



Behavioral Health is Essential to Health
Prevention Works
Treatment is Effective
People Recover

SAMHSA/CMHS Consumer Affairs E-News

December 12, 2014

Behavioral Health is Essential to Health - Prevention Works - Treatment is Effective - People Recover

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CDC: More than 16 Million Children Live in States where they can buy E-Cigarettes Legally and Supporting the Ebola Victims

Contact: [CDC Media Relations](#)

(404) 639-3286

More than 16 million children live in states where they can buy e-cigarettes legally

More than 300 million Americans live in states without protection against indoor e-cigarette aerosol exposure

Forty states have enacted laws prohibiting the sale of electronic nicotine delivery systems (ENDS), including e-cigarettes, to minors, but 10 states and the District of Columbia still permit such sales, according to a report published by the Centers for Disease Control and

Prevention in today's Morbidity and Mortality Weekly Report (MMWR).

More than 16 million children aged 17 and under reside in states not covered by these laws. The latest data from the National Youth Tobacco Survey showed 4.5 percent of all high school students and 1.1 percent of all middle school students had used e-cigarettes within the past 30 days in 2013.

"We know e-cigarettes are not safe for youth," said Tim McAfee, M.D., M.P.H., director of CDC's Office on Smoking and Health. "While ENDS may have the potential to benefit established adult smokers if used as a complete substitute for all smoked tobacco products, ENDS should not be used by youth and adult non-tobacco users because of the harmful effects of nicotine and other risk exposures, as well as the risk for progression to other forms of tobacco use."

[Learn More>>](#)

[U.S. Department of Health and Human Services](#)

[CDC works 24/7](#) saving lives, protecting people from health threats, and saving money through prevention. Whether these threats are global or domestic, chronic or acute, curable or preventable, natural disaster or deliberate attack, CDC is the nation's health protection agency.

Supporting Ebola Survivors

Survivors fight Ebola stigma, provide patient care; community reintegration key

The case fatality rate in West Africa's ongoing Ebola epidemic – estimates range from 60 percent to 70 percent of those hospitalized – hides a hopeful statistic: the fact that many Ebola patients survive. There now are thousands of Ebola survivors.

In this epidemic as in past Ebola outbreaks, survivors often face stigma, income loss, and both grief and survivor guilt over the loss of family and friends. Many if not all of their possessions have been destroyed to prevent disease transmission. In some cases, families have been reluctant to accept orphaned children.

Two reports in the December 12 early release issue of CDC's *Morbidity and Mortality Weekly Report* (MMWR) detail programs in Liberia and Sierra Leone to help Ebola survivors reintegrate with their communities and resume their lives. As survivors are thought to have some protective immunity to the strain of Ebola that sickened them, many survivors now work as caregivers for other Ebola patients.

"Nothing says more about the resilience of the human spirit than Ebola survivors who become role models for their communities," said CDC Director Tom Frieden, M.D., M.P.H. "They show others that Ebola can be defeated and provide care, support, and inspiration for others stricken by this terrible disease."

[Read More>>](#)

[U.S. Department of Health and Human Services](#)

CDC works 24/7 saving lives, protecting people from health threats, and saving money through prevention. Whether these threats are global or domestic, chronic or acute, curable or preventable, natural disaster or deliberate attack, CDC is the nation's health protection agency.

CMS: Medicare and Medicaid Program; Revisions to Certain Patient's Rights Conditions of Participation and Conditions for Coverage Overview and More



Medicare and Medicaid Program; Revisions to Certain Patient's Rights Conditions of Participation and Conditions for Coverage Overview

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to revise selected conditions of participation (CoPs) for providers, conditions for coverage (CfCs) for suppliers, and requirements for long-term care facilities, to ensure that certain requirements are consistent with the Supreme Court decision in United States v. Windsor, 570 U.S. 12, 133 S.Ct. 2675 (2013) and U.S. Health and Human Services policy.

Background

In United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA) is unconstitutional because it violates the Fifth Amendment (See Windsor, 133 S. Ct. 2675, 2695). Section 3 of DOMA provided that in determining the meaning of any Act of the Congress, or of any ruling, regulation, or interpretation of the various administrative bureaus and agencies of the United States, the word "marriage" meant only a legal union between one man and one woman as husband and wife, and the word "spouse" could refer only to a person of the opposite sex who was a husband or a wife (1 U.S.C. § 7).

