



HMA

Federal Policy Update for NYSACHO

March 22, 2024

SAMHSA OPENS STATE GRANT OPPORTUNITY TO IMPROVE INTEGRATED CARE

- » The Substance Abuse and Mental Health Services Administration (SAMHSA) [announced](#) a [Notice of Funding Opportunity \(NOFO\)](#) for the grant program, "**Promoting the Integration of Primary and Behavioral Health Care: States**" (PIPBHC).
- » **Applicants must be a state/appropriate state agency** such as the State Mental Health Authority, the Single State Agency (SSA) for substance abuse services, the Medicaid agency, or the State Health Department. Only one application per state will be funded.
 - » States/state agencies that received an award under the PIPBHC NOFOs (SM-20-003 or SM-23-005) to implement a Track 1 project are not eligible for this funding opportunity.
 - » Applicants **must collaborate with at least one qualified community program**, such as community mental health centers, child mental health programs, mental health peer-support programs, FQHCs, and RHCs.
- » **Applications are due May 20**, SAMHSA will issue three awards by Sept. 29, 2024. Each awardee will receive up to **\$2m annually** (\$6 m total) over a five-year project period.

Why It Matters

This PIPBHC NOFO presents an opportunity for a small number of states to improve health outcomes for persons with behavioral health conditions by supporting the adoption and improvement of integrated care models for behavioral and primary physical health. States should assess whether they are well positioned to meet the grant requirements and determine if the grant program aligns with existing state priorities and initiatives. States and community programs will need to demonstrate an established record of service delivery and expertise to provide the required services quickly.

SAMHSA OPENS STATE GRANT OPPORTUNITY TO IMPROVE INTEGRATED CARE

- » SAMHSA also issued a \$5.2 million funding opportunity for the “Promoting the Integration of Primary and Behavioral Health Care: Collaborative Care Model.”
 - » This funding is to be used to increase the identification and treatment of mental health conditions for individuals who access care through primary care practices.
- » Eligibility for the program is limited to a state or appropriate state agency, including State Mental Health Authority, the SSA for substance use services, the State Medicaid agency, or the State Health Department.
 - » Arkansas, Florida, Kansas, Maryland, Minnesota, and New York are not eligible because they already have a track 2 project underway under a different PIPBHC NOFO.
- » **State agencies participating in this program will work with at least three primary care practices** to develop the staffing and systems necessary to implement the CoCM.
- » **Applications are due May 20**, with awards expected by September 29, 2024. SAMHSA expects to make awards of up to \$900,000 annually to five states, for up to five years.

Why It Matters

Like the PIPBHC: States NOFO, states should assess whether they are well positioned to meet the grant requirements and determine if the grant program aligns with existing state priorities and initiatives. States will need to ensure they have support from at least three primary care practices that have an established record of service delivery and expertise to provide the required services.

CONGRESSIONAL UPDATE

CONGRESS PASSES REMAINDER OF FY2024 SPENDING BILLS

- » Congress approved and the President signed a \$1.2 trillion federal fiscal year (FY) 2024 [spending package](#) that covers approximately 70 percent of the federal government. with the pre.
 - » The package is largely consistent with an agreement Congress and the Biden Administration agreed to in May 2023, which restricted spending for two years and suspended the debt ceiling into January 2025.
- » The package provides \$117 billion for the Department of Health and Human Services (HHS) programs and operations, which is an increase of \$995 million over FY2023.
- » The bill does not include additional health-related policies that were under consideration, such as PBM reform, provisions from the Lower Costs, More Transparency Act, telehealth, and the reauthorization of the SUPPORT Act and the Pandemic and All-Hazards Preparedness Act.

Why It Matters

The funding package will support a wide array of programs and initiatives.

Congressionally directed spending or community projects are included under Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Children and Families (ACF), Administration for Community Living (ACL), and the Health Resources and Services Administration (HRSA).

Lawmakers may revisit certain healthcare policies not included in this package. Healthcare stakeholders should monitor discussions and modify their policy and advocacy plans, if relevant.

SNAPSHOT OF PENDING REGULATIONS AND STATUS OF REVIEW WITH OFFICE OF MANAGEMENT AND BUDGET (OMB)

Regulation **New since last HMA update	Stage	Projected Release
Nondiscrimination in Health Programs and Activities	Final Rule	Jan. 2024
Streamlining Medicaid, CHIP, and BHP Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS-2421)	2 nd Final Action, Interim final Rule	Feb. 2024
Proposed Modifications to the HIPAA Privacy Rule to Support Reproductive Health Care Privacy	Final Rule	March 2024
Medicare FY 2025 Hospice Wage Index, Payment Rate Update, and Quality Reporting Requirements (CMS-1810)	Proposed Rule	March 2024
**Medicare 2025 Inpatient Rehabilitation Facility (IRF) PPS Rate Update and Quality Reporting Program (CMS-1804)	Proposed Rule OMB Review complete	March 2024
Medical Devices; Laboratory Developed Tests	Final Rule	April 2024
Medicare Hospital Inpatient PPS for Acute Care Hospitals; the LTC Hospital PPS; and FY 2025 Rates (CMS-1808)	Proposed Rule	April 2024
Contract Year 2025 Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, and Medicare Cost Plan Programs, and PACE (CMS-4205)	Final Rule	April 2024
Short-Term, Limited-Duration Insurance; Independent, Noncoordinated Excepted Benefits Coverage (CMS-9904)	Final Rule	April 2024
Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality (CMS-2439)	Final Rule	April 2024
Notice of Benefit and Payment Parameters (NBPP) for 2024 (CMS-9895)	Final Rule	April 2024
Ensuring Access to Medicaid Services (CMS-2442)	Final Rule	April 2024
Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages	Final Rule	April 2024

SNAPSHOT OF PENDING REGULATIONS AND STATUS OF REVIEW WITH OFFICE OF MANAGEMENT AND BUDGET (OMB)

Regulation **New since last HMA update	Stage	Projected Release
Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages	Final Rule	April 2024
** Medicare FY 2025 Skilled Nursing Facility (SNFs) PPS and Consolidated Billing and Updates to the Value-Based Purchasing and Quality Reporting Programs (CMS-1802)	Proposed Rule	April 2024
SNAP: Program Purpose and Work Requirement Provisions of the Fiscal Responsibility Act of 2023	Final Rule	May 2024
Alternative Payment Model Updates; Increasing Organ Transplant Access (IOTA) Model (CMS-5535)	Proposed Rule	May 2024
Strengthening Temporary Assistance for Needy Families (TANF) as a Safety Net Program	Final Rule	April 2024
** Medicaid: Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program (CMS-2434)	Final Rule	June 2024
Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability: standards adoption; HIT certification; expanded uses of certified APIs (i.e. for electronic prior auth, care management, and care coordination)	Proposed Rule	TBD
Culturally Competent and Person-Centered Requirements to Increase Access to Care and Improve Quality for All (CMS-3418)	Proposed Rule	TBD
Minimum Staffing Standards for LTC Facilities and Medicaid Institutional Payment Transparency Reporting (CMS-3442)	Final Rule	TBD