment in a qualified health plan.
- Enrollment in Medicaid CHIP, if eligible .

# ENROLLMENT

## » First Open Enrollment

- › October 1, 2013-March 31, 2014.
- › Coverage starts January 1, 2014 for plan selections made by December 15, 2013.

## » Annual Open Enrollment

- › October 15- December 7.
- › Coverage begins January 1 of the next year.

## » Consumers eligible for Medicaid and CHIP can enroll at anytime.

# SPECIAL ENROLLMENT PERIODS

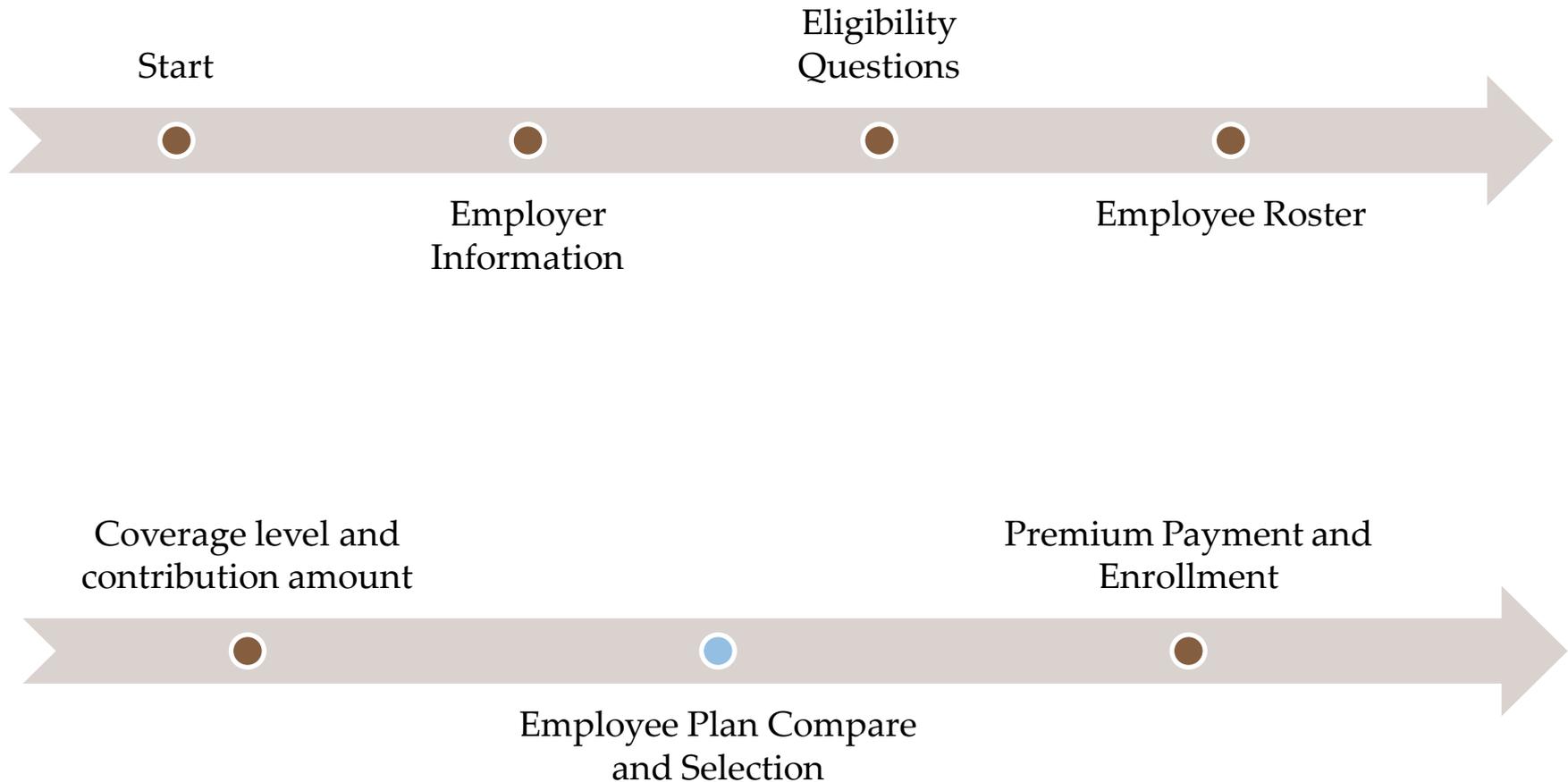
- » Loss of minimum essential coverage.
- » Marriage, birth, or placement for adoption.
- » Gain citizenship or qualifying immigration status.
- » Enrollment errors by the Marketplace.
- » Qualified health plan violates its contract.
- » Change in eligibility for tax credits or cost sharing reductions.
- » Gain access to new plans as a result of a move.
- » American Indians may enroll or change qualified health plans one time per month.
- » Exceptional circumstances.
- » Enrolled in a non-qualifying employer coverage.

## Section 3: SHOP

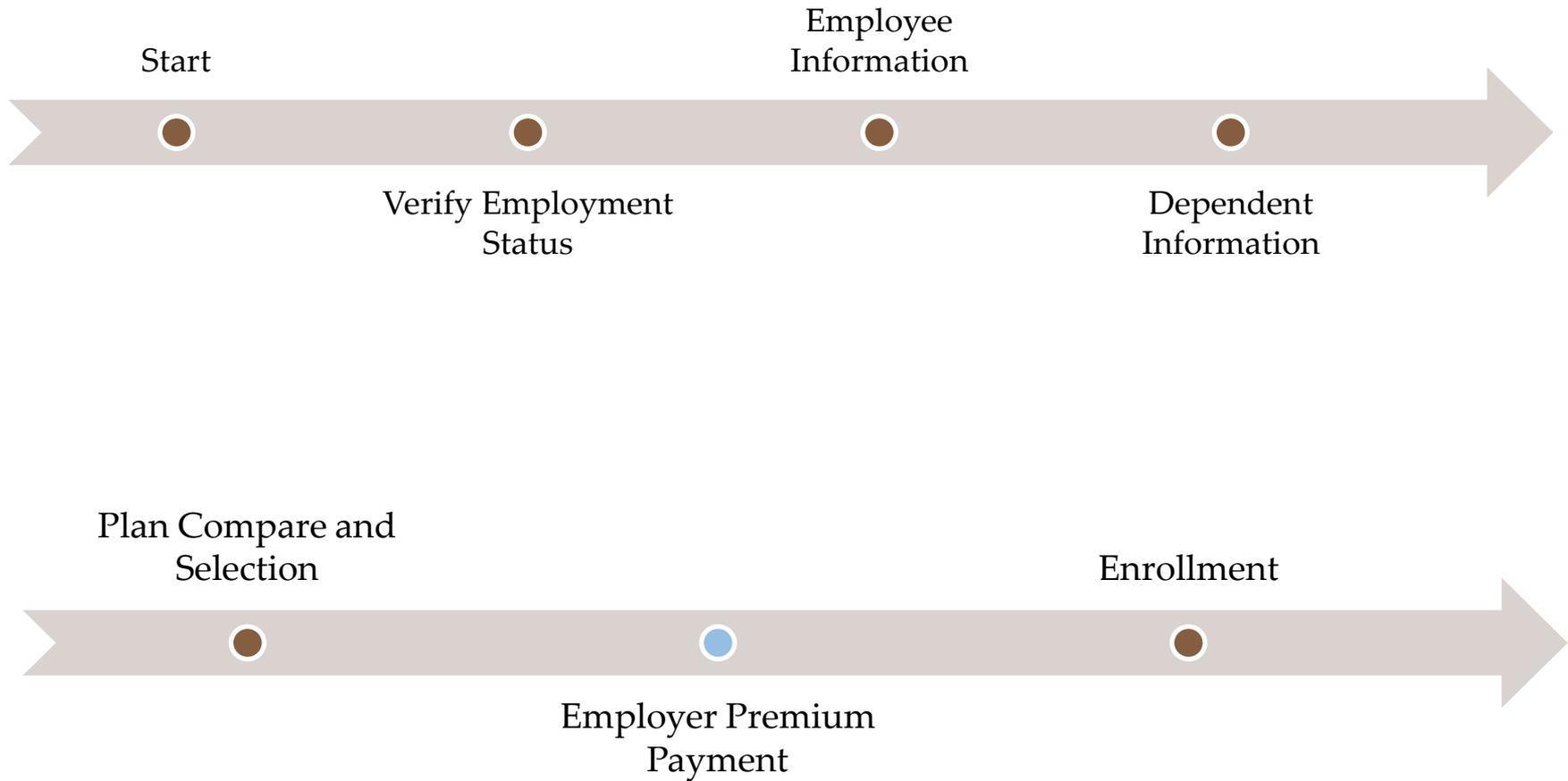
# SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)

- » Is a separate Exchange operated by the federal government for small business owners with 50 or less fulltime employees.
  - › Nebraska has the option to increase the limit of fulltime employees to 100 in 2015.
  - › The federally facilitated SHOP will use the full time employee counting methodology when establishing group size.
- » Starting in 2014 a SHOP will be available in each state
- » Open Enrollment: October 1
- » Coverage :           January 1
  - › The SHOP will have rolling monthly enrollments for employers after January 2

# EMPLOYER ELIGIBILITY AND ENROLLMENT PROCESS



# EMPLOYEE ELIGIBILITY AND ENROLLMENT PROCESS

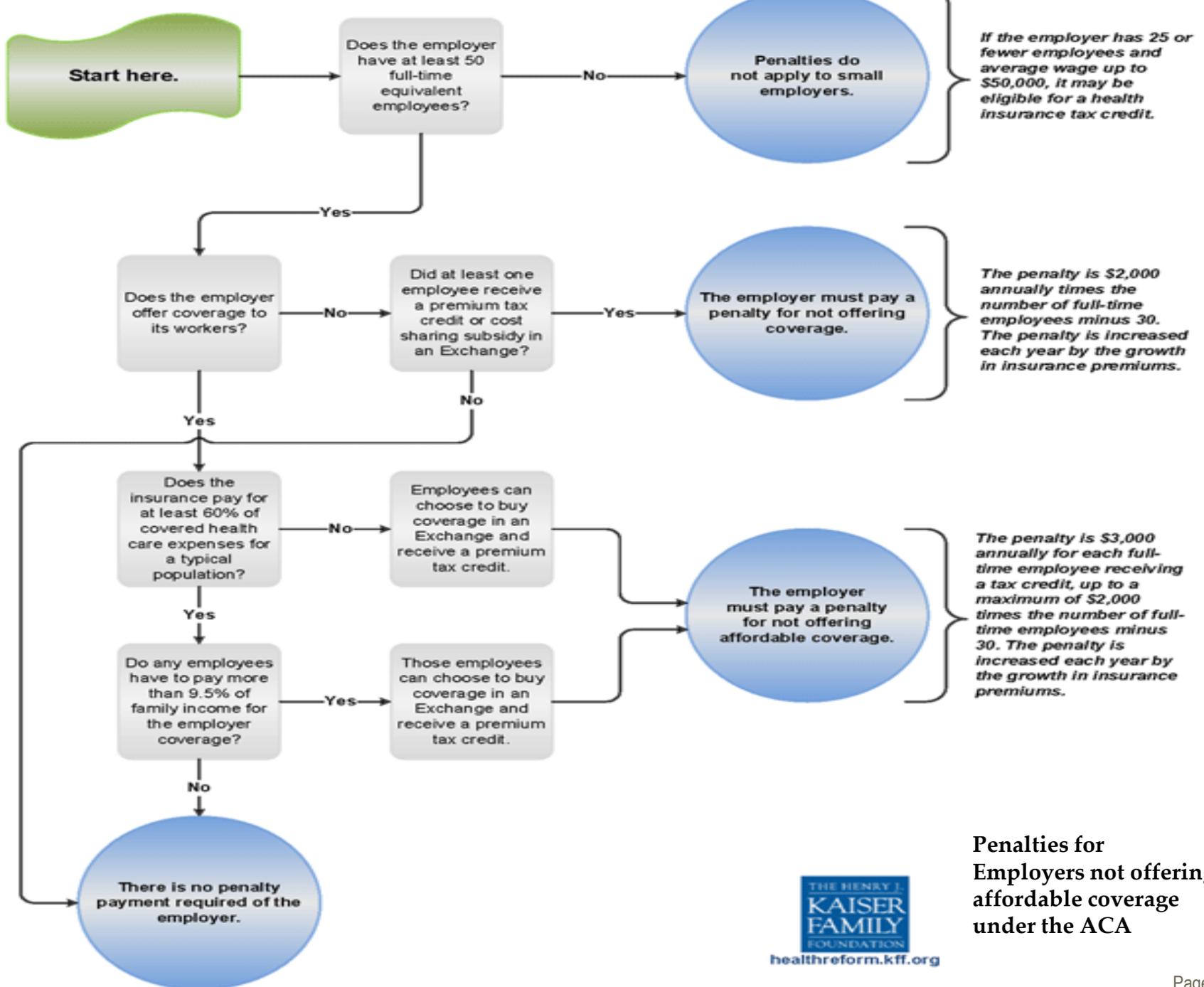


# SMALL BUSINESS TAX CREDIT

- » Encourages small employers to offer health insurance.
  - › Employers who want to offer insurance for the first time
  - › Employers who want to maintain coverage
  
- » 2014: Maximum tax credit is 50% of premiums paid the small employer participating in the SHOP.
  
- » The maximum credit will go to small employers with ten or less employees paying annual average wages of \$25,000 or less per employee.
  