Proposed Requirements

For all Medicare and Medicaid provider and supplier types, we conducted a review of the Code of Federal Regulations (CFR) for instances in which our regulations defer to state law for purposes of defining "representative," "spouse," and similar terms in which reference to a spousal relationship is explicit or implied. We have identified several provisions that we believe should be revised in light of the Windsor decision. These provisions have been interpreted to support the denial of federal rights and privileges to a same-sex spouse if their

state of residence does not recognize same-sex marriages.

This proposed rule would revise these regulations governing Medicare and Medicaid participating providers and suppliers by proposing to clarify that where state law or facility policy provides or allows certain rights or privileges to a patient's opposite-sex spouse under certain provisions, a patient's same-sex spouse must be afforded equal treatment if the marriage is valid in the jurisdiction in which it was celebrated.

These revisions would promote equality and ensure the recognition of the validity of same-sex marriages when administering the patient rights and services at issue.

The proposed rule [CMS-3302-P] can be viewed at: <https://www.federalregister.gov/public-inspection/2014/12/11>.

This link will change once the proposed rule is published in the *Federal Register* on December 12, 2014.

FOR IMMEDIATE RELEASE

Contact: CMS Media Relations

December 11, 2014

(202) 690-6145 or press@cms.hhs.gov

CMS Announces Next Phase in Medicare DMEPOS Competitive Bidding

The Centers for Medicare & Medicaid Services (CMS) today announced the bidding timeline for Round 2 Reopen and the national mail-order reopen of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program, as required by law. CMS also launched a comprehensive bidder education program. This program is designed to ensure that DMEPOS suppliers interested in bidding receive the information and assistance they need to submit complete bids in a timely manner.

The DMEPOS Competitive Bidding Program changes the amount Medicare pays for certain DMEPOS while maintaining beneficiary access to items and services and quality of care. The program replaces the outdated, inflated fee-schedule prices Medicare paid for these items with lower, more accurate prices to help Medicare and its beneficiaries save money while ensuring access to quality equipment, supplies, and services. This program also helps limit fraud and abuse in Medicare.

"Today marks another step forward in ensuring access to quality health care for millions of Medicare beneficiaries," said CMS Administrator Marilyn Tavenner. "The DMEPOS competitive bidding program has proven to be effective in obtaining fair prices for quality equipment like wheelchairs and walkers."

The Medicare DMEPOS Competitive Bidding Program has saved more than \$580 million in the nine markets at the end of the Round 1 Rebid's 3-year contract period due to lower payments and decreased unnecessary utilization. Additional savings are being achieved as part of the Affordable Care Act's expansion of the competitive bidding program—at the end of the first year of Round 2 and the national mail-order programs, Medicare has saved

approximately \$2 billion. Furthermore, the monitoring data show that the implementation is going smoothly with few inquiries or complaints and no changes to beneficiary health outcomes.

CMS is required by section 1847(b)(3) of the Social Security Act to recompetete contracts under the DMEPOS Competitive Bidding Program at least once every three years. Suppliers must then compete to become a Medicare contract supplier by submitting bids to provide certain items in competitive bidding areas. The new, lower payment amounts resulting from the competitions replace the fee schedule amounts for the bid items in these areas.

The Competitive Bidding Implementation Contractor (CBIC) is the official information source for bidders and the focal point for bidder education. The CBIC website, www.dmecompetitivebid.com, features an array of important and helpful resources for suppliers, including the bidding timeline, bidding rules, short instructional videos, user guides, fact sheets, checklists, and bid preparation worksheets. To sign up to receive important competitive bidding announcements and reminders, suppliers are encouraged to subscribe to *E-Mail Updates* on the CBIC website.

In addition to viewing the information on the CBIC website, suppliers are encouraged to call the CBIC customer service center toll-free at 1-877-577-5331 with their questions. During registration and bidding periods, the customer service center will be open from 9 a.m. to 9 p.m. Eastern Time.

