APPENDIX F. BEHAVIORAL HEALTH PROVIDER PROFILES

This appendix provides the clinical characteristics and EHR summary (EHR use, clinical utility, barriers) data for the following behavioral health providers. Definitions for the provider types are found in Appendix C.

A. Psychiatric Hospital/Unit including Substance Abuse
B. Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse
C. Community Mental Health Clinics
D. Clinical Psychologists
E. Clinical Social Workers

A. Psychiatric Hospitals/Units Including Substance Abuse

A psychiatric hospitals/units (including substance abuse) provide inpatient hospital services to patients. They are certified under Medicare as inpatient psychiatric hospitals and distinct units of acute care hospitals and critical access hospitals.[1] These hospitals primarily engaged in providing diagnostic, medical treatment, and monitoring services for inpatients who suffer from mental illness or substance abuse disorders. The treatment often requires an extended stay in the hospital. These establishments maintain inpatient beds and provide patients with food services that meet their nutritional requirements. They have an organized staff of physicians and other medical staff to provide patient care services. Psychiatric, psychological, and social work services are available at the facility. These hospitals usually provide other services, such as outpatient services, clinical laboratory services, diagnostic X-ray services, and electroencephalograph services.[2]

[1] Medicare Benefit Policy Manual. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c02.pdf.

[2] U.S. Census Bureau. http://www.census.gov/econ/industry/def/d622210.htm.

Psychiatric Hospitals/Units Including Substance Abuse Characteristics	
Number of providers	2497 (including 1749[a] psychiatric hospitals (non-government inpatient psychiatric hospitals (255), hospital psychiatric units (1274), and state psychiatric hospitals (220)[b] and 748 substance abuse inpatient facilities)[c]
Description	A Psychiatric Hospital is a facility or distinct part of a facility that provides psychological or psychiatric services, occupational therapy, and recreational therapy, under the supervision of a physician. These facilities are staffed by specially-trained professionals for the diagnosis and treatment of mentally ill patients. Outpatient departments may provide partial day hospitalization services.[d] A substance abuse treatment hospital is a location that provides treatment for substance abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
Other names	Mental Health Hospital; Inpatient Psychiatric/Mental Health Hospital/Unit, Detoxification Unit, Medically-Managed Intensive Inpatient Treatment[e]
Number of patients	1,909,238 (including 1,894,000 for mental health treatment and[f] 15,238 for substance abuse treatment or detoxification[g])
Description of patients	Psychiatric Hospitals treat chronic, mentally ill, and typically medically stable patients. Younger patients commonly suffer from psychosis, whereas older patients commonly suffer from dementia. Patients may be served at inpatient psychiatric hospitals providing substance abuse services for intensive detoxification, acute medical care services, as well as for rehabilitation services, for treatment relating to alcohol and other drug abuse and dependency.
Revenue	$23.06 Billion (including $20.18B (MH) and $2.88B (SA))[h]
Owned by eligible provider	72% of psychiatric units are hospital-based[i]
Medicare profit margin	not known[j]

a. Dobson DaVanzo & Associates, LLC. *The Economic Impact of Inpatient Psychiatric Facilities A National and State-level Analysis*. Submitted to National Association of Psychiatric Health Systems (NAPHS), February 2010.
b. Avalere. Federal Costs for Extending EHR Incentive Payments to Behavioral Health Providers: Memo Discussion, October 15, 2010.
c. See http://www.samhsa.gov/data/DASIS/2k10nssats/NSSATS2010Tbl4.1.htm.
d. Medicare and Your Mental Health Benefits. Medicare coverage for partial hospitalizations, page 10. http://www.medicare.gov/Publications/Pubs/pdf/10184.pdf.
e. See http://www.nssats.com/Definitions/index.asp.
f. Mental Health, U.S. 2010. Table 24. "Number and percentage of persons aged 18 or older who received mental health treatment in the past year, by disorder severity, United States, 2009."
g. See http://www.samhsa.gov/data/DASIS/2k10nssats/NSSATS2010Tbl5.2a.htm.
h. Substance Abuse and Mental Health Services Administration. National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2005. DHHS Publication No. (SMA) 10-4612. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2010. http://store.samhsa.gov/shin/content//SMA10-4612/SMA10-4612.pdf.
i. MedPac report (March 2012).
j. Pennsylvania financial analysis showed in 2010, freestanding psychiatric hospitals had an operating margin of 5.92% and an overall margin for inpatient psychiatric facilities of 4.58%. http://www.phc4.org/reports/fin/10/docs/fin2010report_volumethree.pdf.

Psychiatric/Hospitals/Units Including Substance Abuse Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	2%[a]	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management - Clinical notes - Assessments - Care Plan - Condition specific documentation	- Medication and treatment records - Pharmacy information system - Lab information system - Patient Portals - Patient eligibility determinations - Billing - Staffing, Payroll, and HR
Clinical Utility	- Patient Demographic, Health Information and Problem Lists - Clinical Decision Support	- Physician Order Entry - Privacy, Security and Integrity Features
Need for Information Exchange	Need ability to share information for coordination of care activities during stay. Access to other providers' information is crucial to care planning and post-care treatment.	
Barriers to Adoption	- Lack of capital (MH/SA) - Lack of a certified vendor for provider specialty (MH/SA) - Lack of awareness of the need to implement an EHR (SA) - Lack of demand for an EHR (SA) - EHRs available lack of alignment with MU criteria (MH/SA)	- Workforce limitations to implement and maintain an EHR (MH/SA) - Limited decision support for complex clinical condition (MH/SA) - Lagging standards for clinical processes (MH/SA) - Lack of consent management (MH/SA)
a. Wolf, Larry, Jennie Harvell, and Ashish K. Jha. "Hospitals Ineligible For Federal Meaningful-Use Incentives Have Dismally Low Rates Of Adoption Of Electronic Health Records." *Health Affairs* 31, no. 3 (March 1, 2012): 505-513. Adoption rate for specialty substance abuse treatment hospitals is unknown. http://content.healthaffairs.org/content/31/3/505.		