- » Credit phases out at 25 employees and \$50,000 in average annual wages
  
- » 2014: Tax credit is available to employers for a maximum of two consecutive years

# EMPLOYER RESPONSIBILITIES

- » Employers over 200 employees must auto-enroll with opt-out
  
- » Employers with more than 50 employees are fined if employees qualify for subsidies because cost of coverage for employee exceeds 9.5% of income of employee
  - > Penalty is \$3,000 per employee receiving subsidy up to \$2,000 times number of employees
  - > First 30 employees disregarded in calculating penalties

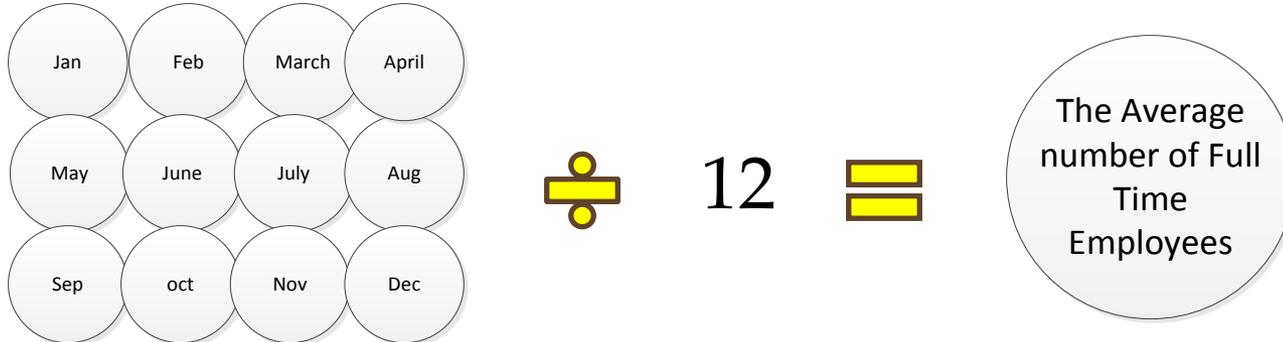


**Penalties for Employers not offering affordable coverage under the ACA**

# DETERMINING APPLICABLE EMPLOYER STATUS



- Must count both full time and full time equivalent FTE's
- The calculation is based on info from the previous year



## Section 4: Market Reforms

# MARKET REFORMS

## » Health Insurance Premiums

- › Health status and gender not used to set premiums; limits age rating.

## » Single Risk Pool

- › Issuers cannot use separate risk pools to charge certain customers higher rates.

## » Guaranteed Availability

- › Coverage must be offered to all comers, with limited exceptions.

## » Guaranteed Renewability.

- › Coverage must be renewed for all policy holders, with limited exceptions.

# PREMIUMS

- » Starting in 2014, Premiums will be determined using the following criteria:
  - › Age
  - › Family
  - › Tobacco Use
  - › Geography
  
- » Health plans cannot change premium rates based on:
  - › Health status
  - › Claims experience
  - › Gender
  - › Industry classification
  - › Small group size

# AGE RATING

- » Plan Premium rates can vary within a ratio of 3:1 for adults 21 and older
  - › Rates can vary for children under 21 based on actuarial justification.
  
- » Age bands:
  - › 0-20
  - › 21-63(one year bands)
  - › 64 and older

# TOBACCO RATING

- » Premium rates can vary within 1.5:1 ratio,
  - › Can vary based on age.
    - 1.2:1 for those under 35
- » Tobacco use is defined in terms of regular use and time of last use.
  - › 4 or more times a week within the last 6 months.

# GEOGRAPHY

- » States are permitted to establish rating areas:
  - › Based on Metropolitan Statistical Areas/Non Metropolitan Statistical Areas or zip codes
  - › As of January 1, 2014, states cannot have more rating areas than the numbers of Metropolitan Statistical areas plus one in each state.
  - › Nebraska currently has four rating areas based on three digit zip codes:
    - Rating Area 1: 680,681
    - Rating Area 2: 683,684,685
    - Rating Area 3: 686, 687, 688,689
    - Rating Area 4: 690, 691,692,693

# FAMILY SIZE

- » The total premium for a family is generally determined by adding the premiums for each individual family member.
  - › For family members under the age of 21, the total premium includes only the premiums for no more than the three oldest covered children.
  - › Tobacco and age rating must apply only to the portion of the premium attributable to the applicable covered family member.

Section 5: Agents, Navigators  
Certified Application Counselors

# AGENTS IN THE MARKETPLACE

- » Agent/Broker relationships with the Department of Insurance:
  - › To participate in the Marketplace, agents/brokers must be licensed and follow state appointment laws.
  - › Agents/Brokers must continue to comply with State laws to participate.
  - › The Department of Insurance will continue to be the primary regulatory authority overseeing agents/brokers.

# AGENTS IN THE MARKETPLACE

- » To participate in the FFM or FF-SHOP, agents/brokers should: Adhere to all state requirements for licensure, appointment, and market conduct;
- » Complete Marketplace on-line training;
- » Complete security authentication steps;
- » Complete the agent/broker agreement.

# AGENTS IN THE MARKETPLACE

- » Agents have to complete all FFM training requirements in order to participate in the marketplace.
- » Agents and brokers participating in the FFM or SHOP should expect to be paid the same commission that issuers pay outside of those exchanges.
- » Relationship with the issuers and the FFM
  - › Compensation will be negotiated between the issuer and the agent/broker.
  - › State appointment and commission regulations remain in effect.

# NAVIGATORS

- » Exchanges must make grants to “**Navigators.**”
  - › Trade, industry, and professional associations
  - › Fishing, ranching, and farming organizations
  - › Community and consumer-focused nonprofits
  - › Chambers of commerce
  - › Unions
  - › Licensed agents and brokers (if they do not receive any compensation from carriers)
  
- » Navigators Conduct public education and distribute information
- » Navigators facilitate enrollment, but may not advise or enroll
- » Navigators provide referrals to consumer assistance offices

## NAVIGATORS (CONTINUED)

- » HHS has developed standards to ensure that Navigators are qualified and trained
  - › Navigators will have 20 hours of training
- » Navigators may not be insurers or receive direct or indirect compensation from insurers for enrollment in a QHP
- » States may not require a Navigator to be licensed as an agent or broker
- » Nebraska will require Navigators to be registered with the Nebraska DOI

# NAVIGATOR ENTITIES

- » Community Action Partnership of Nebraska
- » Ponca Tribe

# HOW CAN YOU BE READY

- » Prepare for open enrollment if you plan to purchase insurance through the Insurance marketplace.
- » There are multiple ways to enroll:
  - › **Phone:**1-800-318-2596 **SHOP:** 1-800-706-7893
  - › Web: <https://www.healthcare.gov/>
  - › **Mail:**
  - › **Agent/broker or Navigator.**
- » Documents needed?
  - › Social Security number or Resident number
  - › Employer and income information
    - Paystubs
    - W-2 forms , or wage and tax statements.

# HOW CAN YOU BE READY?

- » Talk to professionals
  - › Agents and Brokers
  - › Employee Benefit Specialists
  - › Tax Advisors
  - › Legal Advisors

## HOW CAN YOU BE READY?

- › [www.healthcare.gov](http://www.healthcare.gov)
- › [www.marketplace.cms.gov](http://www.marketplace.cms.gov)
- › [www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions](http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions)
- › [www.cms.gov/cciiio/index.html](http://www.cms.gov/cciiio/index.html)
- › [www.sba.gov/healthcare](http://www.sba.gov/healthcare)
- › [www.doi.nebraska.gov](http://www.doi.nebraska.gov)
- › <http://www.doi.nebraska.gov/shiip/brochure/out13255.pdf>

# QUESTIONS / DISCUSSION



# Mental Health/ Substance Abuse Benefits



# BluePride Option 5

- Selected as the benchmark plan by the Nebraska Department of Insurance for health care reform benefit provisions.
- Used to help establish standard “Essential Health Benefits” required by the law.

***The following slides provide detail on BluePride covered services:***

- Physician Services
- Facility Charges and Emergency Care
- Preventive Care and Diagnostic Services
- Rehabilitation Services
- Inpatient Mental Health and Substance Abuse
- Outpatient Mental Health and Substance Abuse
- Pharmacy Services
- Miscellaneous Services



# Physician Services

- Primary care visit to treat an illness or injury
- Specialist visit
- Other practitioner office visit (Nurse, Physician's Assistant)
- Outpatient surgery physician and surgical services
- Inpatient physician and surgical services
- Prenatal and postnatal care
- Chiropractic care
  - Spinal manipulations/adjustments are limited to 20 sessions per calendar year



# Facility Charges and Emergency Care

- Outpatient facility fee (e.g. Ambulatory surgery center)
- Inpatient hospital services
- Delivery and all inpatient services for maternity care
- Urgent Care centers or facilities
- Emergency room services
- Emergency transportation/ambulance



# Preventive Care and Diagnostic Services

- Preventive care, screenings and immunizations (services mandated by the ACA)
- Diagnostic tests (x-ray and lab work)
- Imaging (CT scans, PET scans, MRIs)



# Rehabilitation Services

- Cardiac rehabilitation
  - Limited to 18 sessions
- Pulmonary rehabilitation
  - Limited to 18 sessions
- Outpatient therapy
  - Limited to 45 sessions per calendar year, includes the following services:
    - Physical therapy
    - Speech therapy
    - Occupational therapy
- Habilitation services



# Mental Health and Substance Abuse Services

- Benefits are payable for covered Hospital and Physician Services, including mental health services, psychological, or alcoholism and drug counseling services provided by and within the scope of practice of a:
  - Qualified Physician or Licensed Psychologist;
  - Licensed Special Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor or Licensed Mental Health Practitioner; or
  - Auxiliary providers who are supervised, and billed for, by a qualified Physician or Licensed Psychologist or as otherwise permitted by state law.
- No session or day limits apply to inpatient or outpatient services due to the Mental Health Parity and Addiction Equity Act of 2008



# Inpatient Mental Health and Substance Abuse Services

- Mental health/behavioral health and substance abuse disorder inpatient services
  - Certification is required for inpatient care
  - Includes room and board, including covered ancillary services
  - Includes all covered physician services
  - Residential treatment programs are not covered



# Outpatient Mental Health/Substance Abuse Services

- Mental health/behavioral health and substance abuse disorder outpatient services
  - Includes the following services when done by a qualified provider:
    - Psychological therapy and/or substance dependence abuse counseling
    - Office visits, clinic visits, consultations and ER visits
    - Evaluations and assessments
    - Medicine checks
    - Outpatient day or partial hospitalization program
    - Diagnostic services
    - Psychiatric and psychological testing



# Pharmacy Services

- Generic drugs
- Non-preferred brand name drugs
- Preferred brand name drugs
- Specialty drugs



# Miscellaneous Services

- Durable medical equipment
- Oral surgery
- Dental services resulting from an accident
- Treatment for TMJ
- Radiation therapy
- Chemotherapy
- Infusion therapy
- Renal dialysis/hemodialysis
- Routine eye exam



# Miscellaneous Services Cont'd

- Allergy treatment
- Organ transplants
- Diabetes supplies
- Biofeedback
- Non-emergency care when traveling outside of the U.S.
- Hospice services
  - Limited to 180 days
- Home health care services
  - Limited to 60 days per calendar year



# Non-Covered Services

- Routine adult dental services
- Dental check-up for children
- Basic and major dental care for children
- Orthodontia for children
- Private duty nursing
- Long-term custodial nursing home care
- Infertility treatment
- Routine foot care
- Acupuncture
- Weight loss programs
- Hearing aids



**QUESTIONS?**



Kent A. Trelford-Thompson

Mgr Govt Assoc Business

Blue Cross and Blue Shield of Nebraska

1919 Aksarben Drive | Omaha, NE 68180

Office: (402) 982-6810

Email: [kent.trelford-thomps@nebraskablue.com](mailto:kent.trelford-thomps@nebraskablue.com)





# The Health Insurance Marketplace 101



*July 2013*



# The Problem

- Insurance companies could turn away the 129 million Americans with pre-existing conditions
- Premiums had more than doubled over the last decade, while insurance company profits were soaring
- Tens of millions were underinsured, and many who had coverage were afraid of losing it
- 50 million Americans had no insurance at all



# The Health Care Law

In March 2010, President Obama signed the Affordable Care Act into law



# Affordable Care Act – Coverage Accomplishments

- 3.1 million young adults have gained insurance through their parents' plans
- 6.1 million people with Medicare through 2012 received \$5.7 billion in prescription drug discounts
- 34 million people with Medicare received a free preventive service
- 71 million privately insured people gained improved coverage for preventive services
- 105 million Americans have had lifetime limits removed from their insurance



# Affordable Care Act – Cost Savings

- Slowest sustained national health spending growth in 50 years
  - Low growth continuing in 2012 for Medicare and Medicaid
- Rate increases fell from 75% in 2010 to 14% so far in 2013
- \$1 billion returned to consumers last summer
  - Plans now must spend 80% on healthcare
- \$4.2 billion recovered in 2012 from anti-fraud efforts – a record high – for a total of nearly \$15 billion over the last 4 years, double that of the previous 4 years

# Introduction to the Marketplace

- The Marketplace (or Exchange)
  - Place for qualified individuals and employers to directly compare private health insurance options
    - Known as Qualified Health Plans (QHPs)
  - Can directly compare on the basis of price, benefits, quality, and other factors

# 3 Things to Know about the Marketplace...

1. It's an easier way to shop for health coverage
  - Simplifies the search
  - All options in one place
  - A streamlined application and an individual or family can explore every qualified insurance plan in the area
2. Most people will be able to get a break on costs
  - 90% of people who are currently uninsured will qualify for discounted or free health insurance
3. Clear options with apples-to-apples comparisons
  - All health insurance plans in the Marketplace present their price and benefit information in plain language

# The Health Insurance Marketplace

- A new way to get health insurance
  - Enrollment starts October 1, 2013
  - Coverage begins as early as January 1, 2014
- About 25 million Americans will have access to quality health coverage
  - Up to 20 million may qualify for help to make it more affordable



# Marketplace Establishment

- Each state can choose to
  - Create and run its own Marketplace
  - Partner with the Federal government to run some Marketplace functions
  - Have a Marketplace established and operated by the Federal government