Also, today CMS issued a fact sheet on the timeline for the DMEPOS Competitive Bidding at:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-12-11-3.html?DLPage=1&DLSort=0&DLSortDir=descending>



Open Door Forum

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Adding Star Ratings to the Home Health Compare Website
Wednesday, December 17, 2014
1:30pm – 3:00pm Eastern Time
Conference Call Only

The Centers for Medicare & Medicaid Service (CMS) will host a Special Open Door Forum (SODF) call to allow consumers, home health agencies (HHAs), and other interested parties

to give input and feedback on the planned addition of star ratings to Medicare.gov's Home Health Compare (HHC) web site.

CMS is committed to making it easier for consumers to seek and utilize the best care for themselves and their loved ones, and meeting the information needs of health care consumers is the primary aim of CMS' Compare websites.

Consumer research shows that summary quality measures and the use of symbols, such as stars to represent them, helps consumers to more quickly identify differences in quality and make use of the information when selecting a health care provider. Current plans are to begin with a single star rating summarizing HHAs' performance across a 10-measure subset of the process, outcome, and utilization quality measures that are already displayed on HHC. The individual measures will continue to be reported, but the star rating is intended to make the information more readily accessible to the widest range of consumers.

A summary of the proposed Home Health Compare star rating methodology has been posted on the following website: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-12-11-2.html> and a "Frequently Asked Questions" (FAQ) document will be posted on '<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQISpotlight.html>."

After a brief presentation on the proposed design of the star ratings and plans for implementation, we will open the phones to comments. Additional comments about the star ratings can be submitted by email after the call to the following address: HHC_Star_Ratings_Helpdesk@cms.hhs.gov.

Special Open Door Forum Participation Instructions:

Participant Dial-In Number: 1-800-837-1935

Conference ID #: 31480515

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp for downloading.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at <http://www.cms.gov/opendoorforums/>.



4 DAYS LEFT
until the December 15 deadline

Act now: Just 4 days left!

It's time to take action. If you want health insurance starting on January 1, you must complete your application and enroll in the next 4 days.

[Get Started](#)

All plans through HealthCare.gov cover preventive health benefits like vaccines, screenings, and check-ups. Don't risk not having coverage in the New Year.

We're committed to helping you find quality coverage that fits your budget. Last year, 80% of people who applied got help with costs. See if you'll join them for 2015.

Important: Enroll by December 15 so you have coverage on January 1.

The HealthCare.gov Team

HRSA: Funding Opportunities Announced



E-MAIL UPDATE



Funding Opportunity Announcement

This information has recently been updated.

[Postdoctoral Training in General, Pediatric, and Public Health Dentistry \(HRSA-15-051\)](#)

12/10/2014 12:00 AM EST

Apply By: Wed, 4 Feb 2015

[Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene \(HRSA-15-050\)](#)

12/09/2014 12:00 AM EST

Apply By: Mon, 2 Feb 2015

White House ONDCP Newsletter



THE WHITE HOUSE
WASHINGTON

FROM THE **Office of National Drug Control Policy**

2014 National Drug Control Strategy

The Obama Administration's inaugural National Drug Control Strategy, published in 2010, charted a new course in our efforts to reduce illicit drug use and its consequences in the United States—an approach that rejects the false choice between an enforcement-centric “war on drugs” and drug legalization. Science has shown that drug addiction is not a moral failing but rather a disease of the brain that can be prevented and treated. Informed by this basic understanding, the three *Strategies* that followed promoted a balance of evidence-based public health and safety initiatives focusing on key areas such as substance abuse prevention, treatment, and recovery.

The 2014 National Drug Control Strategy, released on July 9, builds on the foundation laid down by the Administration's previous four *Strategies* and serves as the Nation's blueprint for reducing drug use and its consequences. Continuing our collaborative, balanced, and science-based approach, the new Strategy provides a review of the progress we have made over the past four years. It also looks ahead to our continuing efforts to reform, rebalance, and renew our national drug control policy to address the public health and safety challenges of the 21st century.



THE PRESIDENT'S PLAN TO Reform Drug Policy

- 1) **PREVENT drug use before it ever begins through education**
- 2) **EXPAND access to treatment for Americans struggling with addiction**
- 3) **REFORM our criminal justice system to break the cycle of drug use, crime, and incarceration while protecting public safety**
- 4) **SUPPORT Americans in recovery by lifting the stigma associated with those suffering or in recovery from substance use disorders**

Drug policy is a public health issue,
not just a criminal justice issue.

SPREAD THE WORD

www.wh.gov/DrugPolicyReform

#DrugPolicyReform

In support of this *Strategy*, the President has requested \$25.5 billion in Fiscal Year 2015. Federal funding for public health programs that address substance use has increased every year, and the portion of the Nation's drug budget spent on drug treatment and prevention efforts – 43 percent – has grown to its highest level in over 12 years. The \$10.9 billion request for treatment and prevention is now nearly 20% higher than the \$9.2 billion requested for Federally-funded domestic drug law enforcement and incarceration.

Beyond its function as a guide for shaping Federal policy, the National Drug Control Strategy is a useful resource for anyone interested in learning what is being done—and what other work can be done— to stop drug production and trafficking, prevent drug use, and provide care for those who are addicted. For parents, teachers, community leaders, law enforcement officers, elected officials, ordinary citizens, and others concerned about the health and safety of our young people, the Strategy

is a valuable tool that not only informs but also can serve as a catalyst to spark positive change.

For more information on the Office of National Drug Control Policy please go to <http://www.whitehouse.gov/ondcp/national-drug-control-strategy>

SAMHSA Twitter Chat about Substance Use Prevention and Your Health

You're invited to participate in an upcoming SAMHSA Twitter chat about substance abuse prevention and your health. On Wednesday, December 17, from 8-9 p.m. Eastern Time, join the #ChoiceChangeChat conversation focused on supporting the behavioral health of youth in diverse communities.

Visit <http://bit.ly/SAMHSAchoiceChangeChat> to learn more about the event and register.

To help ensure a variety of voices are present during the conversation, please encourage your colleagues, friends, family, and your social networks to participate. I've attached promotional materials for you to share widely! Finally, please follow [@SAMHSAgov](https://twitter.com/SAMHSAgov) on Twitter for updates about the chat.



STAR Center News

STAR Center
support, technical assistance, and resources



STAR Center News

In Case You Missed It:

[View Webinar Recording: \(No Recording Key Required\)](#)

[Title: Intentional Peer Support as a Framework for Building Diverse Communities](#)

Date: Tuesday, December 9, 2014

Time: 2 – 3:30 p.m. ET

Presenters: Eva Dech & Steve Morgan, International Peer Support

Description:

This webinar was an overview and discussion of Intentional Peer Support as a framework for building community and embracing diversity. IPS is a way of thinking about and inviting powerfully transformative relationships among people. By focusing on the tasks and principles of mutual support, practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things.

For over ten years, IPS has been training people working in human services all over the world on why and how to build mutual relationships that are energizing, co-creative, and explorative. It is a trauma-informed approach that focuses on staying connected, paying attention to worldview, shifting from helping to learning, and above all, creating relationships that open up new ways of seeing, thinking, and doing.

[View Recording Now! \(No Recording Key Required\)](#)
[Download Presentation Now!](#)

Upcoming Events and Opportunities:**Building Resilience Through Trauma Informed Communities: How Do We Get Started?**

Date: Wednesday, December 17, 2014

Time: 1 – 2:30 p.m. ET

Location:

Dorothy I. Height/Benning Neighborhood Library

3935 Benning Rd. NE

Washington, D.C. 20019

Moderator: Chacku Mathai, CPRP, Director, STAR Center

Panelists: Leah Harris, M.A., Director of the National Coalition for Mental Health Recovery;

Iden Campbell McCollum, CPRP, Executive Director of The Campbell Center

A movement to create Trauma-Informed Communities is well underway across the United States and Canada. A Community Resilience Cookbook was recently created to highlight these initiatives and offer interested communities some resources and suggested ways to move forward. Join us for this opportunity to continue the conversation about Community Resilience in the DC Metro Area.

What are trauma-informed communities? What would a trauma-informed look like? How might we get started in the DC Metro Area? What are the strengths in the DC Metro Area that we can build on?

What can the DC Metro Area do in order to be responsive to the needs of a trauma informed community?