# Advantages of the Marketplace

- Helps enhance competition in the health insurance market
- Increases affordability through premium tax credits, cost sharing reductions, or public insurance programs
- Ensures quality through QHPs that must meet basic standards, including quality standards, consumer protections, and access to an adequate range of clinicians
- Makes costs clear by providing information about prices and benefits in simple terms consumers can understand, so they don't have to guess about costs

# Essential Health Benefits

**Qualified Health Plans cover Essential Health Benefits which include at least these 10 categories**

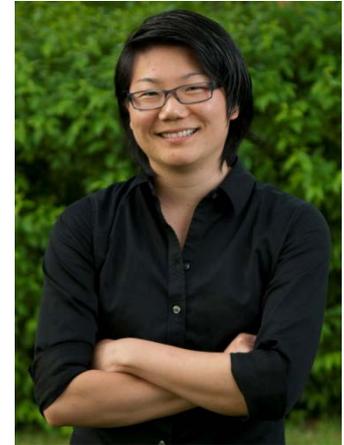
Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory services
Maternity and newborn care	Preventive and wellness services and chronic disease management
Mental health and substance use disorder services, including behavioral health treatment	Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)

# How Qualified Health Plans Can Vary

- Some plans may cover additional benefits
- You may have to see certain providers or use certain hospitals
- The premiums, copays, and coinsurance will be different in different plans
- The quality of care can vary
- Some special types of plans will be structured differently
  - Like high-deductible plans

# Catastrophic Plans

- Who is eligible?
  - Young adults under 30 years of age
  - Those who obtain a hardship waiver from the Marketplace
- What is catastrophic coverage?
  - Plans with high deductibles and lower premiums
  - Includes coverage of 3 primary care visits and preventive services with no out-of-pocket costs
  - Protects consumers from high out-of-pocket costs



# Small Business Health Options Program (SHOP) - Employees

- The SHOP is a Marketplace for small businesses and their employees (fewer than 100 FTE employees)
  - States may limit participation to those with 50 or fewer employees for the first 2 years
  - Employer will access the SHOP where its principal business office is located
  - Employer must offer coverage to all full-time employees
  - Sole proprietors may buy through the Marketplace rather than the SHOP

# Small Business Health Options Program (SHOP) - Employers

- Eligible employers can
  - Define how much they'll contribute toward their employees' coverage
  - Have access to a small business tax credit
  - Benefit from new protections that help them get real value for consumer's premium dollars

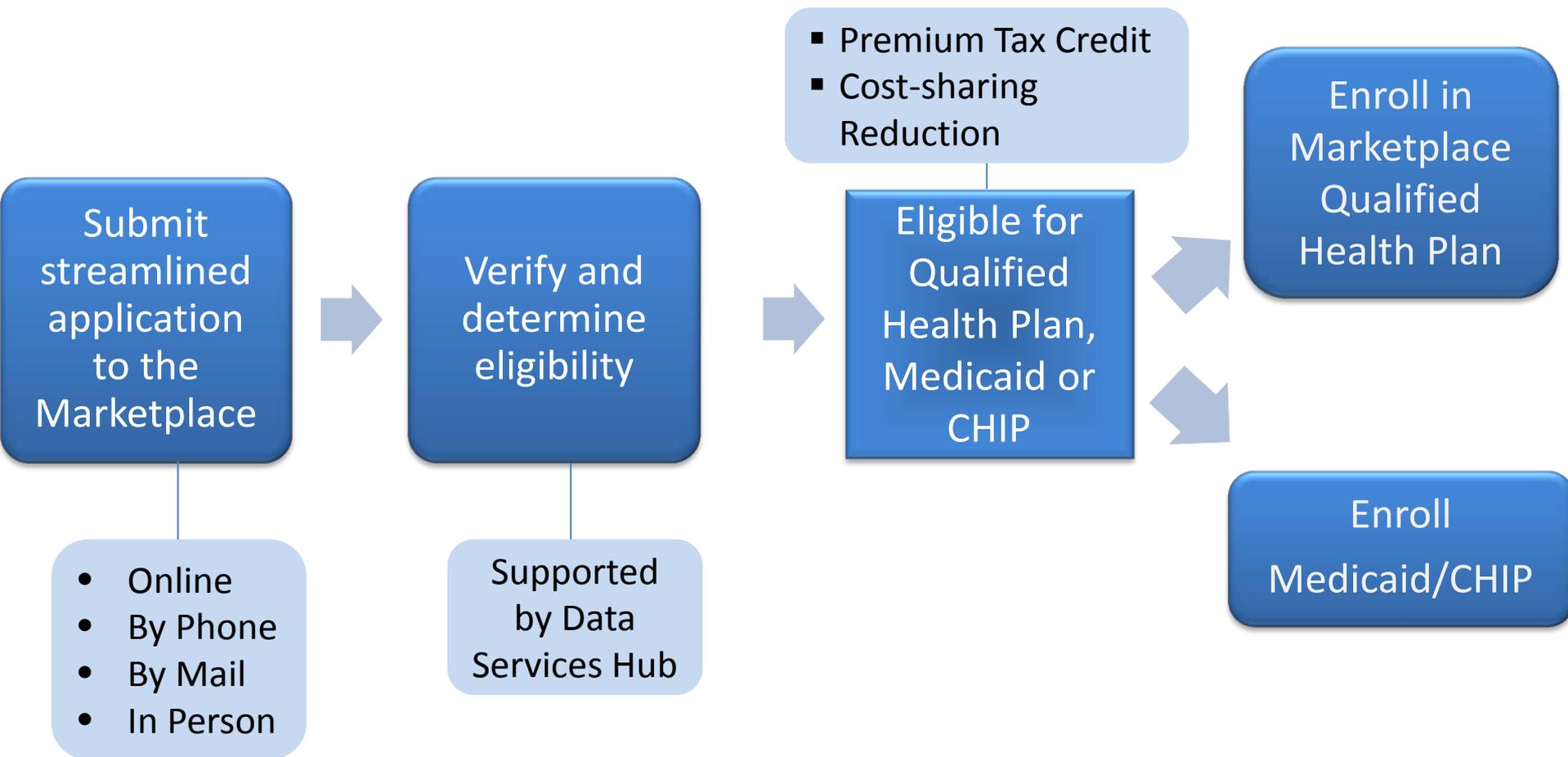
# Medicaid Eligibility in 2014

- Creates new opportunities for states to expand Medicaid eligibility to
  - Adults ages 19 – 64 with incomes up to 133% of the Federal Poverty Level (FPL) (\$15,282/year for an individual, \$31,322/year for a family of 4 (2013 amounts))
- Ensures Medicaid coverage for all children
  - With incomes up to 133% of the FPL
- Shifts to simplified way of calculating income to determine Medicaid/CHIP eligibility
  - Known as Modified Adjusted Gross Income (MAGI)-based method

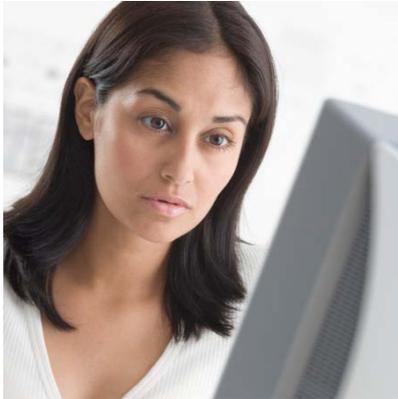
# Eligibility and Enrollment in the Individual Marketplace

- The Marketplace initial open enrollment period starts October 1, 2013, and ends March 31, 2014
- Marketplace eligibility requires you to
  - Live in its service area, and
  - Be a U.S. citizen or national, or
  - Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought
  - Not be incarcerated
    - Can apply for Marketplace if pending disposition of charge
    - Can apply for Medicaid/CHIP at any time

# Application and Eligibility



# How to Apply



Online



By Phone

- **Easy**
- **Convenient**
- **Streamlined**



By Mail



In Person

# National Marketplace Toll-Free Call Center

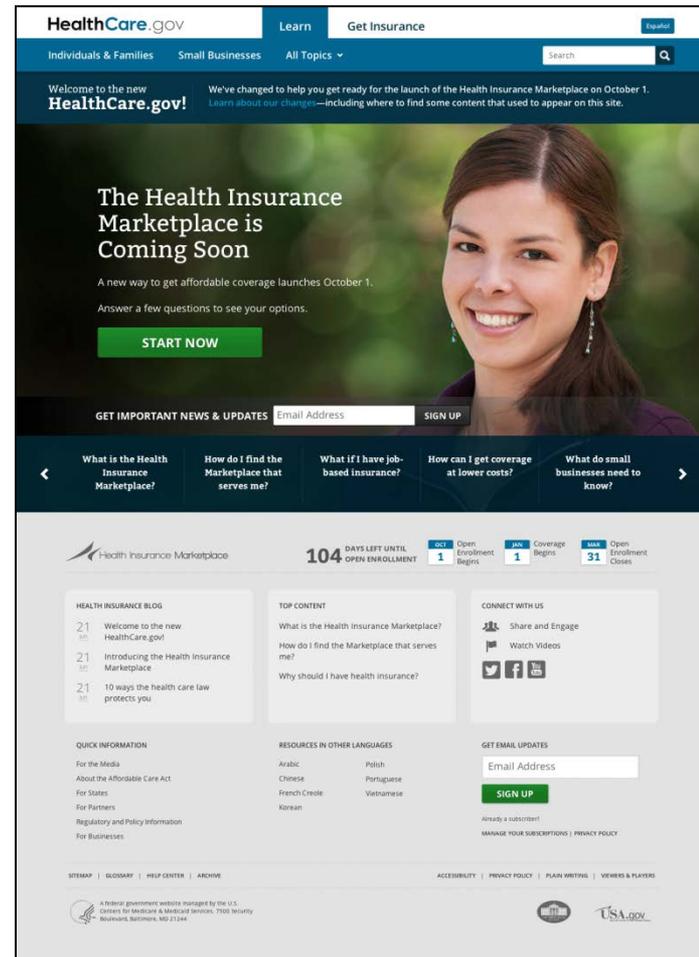
## for Federally Facilitated and State-Partnership Marketplaces

- 1-800-318-2596 (TTY 1-855-889-4325)
  - Customer service representatives - 24/7
  - English and Spanish
    - Language line for 150 additional languages
- June – September
  - Provide general information to individuals in the Marketplace and **employees** of SHOP employers
  - SHOP call center for **Employers** – opens in August
- Starting October
  - Help with eligibility, enrollment and referrals



# HealthCare.gov

- CuidadoDeSalud.gov for Spanish
- The consumer site for info now, application and plan comparison in Oct
- Social media connections
- Responsive design
- Accessible for those with visual disabilities
- Starting October 1, 2013 you can apply through this site



# In Person Assistance

- In person help will be available to help prepare electronic and paper applications to establish eligibility and to enroll in coverage through the Marketplace
  - Navigators
  - Other trained enrollment assisters
    - Local community health centers, libraries, hospitals and other locations in local communities
  - Agents and brokers



# A New Way to Lower Premium Costs

- A new refundable or Advanced Premium Tax Credit (APTC) that lowers the cost of Qualified Health Plans
- Eligibility is based on
  - Household income, and family size (at end of year)
  - Income between 100% to 400% of the Federal Poverty Level (FPL) (\$23,550 – \$94,200 for a family of four in 2013)
  - Obtaining qualified health insurance through the Marketplace
  - Ineligibility for government-sponsored coverage, affordable employer-sponsored insurance, or certain other minimum essential coverage
- The Premium Tax Credit is claimed on your income tax return



# You May Pay a Fee

- Starting in 2014, most people must have health coverage
  - If you don't have a certain level of health coverage (employer coverage, Medicare, Medicaid, CHIP, TRICARE, certain VA coverage, an individual policy, or a plan in the Marketplace) you may have to pay a fee with your tax return
    - Starting when you file your 2014 Federal tax return in 2015
  - Some people may qualify for an exemption

# People with Medicare

## Medicare isn't part of the Marketplace

- In most cases it will be to your advantage to sign up for or keep Medicare
  - ❑ You may pay more for coverage in the Marketplace
  - ❑ You may have to pay a penalty for Medicare Parts A, B, and D if you choose to sign up for Medicare later
  - ❑ You won't be eligible for lower costs to help pay your premiums or cost-sharing in the Marketplace
  - ❑ If you're in the Marketplace when you become eligible for Medicare eligible, you lose any tax credit/cost-sharing reduction you may have had

# Pre-existing Condition Insurance Plan (PCIP) Transition

- Temporary program covering those with pre-existing conditions
  - PCIP program ends December 31, 2013
- Marketplace coverage can begin January 1, 2014
- PCIP enrollees who want coverage in the Marketplace
  - Need to apply by December 7, 2013, for no break in coverage
  - No automatic transition

# A Look Ahead

## August 2013

- Expect training to begin for consumer assisters like Navigators, as well as for agents and brokers
- SHOP (Employer) Call Center live

## October 1, 2013

Open enrollment in the Health Insurance Marketplace begins

## January 1, 2014

- Coverage through Health Insurance Marketplace begins (as early as)
- Discrimination due to pre-existing conditions or gender is prohibited
- Annual Limits on Insurance Coverage will be eliminated
- Advanced Premium Tax Credits will be available
- The Small Business Tax Credit will increase
- More people will be eligible for Medicaid (in some states)

# Marketplace.cms.gov

Get the latest resources to help people apply, enroll, and get coverage in 2014

The screenshot shows the homepage of the Health Insurance Marketplace. At the top, there is a navigation bar with links for 'CMS.gov', 'About CMS', 'FAQs', 'Print', and 'Share'. A search bar is located on the right side of the header. Below the header, the main content area features the 'Health Insurance Marketplace' logo and a message: 'Starting this fall, there'll be a new way for people to buy health insurance - the Health Insurance Marketplace. Get the latest resources to help people apply, enroll, and get coverage in 2014.' A prominent blue button labeled 'Get updates >' is centered below this message. Below the main content, there are two dark navigation buttons: 'Get official resources >' and 'Explore research >'. The page is divided into three main sections: 1. 'Resource spotlight' on the left, which includes an image of a document and a 'Get presentation >' button. 2. 'Looking for consumer information?' in the middle, which includes a 'Get consumer information >' button. 3. 'Have questions?' on the right, which includes a 'Get answers >' button. At the bottom, there is a footer with the CMS.gov logo and the text 'Stay connected with the Marketplace' followed by social media icons for Twitter and Facebook.

# Key Points to Remember

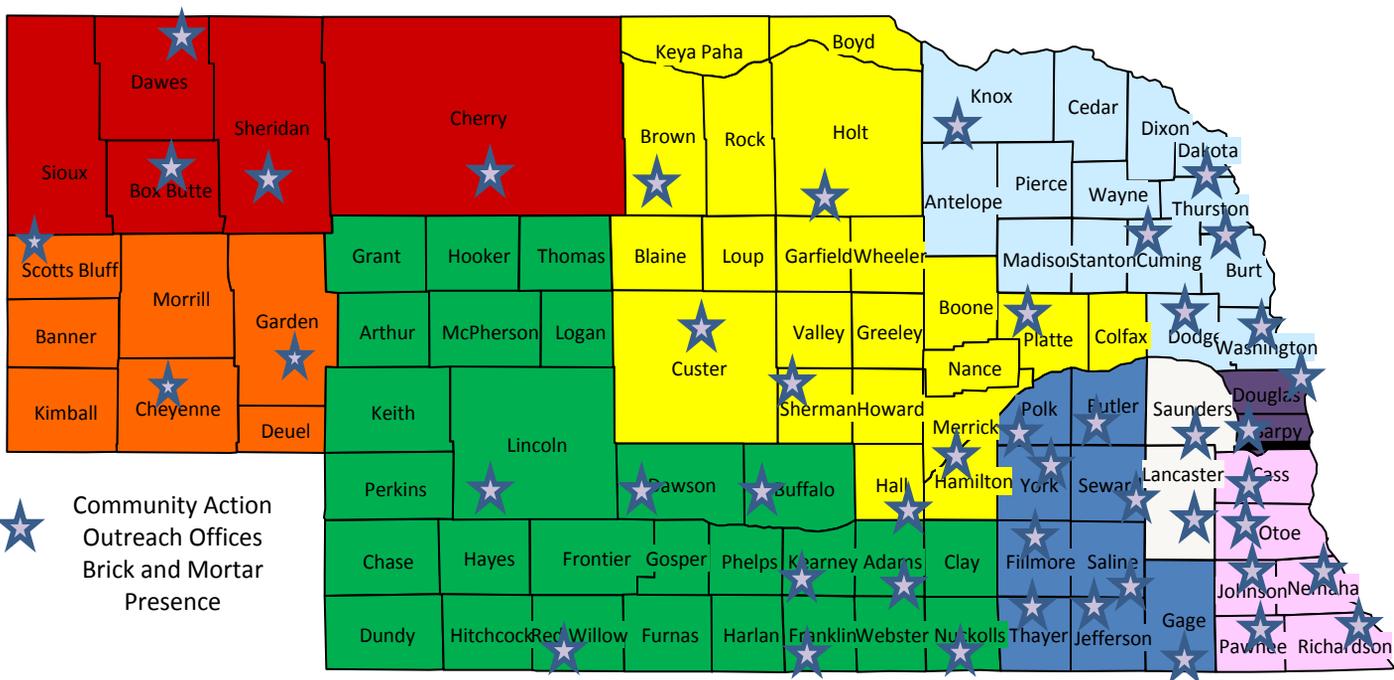
- The Marketplace is a new way to find and buy health insurance
- Qualified individuals and employers can shop for health insurance that fits their budget
- States have flexibility to establish their own Marketplace
- Individuals and families may be eligible for lower costs on their monthly premiums and out-of-pocket costs
- There is assistance available to help you get the best coverage for your needs

# Want more information about the Marketplace?

- Stay Connected
  - Sign up to get email and text alerts at [HealthCare.gov/subscribe](https://HealthCare.gov/subscribe)
    - [CuidadoDeSalud.gov](https://CuidadoDeSalud.gov) for Spanish
  - Updates and resources for partner organizations are available at [Marketplace.cms.gov](https://Marketplace.cms.gov)
  - [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
  - [Facebook.com/Healthcare.gov](https://Facebook.com/Healthcare.gov)

# Community Action of Nebraska Proposed Navigator Service Area

There are currently nine Community Action Agencies (CAA's) in the State of Nebraska. The agencies cover all 93 counties in Nebraska providing a myriad of human service programs. Each CAA is unique to meet the needs of the service area. Established in 1965, CAA's are well known in the communities that we serve and provide quality and comprehensive program services specializing in enrollment, community services outreach, education, health, housing, nutrition, senior , and volunteer services.



- |  |  |  |   |
|--|--|--|---|
|  | Northwest Community Action Partnership           |  | Community Action Partnership of Lancaster and Saunders Counties |
|  | Community Action Partnership of Western Nebraska |  | Eastern Nebraska Community Action Partnership                   |
|  | Central Community Services                       |  | Southeast Nebraska Community Action Partnership                 |
|  | Community Action Partnership of Mid-Nebraska     |  |   |
|  | Northeast Nebraska Community Action Partnership  |  |   |
|  | Blue Valley Community Action Partnership         |  |   |

# Celebrating the Changes by Building Upon Them

Thursday, September 19, 2013

Rev. Bradley D. Hoefs

email: [bradhoefs@yahoo.com](mailto:bradhoefs@yahoo.com)

Office: 402.763.9255

Celebrating the changes;  
for me it is personal.

To build upon the changes  
that have come about is  
to celebrate those changes.

Change is never perfect  
and calls for continued building.



Building is challenging and  
calls for clarity as to  
what those challenges are  
and calls for leadership.

These are some of the present challenges for building upon the “recent” past changes as I (a consumer) see them.



# 1. Challenges with the medical services:

- ▶ Getting appointments
  - ▶ Finding the “right” doctor and or therapist
  - ▶ Doctors not communicating with one another
  - ▶ Not enough beds
  - ▶ Many services, some redundant, but how? Who? Where?
  - ▶ All focused on acute needs; but where’s the living? (Peer services)
  - ▶ HIPPA issues
- 

## 2. Housing and Non-Acute Care

- ▶ Simply not enough housing
- ▶ Cost of housing
- ▶ Transitional housing

### 3. Challenge of navigating the services

- ▶ Imagine trying to navigate your way in a foreign non-English speaking country while being severely depressed and a new medicine.
  - ▶ Peer navigational coaches/advocates which provide coordination and a “hub” for connecting with services.
  - ▶ We need Medicaid to pay for this service and funding for those who have private insurance.
- 

## 4. The challenge of providers collaborating and tailoring the services they offer to the specific community:

- ▶ Come into the community with their “programs”
  - ▶ Lack of awareness of one another’s programs and services
  - ▶ A sense of competition verses connecting with one another to provide what is needed
  - ▶ Not enough peer/wellness driven services; lack of funding or a way to pay for these services
- 

## 5. The challenge of understanding that mental illness is “catching”.

- We become like our five closest friends.
- Too often people die before they are dead.

Mental wellness is also catching.

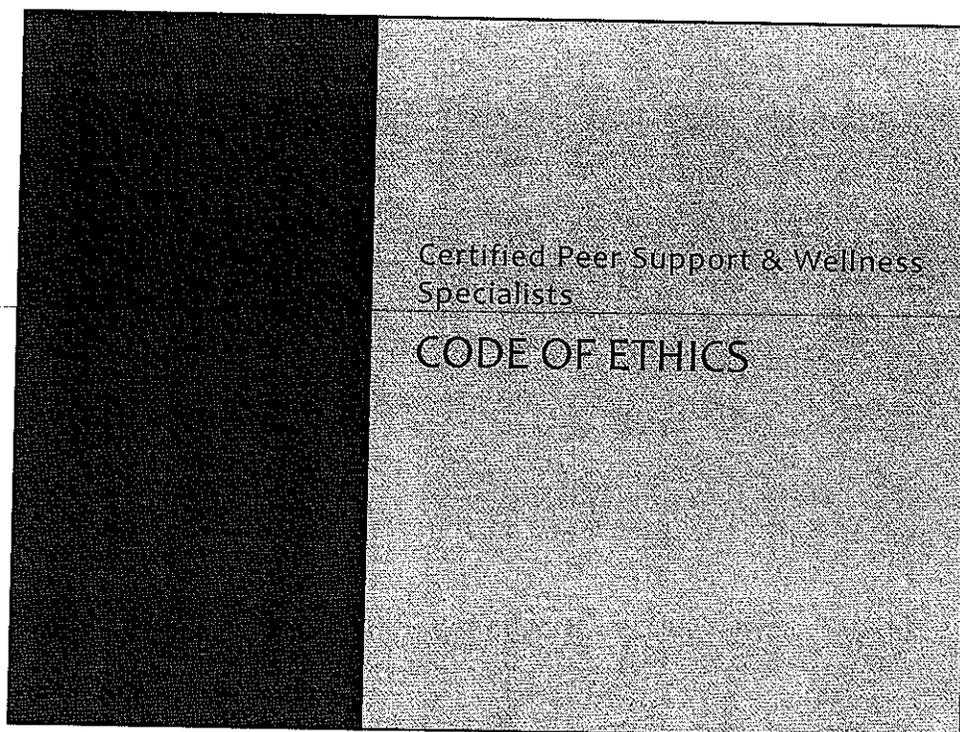
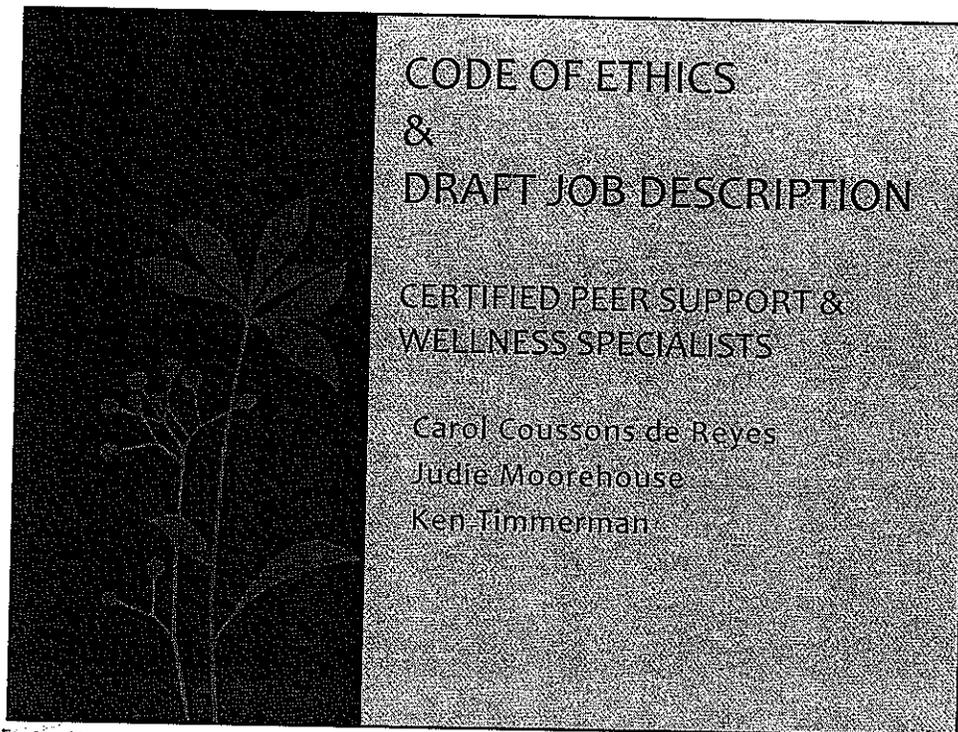
A decorative graphic at the bottom of the slide consists of a bright green trapezoidal shape pointing downwards, which is partially overlapped by a yellow trapezoidal shape pointing upwards. Both shapes have a white border.

To meet these challenges is to continue to move forward the changes of the past and is in fact a celebration of those changes.



How do we meet these challenges?

What are some of the challenges  
you see?



## Nebraska Peer Support Staff Code of Ethics

- ☐ Anti-discrimination policy
- ☐ Peer Support staff will advocate that peers make their own decisions in all matters when dealing with other professionals; promoting concepts of shared decision making in treatment.

## Nebraska Peer Support Staff Code of Ethics

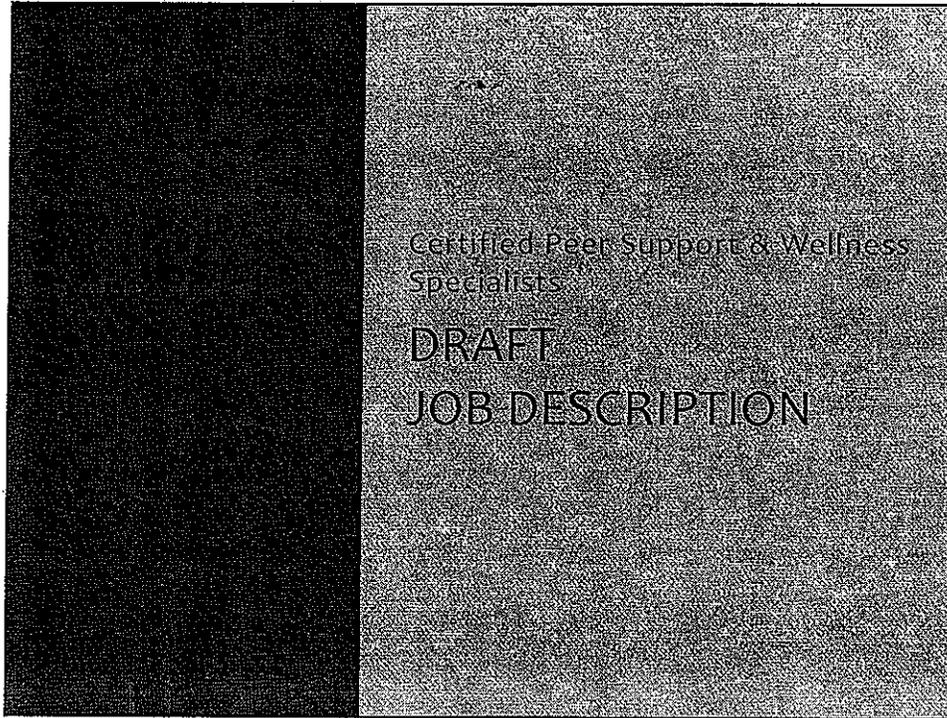
- ☐ Peer Support staff will respect the privacy and confidentiality of those people utilizing peer support services.
- ☐ Peer Support Staff will advocate for the full integration of individuals into the community of their choice.
- ☐ Peer Support Staff will never engage in sexual/intimate activities with the people utilizing peer support services.
- ☐ Peer Support Staff will not enter into dual relationships.