Upcoming Webinars:

Title: [Reflections on Ferguson: How a Trauma-Informed Lens Can Make A Difference](#)

Date: Friday, December 19, 2014

Time: 2 – 3:30 p.m. ET

Presenters: **Cathy Cave**, Senior Program Associate, Advocates for Human Potential; **Leah Harris**, M.A., Director of the National Coalition for Mental Health Recovery; **Chacku Mathai**, CPRP, Director, STAR Center; **Keris Jän Myrick**, MBA, MS, Director of the Office of Consumer Affairs, Center for Mental Health Services, SAMHSA

Description:

The recent tragic events in Ferguson, MO and across the country have brought the issues of community safety, health, dignity, and well-being to the forefront. Tragic events in the community can lead to reactions of grief, anger, and continuing trauma that are similar to the traumatic experiences shared by consumers and peers with diverse backgrounds who have experienced prejudice and discrimination in their communities. During these challenging times, what do consumers and peers have to offer to help communities heal? Is the trauma-informed lens that we use to understand our personal experiences effective in supporting others going through similar experiences when tragic events occur? What do trauma-informed communities look like and how might we get started? Join us for a conversation between national peer leaders and offer your questions and perspectives as we discover a way forward together.

[Register Now!](#)

Title: [Self-Care is Primary Care](#)

Date: Tuesday, January 27, 2015

Time: 2 – 3:30 p.m. ET

Presenter: **Patricia E. Deegan, Ph.D**, Principal, Pat Deegan & Associates, LLC.

Description:

When we think of primary care, we think of the office, nurses and physicians we visit for our annual physical and routine health needs. In this webinar Patricia E. Deegan, PhD will flip the notion of primary care and argue that self-care is primary care. Using examples from her own recovery and that of others, she will explain how flipping healthcare in this way defines new roles for individuals, families and staff. New skills and new measurable outcomes will also be described.

[Register Now!](#)

Title: **Psychiatric Advance Directives: Why and How to Use this Vital Recovery Tool**

Date: Thursday, December 18, 2014

Time: 2 – 3:30 p.m. ET

Presenters: Sue Walther, Mental Health Association in Pennsylvania, and Adam Nester, Mental Health Association of Southeastern Pennsylvania.

Description:

The webinar, entitled "Psychiatric Advance Directives: Why and How to Use this Vital Recovery Tool," will feature presentations by Sue Walther, executive director of the Mental Health Association in Pennsylvania, and Adam Nester, public policy manager at the Mental Health Association of Southeastern Pennsylvania. PADs are a legal health care tool that outlines the preferences of an individual with a mental health condition in regard to treatment, and designates a trusted advocate to make decisions on their behalf if they are incapacitated. This webinar will help individuals with a mental health condition, family members, and mental health providers to understand and utilize this important recovery tool.

[Register Now!](#)

Funding Opportunities:

- SAMHSA [Statewide Consumer Network Program](#)
11/26/2014 09:35 AM EST
Application Due Date: Monday, February 2, 2015
Anticipated Award Amount: Up to \$95,000 per year
- SAMHSA [Statewide Family Network Program](#)
11/25/2014 01:55 PM EST
Application Due Date: Monday, February 2, 2015
Anticipated Award Amount: Up to \$95,000 per year

Featured Resource:

[Self-Care Assessment Tool](#)

How well do you practice self-care? Take this assessment and find out.

Knowing how well you take care of yourself is valuable information. A self-care assessment tool can identify areas of your life where you practice good self-care and areas that require work. The self-care assessment tool, adapted from Transforming the Pain: A Workbook on Vicarious Traumatization, is divided into the following categories: emotional, physical, psychological, spiritual, relationship and work-place self-care.

http://www.ecu.edu/cs-dhs/rehb/upload/Wellness_Assessment.pdf

[Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging](#)

Get moving! This 120-page guide describes the benefits of exercise and physical activity for older people. Learn how to set exercise goals and stick to them. Includes sample exercises for endurance, strength, balance, and flexibility and a list of resources.

[PDF \(7.88 MB\)](#)

[Spanish Version](#)

Stay Connected with the STAR Center



The STAR Center is funded by a grant from the Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services.



Substance Abuse & Mental Health Services Administration
1 Choke Cherry Road | Rockville, MD 20857 | 1-877-SAMHSA-7 (1-877-726-4727)
<http://www.samhsa.gov>

SAMHSA is a public health agency within the U.S. Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.