## Nebraska Peer Support Staff Code of Ethics

- Peer Support Staff will work to keep their environments physically and emotionally safe for others.
- Peer Support Staff will not abuse substances under any circumstance.
- Peer Support Staff will keep current with emerging knowledge relevant to recovery.
- Peer Support Staff may only accept gifts of insignificant value from those utilizing peer services with the purpose of enhancing the person's recovery.

## Nebraska Peer Support Staff Code of Ethics

- Peer Support Staff will acknowledge limits to knowledge.
- Peer Support Staff will speak in simple terms and avoid clinical jargon.



## Person Centered Planning

- Assist Person in Advocating for a Person Centered Plan
  - Self-Directed Plan: Their Hopes and Dreams
  - Centered on Person: not Symptoms
  - Strengths Focused
  - Choice
  - Partnership
  - High Expectations
  - Hope for Future
- Use Person-Centered Language
  - Do not use clinical jargon
  - Emphasize personhood versus illness

## Use the 4 Tasks

Assist a Person in Understanding:

- a) Connection
- b) Worldview of Self
- c) Worldview of Peers
- d) Understanding Mutuality
- e) Moving Forward with Person Centered Recovery Plan

## Documentation

- Participation in Meetings/Groups
- How Meetings/Group Meets Person Centered Objectives
- How Moving Forward w/Objectives
- How Utilizing 4 Tasks to Foster New Relationships
- Adapting information to personal learning style

## Utilizes Specific Training:

- Creating New Relationships
- Moving Forward with Community Living Goals
- Facilitate Dialogues on:
  - Learning vs. Helping
  - Risk
  - Listening Differently
  - Trauma Informed Peer Support
  - Mutual Responsibility
  - Conflict
  - Challenging Working Situations
  - Self Care
  - Person centered Planning

## Utilizing Recovery Experience

- Teach/Role model diversity
- Assist in Addressing Basic Needs:
  - Finding decent, affordable housing of choice integrated, affordable, least restrictive
  - Meaningful employment
  - Connecting with community resource hubs
- Assist people in accessing latest wellness skills
- Model effective communication, relationship, and self-help strategies

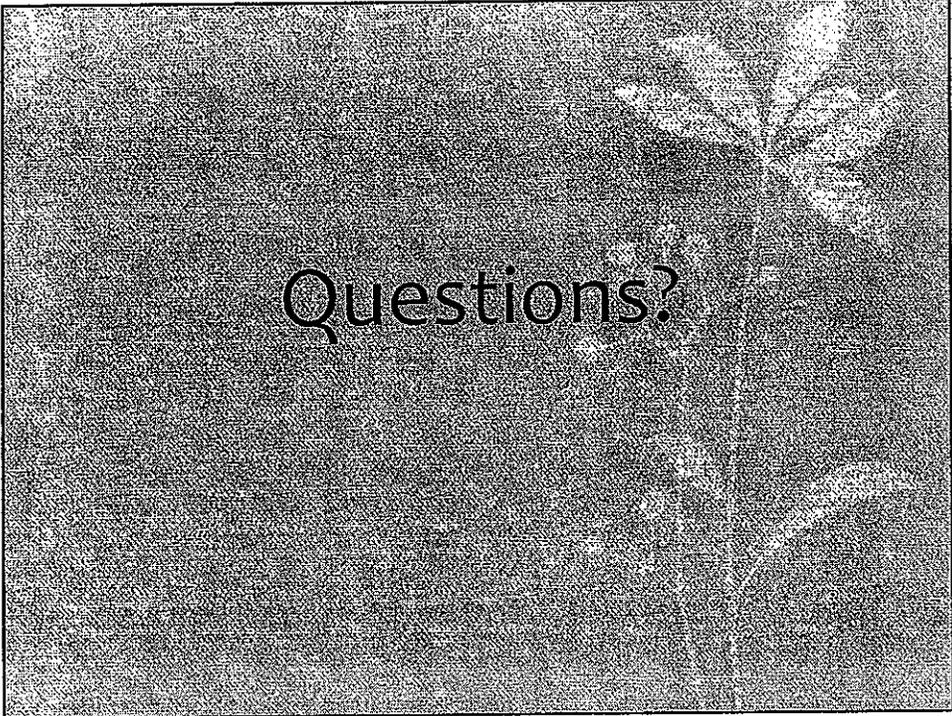
## Stay Abreast of Trends/Developments

- Read journals, books, and relevant material
- Attend continuing education sessions
- Attend webinars, seminars, meetings, and trainings
- Develop training tools with other CPSWS's

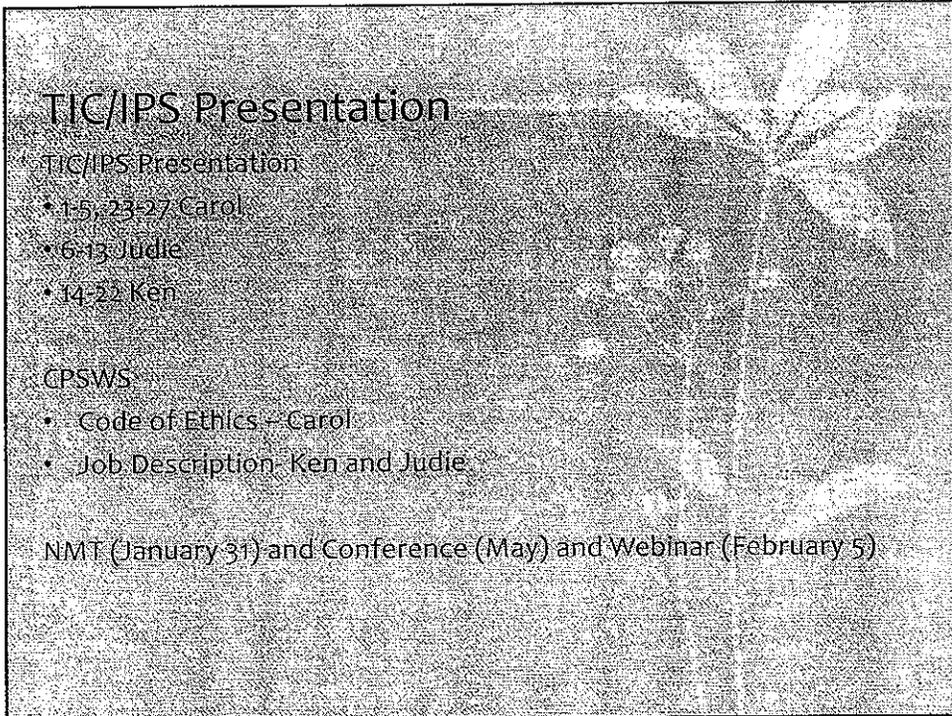
## Moving Forward Agent

Advocate for

- Effective, Recovery Oriented Care
- Person Centered Services
- Inform Peers to Relate to Community
- Access to Resources of Empowerment
- Changing Discrimination



Questions?



## TIC/IPS Presentation

TIC/IPS Presentation

- 1-5, 23-27 Carol
- 6-13 Judie
- 14-22 Ken

CPSWS

- Code of Ethics - Carol
- Job Description - Ken and Judie

NMT (January 31) and Conference (May) and Webinar (February 5)

# Trauma Informed Response and Intentional Peer Support



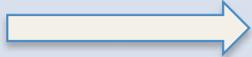
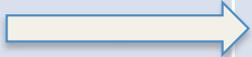
Shery Mead Consulting  
Shery Mead and Beth Filson Facilitators

Shery Mead Consulting, 2010

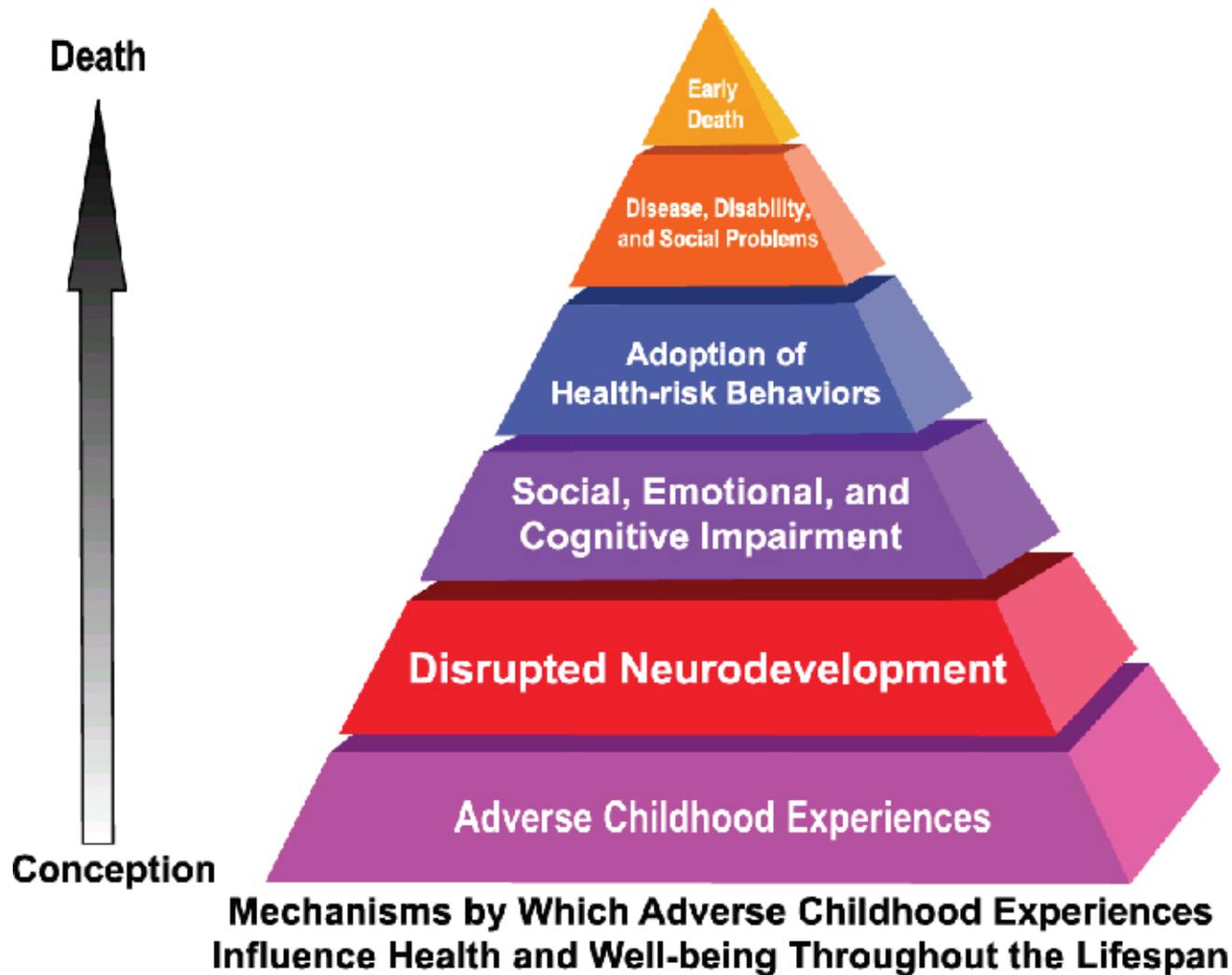
# Overview slide

- Why Does Trauma Matter?
- What does it mean to be trauma informed?
- Trauma informed services
- Overview of Intentional Peer Support as a trauma informed relational practice

# Why Does Trauma Matter? Adverse Childhood Experiences:

Colum 1 <b>Adverse Childhood Experiences</b>	Colum 2 <b>Neurobiological Impacts and Health Risks</b>	Colum 3 <b>Long-Term Health and Social Problems</b>
<p>The more types of childhood experiences... </p> <ul style="list-style-type: none"><li>• Childhood abuse and neglect</li><li>• Trauma in household</li><li>• Alcohol or drug use</li><li>• Mental issues</li><li>• Domestic violence</li><li>• Loss of parent</li></ul>	<p>The greater the neurobiological impacts and health risks, and... </p> <ul style="list-style-type: none"><li>• Ischemic heart disease</li><li>• Autoimmune diseases</li><li>• Lung cancer</li><li>• Chronic obstructive pulmonary disease</li><li>• Asthma</li><li>• Liver disease</li><li>• Skeletal fractures</li></ul> <p>10 x 10 Wellness Campaign</p>	<p>The more serious the lifelong consequences to health and well-being:</p> <ul style="list-style-type: none"><li>• Homelessness</li><li>• Prostitution</li><li>• Delinquency, criminal behavior</li><li>• Inability to sustain employment</li><li>• Less ability to parent</li><li>• Negative self- and other perception and loss of meaning</li><li>• Intergenerational abuse</li><li>• Involvement in MANY services</li><li>• HIV/AIDS</li></ul>

# Impact of Trauma over Lifespan



# For More Information About the ACE Study

- Articles, curricula and reports:  
<http://www.cdc.gov/ace/index.htm>. (go to the A-Z index for ACE)
- <http://www.theannainstitute.org/articles.html> and
- Jennings A., “The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for Behavioral Health Systems,” NTAC/NASMHPD, 2004,  
<http://www.theannainstitute.org/DCS.pdf>.

# What is Trauma-Informed Care?

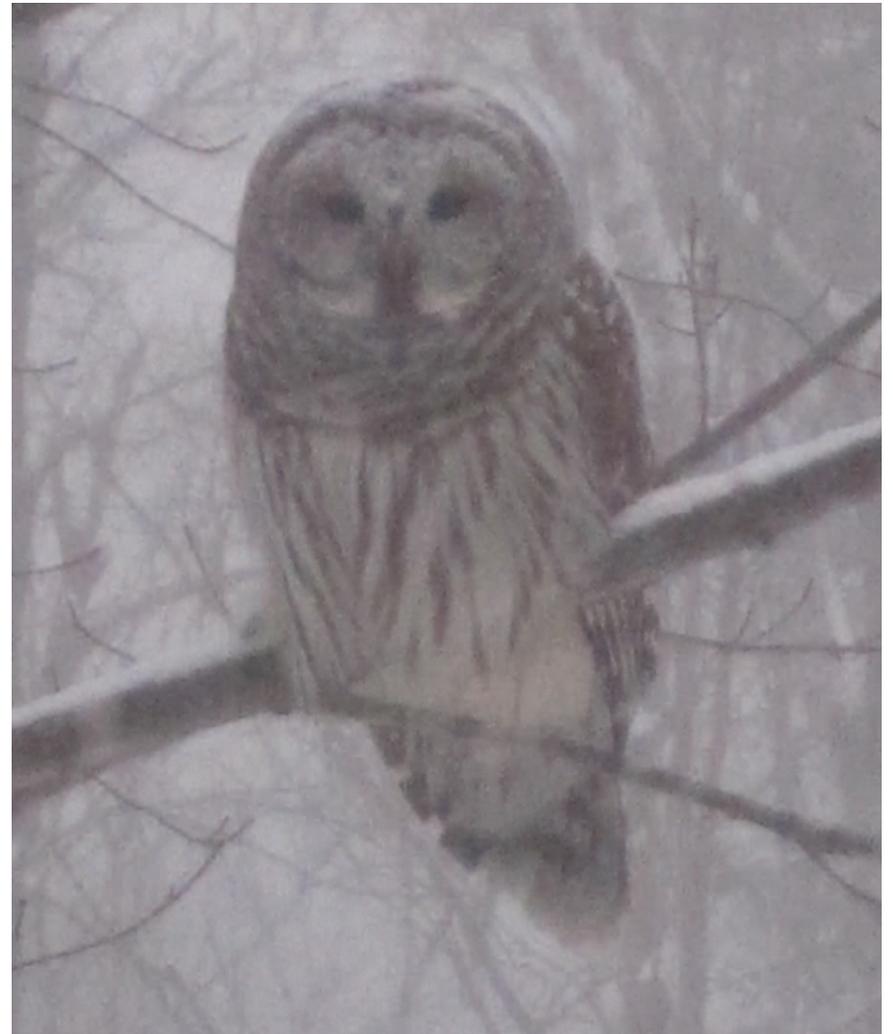
- Understands the profound impact trauma has in the lives of people receiving services, its prevalence and the implications trauma has for how we engage healing and recovery.
- All aspects of service delivery and practice are re-evaluated in light of this understanding: Pathological behavior is viewed in light of survival, coping and adaptation to events outside of the individual. Re-victimization and first time trauma is minimized or eliminated. A philosophy of *do no more harm* is adopted.
- Due to the prevalence of trauma, Trauma-Informed Cultures acknowledge the likelihood that staff have also been exposed to trauma.

# The Relationship Between TIC and IPS:

Trauma informed cultures provides the context in which a new process of relationship (IPS) takes place. TIC supports the Principles and Tasks of Intentional Peer Support.

# Three Principles

- *Learning versus Helping*
- *Relationship versus the Individual*
- *Hope and Possibility versus Fear*



# Learning Vs. Help

## Help

- Often assumes that the other person has something wrong or has “a problem”
- Often comes with the helper’s agenda (pre-determined outcomes)
- Can create a power imbalance

## Learning

- Learning doesn’t assume there’s a problem or that the focus is necessarily on mental health
- Learning opens up possibilities that didn’t exist.
- Learning together doesn’t assume one of you is an expert

## When it's about the individual...

- No one else has to change
- We lose sight of our own learning.
- We lose sight of the relational dynamic

## When it's about the relationship...

- Both people contribute to mutual learning
- We learn how to communicate with honesty and openness
- Our relationship becomes model of other relationships

# Hope Vs. Fear

- Fear-based relationships are based on what's wrong, and what we are afraid is going to happen
- Hope-based relationships are based on what is possible, where we are going and how we can co-create something new

# Impact of Fear



- We do whatever we know how to do
- to alleviate the fear or the discomfort

# Focusing on Hope To Move Thru Discomfort



In order to sit with discomfort, we must have some hope that something interesting or even positive will come out of going right through the middle of it.

# The Practices of Intentional Support



1. *Connection*
2. *Worldview*
3. *Mutuality/mutual responsibility*
4. *Moving towards [vs. moving away from]*

# Connection disconnection reconnection

- What helps build connection?
- Why might connection feel dangerous for some people?
- What can we do when there's a disconnection?



What is worldview?

# Your World View



- If this is someone you've met before, what might you think is going on here?
- If that's your assumption, what might you say or do?

# Assumption may change

- Does your assumption change if we tell you that she's in a psychiatric hospital?

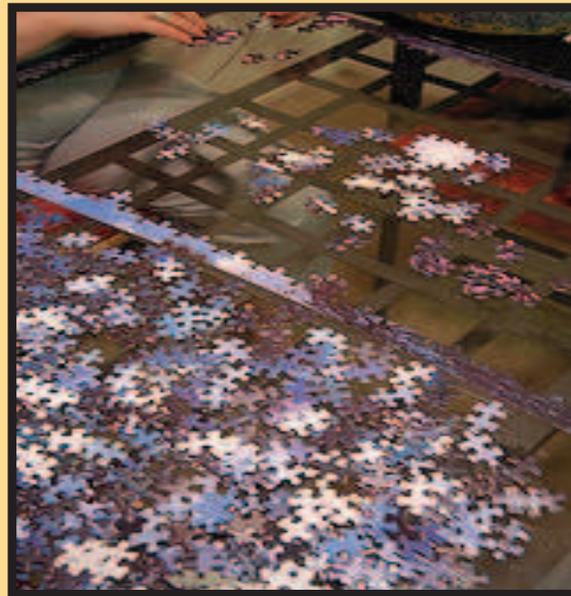
“You’re weird, bad, crazy..you  
deserved it, It’s your fault” ...etc

I learn to “act as if”

I seek help for my  
problem

I wonder what my  
problem is

You say that you like  
me



“You wouldn’t like me if  
you really knew me.”

The pressure of secrecy  
builds

I feel split in two

*I come to you for help*

*I figure you're the expert*

*You give me a diagnosis*

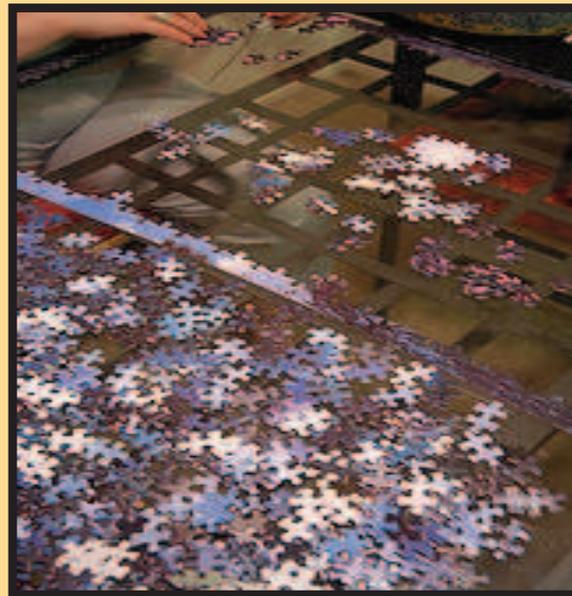
*You wonder if I should be hospitalized*

*You determine treatment based on my "symptoms"*

*I call you when I feel like my symptoms are "out of control"*

*I start defining my experiences as symptoms*

*You ask me how I'm managing my symptoms*



*I come to you for support*

*I figure you're the expert...*

*We get to know each other*

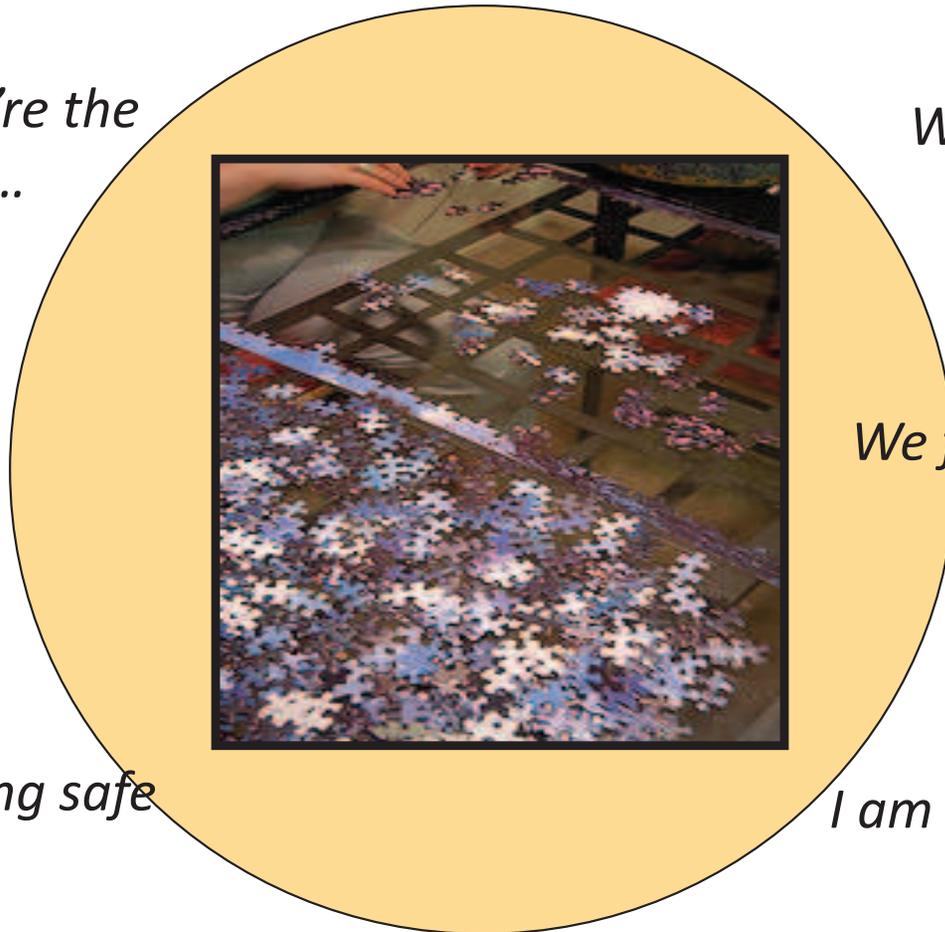
*You suggest that I take a PRN*

*We feel like we're "equals..."  
Until...*

*You ask if I'm feeling safe*

*I am having a hard time...*

*You worry that you'll say the wrong thing.*



*I come to you for support*

*We're both the experts*

*We listen to each other*

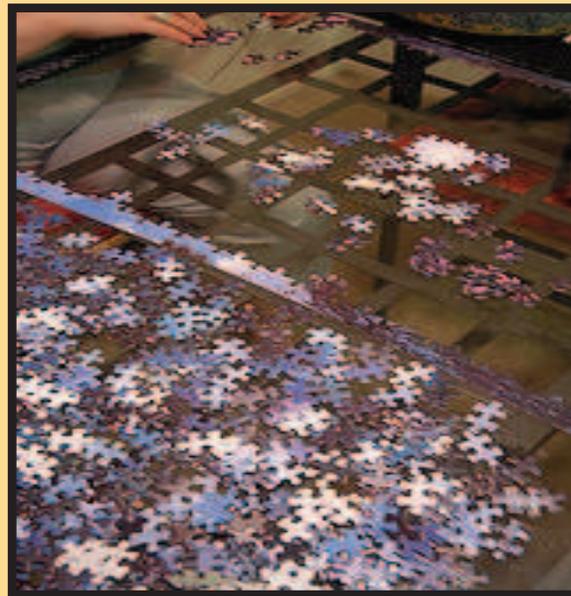
*We talk about what works for us both*

*We learn a lot about each other*

*We negotiate power, conflict and safety*

*One of us has a hard time*

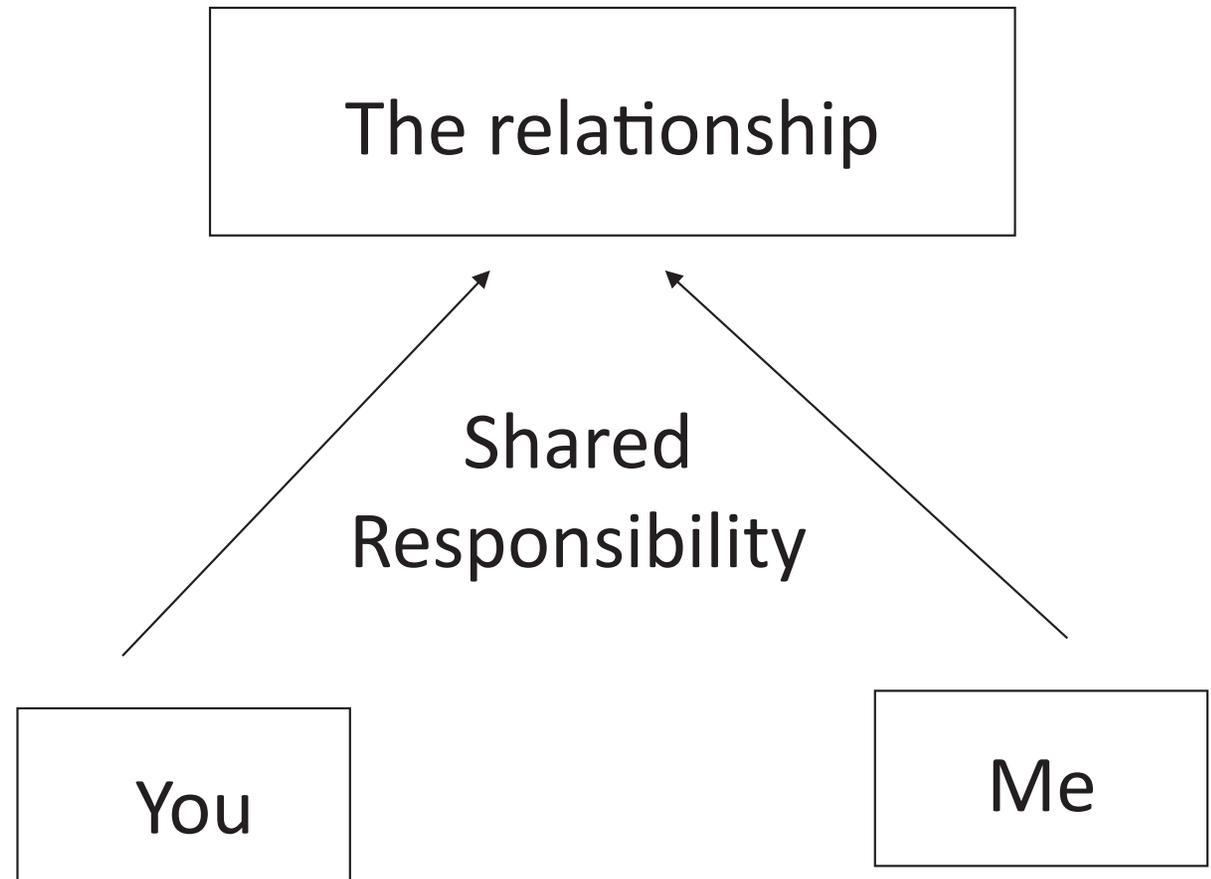
*We struggle with our fear*



# Mutuality

- Moving away from a “service” type relationship
- Negotiating power, safety and meaning
- Learning and growing together

# Doing Mutual Responsibility



# Moving Toward

- When connection, worldview and mutuality come together, it culminates in moving towards.
- What would be different about peer support if it was about moving towards?

# Moving Towards

Growth-fostering relationships empower all people in them.  
These are characterized by:

1. A sense of zest or well-being that comes from connecting with another person or other persons.
2. The ability and motivation to take action in the relationship as well as other situations.
3. Increased knowledge of oneself and the other person(s).
4. An increased sense of worth.
5. A desire for more connections beyond the particular one.

- Adapted from Jean Baker Miller

# Where do we go from here?

- Questions
- Comments
- Implementation

# Prevention Cornerstone

September 19<sup>th</sup>, 2013

Presented by: Renee Faber

Prevention System Coordinator

Department of Health & Human Services

**DHHS**

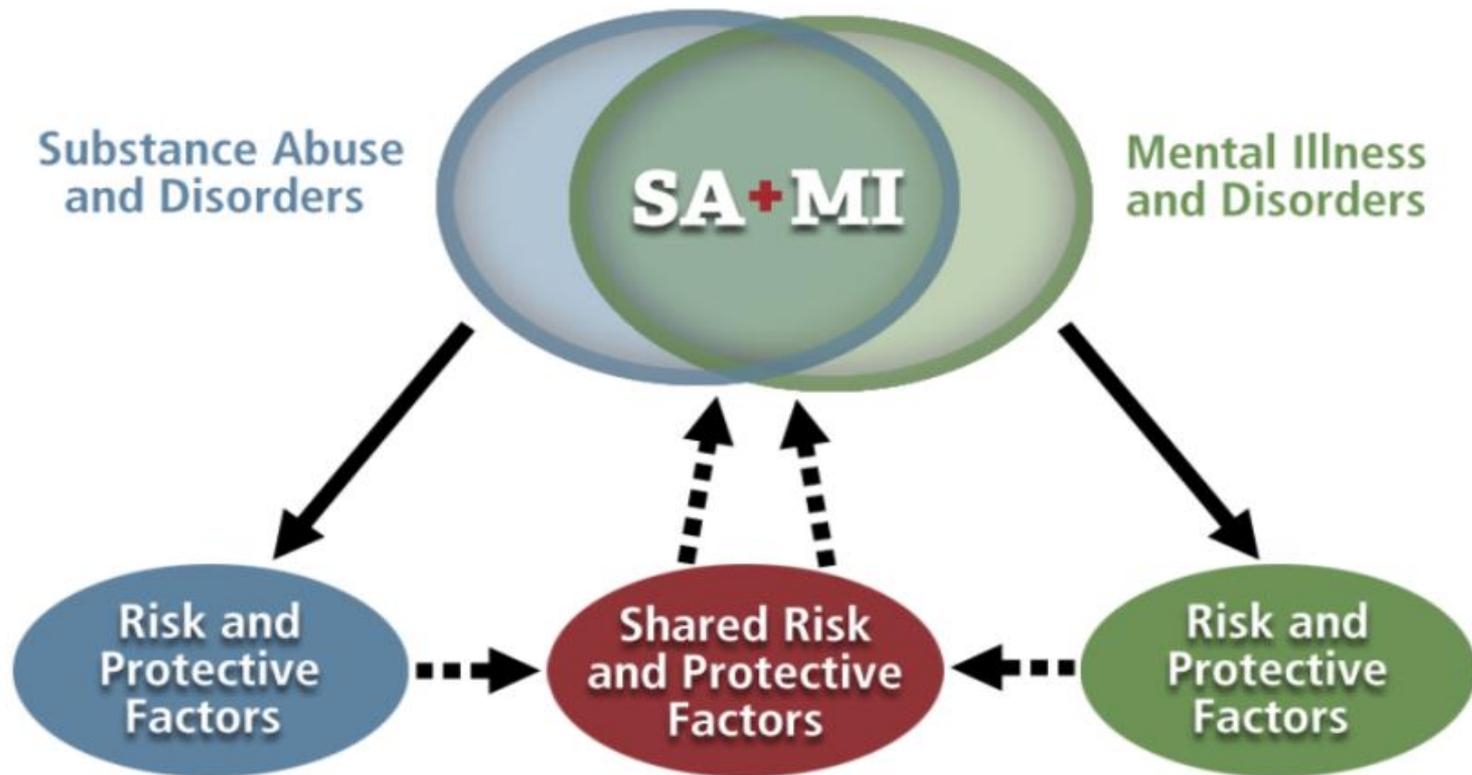
N E B R A S K A



# Behavioral Health

- Behavioral Health is **a state of mental/emotional being and/or choices and actions that affect wellness.**
  - Substance abuse and misuse are one set of behavioral health problems.
  - Others include (but are not limited to) serious psychological distress, suicide, and mental illness.
  - “One in five individuals with a diagnosable mental health disorder also suffer from a substance abuse disorder.” (O’Connell, 2009)

# Risk and Protective Factors



Improvements in one area often have direct impacts on the other.

# Substance Abuse Prevention

- Substance Abuse Prevention is delivered prior to the onset of a disorder, and these interventions are intended to **prevent or reduce the risk of developing a substance abuse problem**, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

# Mental Illness Prevention

- Mental Illness Prevention is designed to directly **reduce the incidence of mental disorders, high risk precursors of disorders, and adverse consequences** of precursors and/or early manifestations of the disorders themselves.

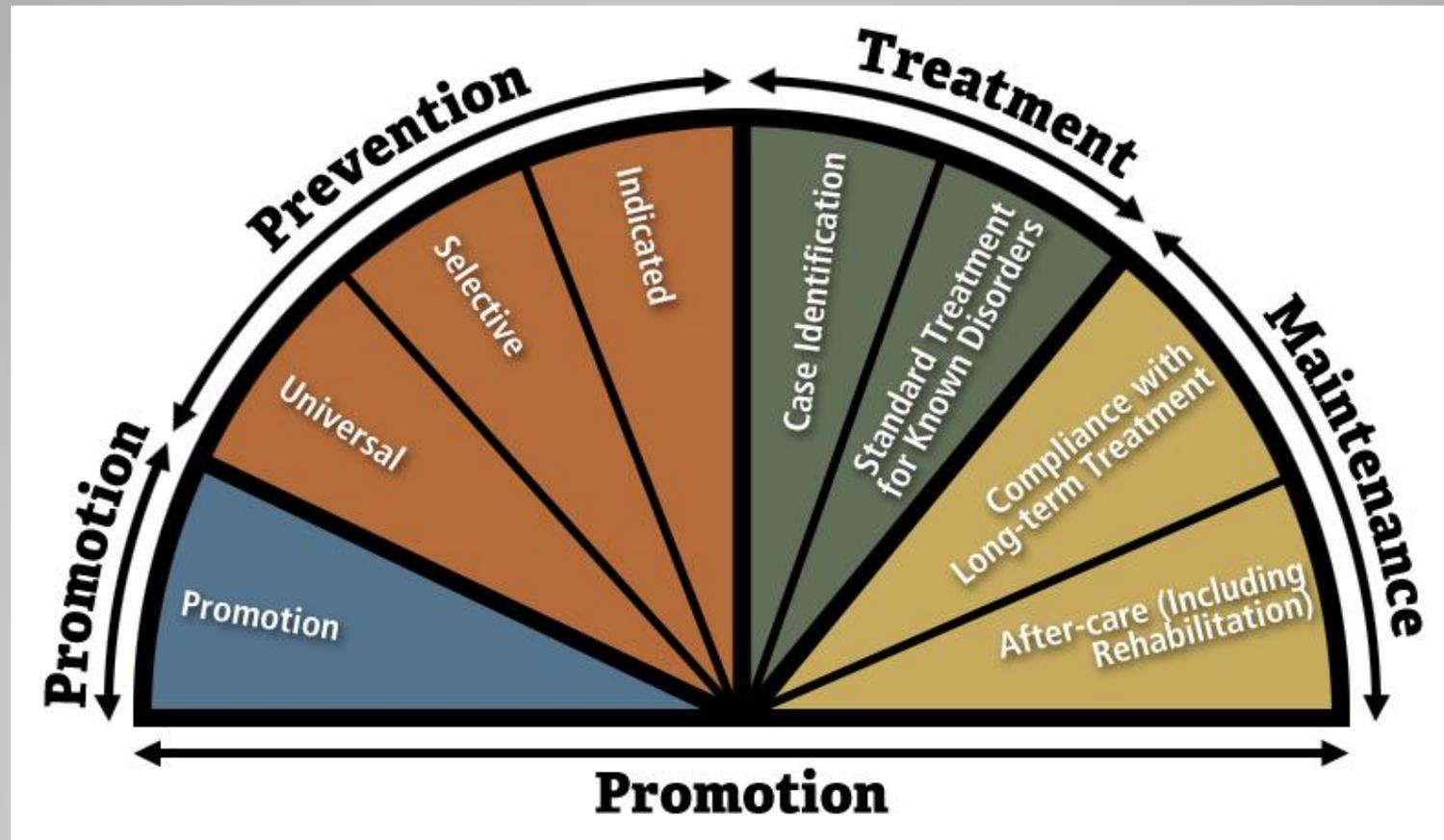
# Mental Health Promotion

- Mental Health Promotion is **any action taken to maximize mental health and well being among populations and individuals.**
  - Enhances the capacity of individuals, families, groups, or communities to strengthen or support positive emotional, cognitive, and related experiences.
  - Focuses on prevention and promotes mental health across the lifespan.

# Interface Between Prevention and Promotion

- Individuals affected by mental illness and/or substance abuse disorders often share contributing factors to their behavioral health problems.
- Prevention and Promotion are overlapping and complementary activities.
- The two approaches may involve similar activities but produce different outcomes and vice versa.
- The identification of risk factors is critical to effective prevention; knowing what increases the likelihood of a negative outcome is the first step toward preventing that outcome.
- The elimination or reduction of risk factors will reduce the probability of negative outcomes.

# How does it all come together?



**The Institute of Medicine (IOM) Life Cycle Protractor**

# Prevention Across the Lifespan

- **Infancy and Early Childhood:** the beginning of understanding your own and others' emotions, to regulate their attention and to acquire functional language.
- **Middle Childhood:** children learn how to make friends, get along with peers, and understand appropriate behavior in social settings.
- **Adolescence:** focus on developing good health habits, practice critical and rational thinking, and seek supportive relationships.
- **Early Adulthood:** Individuals learn to balance autonomy with relationships to family, make independent decisions and become financially independent.



# Substance Abuse Prevention

## *Examples:*

- Responsible beverage server training.
- Alcohol and Tobacco Compliance checks.
- Radio public service announcements on the importance of abstaining from alcohol and drugs while pregnant or breast feeding.
- Training children to resist pressure to use drugs, including practice of resistance skills by youth.
- Collaborative planning by a community group to address underage drinking and its consequences.
- Family or youth activities which encourage healthy interaction without alcohol or drug abuse.

# Mental Illness Prevention

## *Examples:*

- Counseling for person where there is a strong family history of depression.
- Radio public service announcements on the early signs of depression, actions to take to address.
- Reducing of risk factors by developing skills in children to protect themselves from adverse child experiences such as physical or sexual abuse.
- Mentoring and tutoring programs for children experiencing academic problems and peer relationship problems.
- Disaster Behavioral Health Planning for survivors, first responders and community members.

# Mental Health Promotion

## *Examples:*

- Child and youth resiliency development programs
- Strengthening parenting skills in early childhood
- Preventing or reducing bullying in schools
- Addressing workplace stress
- Creating a work-life balance
- Providing opportunities for meaningful community involvement through volunteering
- Identifying positive peer and social support networks
- Good Physical Health = Mental Health Promotion



# Questions???

Contact:

Renee Faber

[renee.faber@nebraska.gov](mailto:renee.faber@nebraska.gov)

## **Prevention Advisory Council**

### **DRAFT CHARTER**

#### **PURPOSE**

The Prevention Advisory Council is chartered to provide state and regional system leadership in substance abuse and mental health prevention to Nebraska's Behavioral Health System (NBHS). As a subcommittee of the State Advisory Council on Substance Abuse Services, The Prevention Council will guide the DHHS Division of Behavioral Health, Regional Prevention Coordination and related state agency partners through strengthened communication, joint problem solving, statewide planning and standardization.

The purpose of the council to provide leadership is necessary to:

1. Position the NBHS Prevention System to be in compliance with federal grant requirements and deliverables by monitoring progress;
2. Accomplish the mission and vision of the DHHS Division of Behavioral Health's Five Year Strategic Plan for Prevention (see brief attached);
3. Continually grow the prevention workforce and improve upon leadership within the NBHS to assist communities to create and/or enhance sustainable, collaborative coalitions which implement effective prevention policies, practices, and programs; and
4. Be the driving force for statewide prevention system partnership, collaboration and change.

#### **RATIONALE**

New federal block grant requirements have set a broader direction for state prevention initiatives – one that will require more formal and strategic system linkages with other State agencies to expand prevention services to communities in Nebraska. By reinstating a Prevention Advisory Council and providing a open forum for key stakeholders, DBH will be able to maximize the statewide resources for behavioral health prevention and in turn increase the amount of individuals receiving those services.

#### **MEMBERSHIP**

The Prevention Advisory Council shall consist of 13 voting members from all disciplines and levels representing state, regional and community level partnerships. This would include but not be limited to: A representative from the SACSAS, DBH, a Regional Prevention Coordinator, a coalition member, a youth advocate, other DHHS Divisions, Nebraska Department of Education, law enforcement, Office of Highway Safety, military, behavioral health providers, and related state agencies focusing on prevention.

#### **STRUCTURE:**

- The Prevention Advisory Council will hold quarterly meetings in person to accomplish the Objectives listed above and other ongoing system issues as defined by subcommittee.
- The DBH Prevention System Coordinator will chair this committee and co-chair will be nominated by other members.
- Members should be responsible for a two year term appointed to them by the Director of the Division of Behavioral Health.

#### **AFFILIATED TOPIC WORKGROUPS:**

- *Statewide Epidemiological Outcomes Workgroup (SEOW)* - to provide the state and communities with data needed for planning, monitoring and evaluation purposes.
- *Workforce Leadership and Development Team* - to plan and implement planning training for existing prevention professionals across disciplines, expand the workforce and provide for greater professionalization and utilization of evidence-based strategies.
- *Policy Development Team* - to review, monitor and develop recommendations for policy that would impact environmental and positive norm change for the state.

## FY13–FY17 DHHS Division of Behavioral Health Strategic Plan for Prevention

Nebraska's Five Year Strategic Prevention Plan, which began the fall of 2012, supports the DHHS Division of Behavioral Health's overarching strategic goals and focuses statewide prevention efforts on a prioritized set of behaviors. The selection of the Prevention System goals is a data driven process and results of activities can be measured over time to demonstrate the success of state initiatives. DBH strives to fund evidence based prevention programs and those that designed specifically to promote the reduction of risk factors and processes and enhancement of protective factors.

### Vision

Develop a sustainable and effective prevention system that is committed to the reduction of substance abuse and its related consequences.

### Mission

Promote safe and healthy environments that foster youth, family, and community development through the implementation of early intervention and substance abuse prevention best practices.

The State of Nebraska will prevent and reduce a wide range of substance use behaviors, including:

- Underage drinking
- Binge drinking
- Prescription drug abuse
- Marijuana use
- Illegal sale of tobacco products to minors

### Strategic Initiatives:

- Assessment:** Ensure a sound prevention data surveillance system is in place that reliably measures population-level substance abuse and mental health issues in Nebraska
- Capacity:** Enhance leadership, infrastructure and workforce at the state and regional levels to support strong prevention coalitions and their volunteer members.
- Planning:** Ensure data-driven and comprehensive planning at the state, region, and community level.
- Implementation:** Nebraskans shall have access to effective prevention services that produce measurable outcome and resources efficiently.
- Evaluation:** Evaluate all funded prevention initiatives, assess for their effectiveness and seek opportunities for improvement.
- Reporting and Accountability:** Provide regular reports of progress and accomplishments, as well as lessons learned, and stakeholders input.

# Hastings Regional Center

## Juvenile Chemical Dependency Youth Treatment Facility

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The Hastings Juvenile Chemical Dependency Program (HJCDP) provides Psychiatric Residential Treatment Facility (PRTF) level of residential substance abuse treatment for young men paroled from the Youth Rehabilitation Treatment Center (YRTC) in Kearney, Nebraska. The program is licensed for 40 beds and has an average length of stay of approximately 4-6 months. Services must be pre-authorized through Magellan Behavioral Services.

Under LB 198 (Approved by the Governor May 25, 2013), the Department of Administrative Services is authorized to renovate Building No. 3 at the Hastings Regional Center to house the chemical dependency program serving adolescent males. The bill also includes funding to demolish other buildings at the HRC and to sell nearly 550 acres of land.

The updated program will be a 24-bed chemical dependency unit at HRC. Building #3 will be remodeled to be a "stand-alone" facility. The project goals include:

- Create a safe and staff secure environment which focuses on helping and healing rather than one which focuses on structure and restraint.
- Promote a sense of community.
- Balance the client's need for privacy with staff need for open and easy observation.
- Integrate services and functions.

There is a continued need for specialized residential services for chemically dependent clients. This population is estimated by DHHS at 24 substance abusing adolescent males, between the ages of 13 and 19. Most come on referral from Kearney YRTC and all have had three or more previous treatment experiences from community-based providers. Others come from referral by Magellan after community-based providers have declined the referral.

Typical length of stay in this program will be four months and will include youth who cannot be treated in a less restrictive environment. The population is likely to exhibit anti-social thinking and behavior. Most come from troubled families who have been part of a continuing cycle of substance abuse and criminal behavior. On release, older youth will be emancipated, which suggests a significant need for vocational/GED/educational programming. Other youth will return home or to other treatment services within the community.

Funding for this program occurs through Medicaid, the Division of Children and Family Services, and the Department of Probation Services. The Medicaid rule is that Institutions of Mental Disease (IMD) meet requirements of a Psychiatric Residential Treatment Facility (PRTF).

The proposal to update the facility, approved by the Legislature, is posted on the HRC web site. [http://dhhs.ne.gov/behavioral\\_health/Documents/HRC-Program-3-13-final.pdf](http://dhhs.ne.gov/behavioral_health/Documents/HRC-Program-3-13-final.pdf)

For more information on the Hastings Regional Center, see the DHHS / Division of Behavioral Health web site at: [http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_rc\\_hrcserv.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_rc_hrcserv.aspx)

Substance Abuse – Mental Health Service  
Administration  
(SAMHSA)

System of Care  
Expansion Planning Grant  
Overview

Joint Advisory Committee Meeting  
September 19, 2013

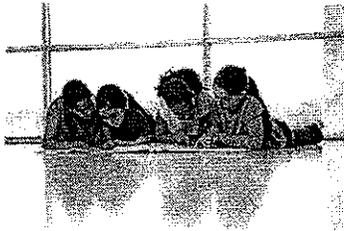
Sheri Dawson

Award Period: July 1, 2013-June 30, 2014

- \$504,500 Federal Award
- \$311,654 State and Local Match

## System of Care Planning Grant

Planning a "framework" to infuse SOC through the system, not a single program, but rather coordination and integration across partnerships.



- Individualized care
- Community Coordination and Integration
- Service accessibility
- Family and youth partnership - system, program and practice levels
- Cultural competence - system, program and practice levels

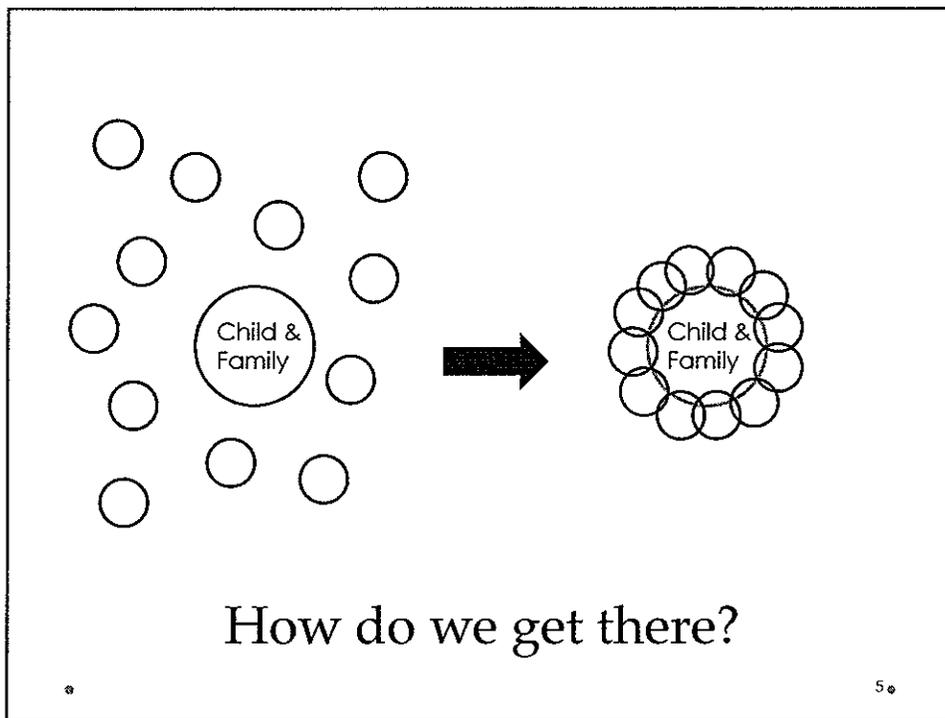
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## SOC Core Values



- Family Driven and Youth Guided
- Community based and Partnership based Processes and Relationships
- Culturally and linguistically competent

4



## Planning Grant

### GOALS:

- 1) Develop a plan to infuse the system of care framework and philosophy to improve the lives of children experiencing serious mental health challenges (SED) and their families.
- 2) Develop a logic model describing inputs, approaches, outputs and outcomes to support infusion of SOC approach statewide.
- 3) Develop a culturally and linguistically competent social marketing/strategic communication plan

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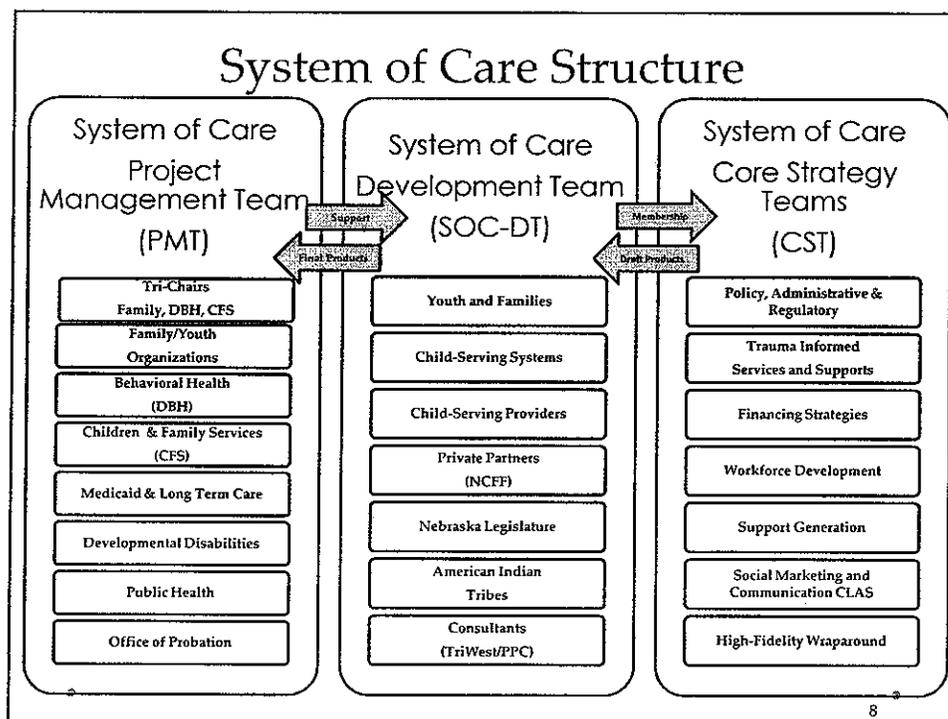
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## SOC Planning Partner Roles

- Family Organizations (NE Federation of Families, 6 Family Organizations)
- Nebraska Children and Families Foundation – Youth Partners and Communication Plan
- 16 Youth/Family Partners
- Regional Behavioral Health Authorities (RBHA)
- Children & Family Services – Service Area Administrators (SAA)
- TriWest Group – Peter Selby, PhD; Andrew Keller, PhD; Suki Martinez-Parham, M Ed
- University of Nebraska – Public Policy Center

7

## System of Care Structure



8

## Key Planning Processes

- SOC Kickoff – October(ish)
  - Engage, vision, partner
- Statewide Readiness Assessment
- Core Strategy Teams
- Statewide Forums and Interviews
- Planning the plan

•

9 •

“ When the awareness of  
what is achievable  
brushes your life, the  
journey has begun. ”

•

10 •