Psychiatric/Hospitals/Units Including Substance Abuse References

Levit KR, Kassed CA, Coffey RM, Mark TL, McKusick DR, King E, Vandivort R, Buck J, Ryan K, Stranges E. Projections of National Expenditures for Mental Health Services and Substance Abuse Treatment, 2004-2014. SAMHSA Publication No. SMA 08-4-326. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2008.

Mental Health, U.S. 2010. Table 24. "Number and percentage of persons aged 18 or older who received mental health treatment in the past year, by disorder severity, United States, 2009."

National Council for Community Behavioral Healthcare. HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health: Report on the 2012 National Council Survey. June 2012. http://www.thenationalcouncil.org/galleries/business-practice%20files/HIT%20Survey%20Full%20Report.pdf.

"SMHA Revenues for State Psychiatric Hospitals and Community-Based Programs: FY 2009" NASMHPD Research Institute, Inc. *State Mental Health Revenues and Expenditures for Mental Health Services.* August 2012.

Substance Abuse and Mental Health Services Administration. “Spending by Provider and Setting” (2005) https://info.samhsa.gov/Dissemination/Substance-Abuse-Treatment-Facility-Locator/9fiu-br7a.

Substance Abuse and Mental Health Services Administration. N-SSATS, 2010 “Table 4.2A: Type of care offered, by facility operation and primary focus of facility: 2010.” http://www.samhsa.gov/data/DASIS/2k10nssats/NSSATS2010Tbl4.2a.htm.

The National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. Data on Substance Abuse Treatment Facilities specifies 838 are hospital inpatient, with 317 having a primary focus of substance abuse, 296 focusing on a mix of substance abuse and mental health, 161 focusing on mental health care, and the rest focusing on general health care or other. http://wwwdasis.samhsa.gov/08nssats/nssats2k8.pdf.

B. Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse

Residential treatment centers/facilities for mental health and/or substance abuse are a stand-alone entity that provides a range of comprehensive services to treat the condition of residents on an inpatient basis under the direction of a physician.[3] These facilities engage in providing residential care and treatment for patients with mental health and substance abuse illnesses. These establishments provide room, board, supervision, and counseling services. Although medical services may be available at these establishments, they are incidental to the counseling, mental rehabilitation, and support services offered. These establishments generally provide a wide range of social services in addition to counseling. Illustrative examples include Alcoholism or drug addiction rehabilitation facilities (except licensed hospitals), Psychiatric convalescent homes or hospitals, mental health halfway houses, Residential group homes for the emotionally disturbed.[4]

[3] Centers for Medicare and Medicaid Services. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-15.pdf.

[4] U.S. Census Bureau. http://www.census.gov/econ/industry/def/d623220/htm.

Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse Characteristics	
Number of providers	1649 (MH)[a]; 2843 (SA)[b]
Description	Residential Treatment Facilities provide residential, non-hospital care and a safe and stable living environment to patients with mental illness and/or substance abuse disorders. Designated treatment personnel, who provide a planned regimen of care in a 24-hour setting, operate these facilities.
Other names	Unknown
Number of patients	211,000 Child Patients; >103,393 adult beds (MH)[c]; 107,441 (SA)[d]
Description of patients	Patients of Residential Treatment Facilities suffer from mental illness and/or substance abuse disorders. Designated treatment personnel, who provide a planned regimen of care in a 24-hour setting, operate these facilities. Most studies report that patients in mental health residential treatment programs have conduct, antisocial, delinquent or behavioral problems.
Revenue	$4.5 Billion (MH)[e]; $4.6 Billion (SA)[f]
Owned by eligible provider	Unknown
Medicare profit margin	Unknown

a. See https://info.samhsa.gov/Services/Mental-Health-/z8sj-w7z2.
b. See https://info.samhsa.gov/Dissemination/Substance-Abuse-Treatment-Facility-Locator/9fiu-br7a.
c. SAMHSA. "Table 56. Number and percentage of persons aged 12 to 17 who received mental health treatment in the past year, by type of treatment, United States, 2009." (Mental Health U.S., 2010)
d. The National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. http://wwwdasis.samhsa.gov/08nssats/nssats2k8.pdf.
e. Dobson, 2010.
f. National Expenditures for Mental Health Services and Substance Abuse Treatment.

Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	Unknown	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management - Clinical notes - Assessments - Care Plan - Condition specific documentation	- Medication and treatment records - Pharmacy information system - Lab information system - Patient Portals - Patient eligibility determinations - Billing - Staffing, Payroll, and HR
Clinical Utility	- Patient Demographic, Health Information and Problem Lists - Clinical Decision Support	- Physician Order Entry - Privacy, Security and Integrity Features
Need for Information Exchange	Need ability to share information for coordination of care activities during stay. Access to other providers' information is crucial to care planning and post-care treatment.	
Barriers to Adoption	- Lack of capital - Lack of awareness of the need to implement an EHR - Lack of demand for an EHR - Lack of a certified vendor for provider specialty - Workforce limitations to implement and maintain an EHR	- Limited decision support for complex clinical condition - Lagging standards for clinical processes - Lack of consent management (privacy concerns)

Residential Treatment Centers/Facilities for Mental Health and/or Substance Abuse References

Dobson DaVanzo & Associates, LLC. The Economic Impact of Inpatient Psychiatric Facilities A National and State-level Analysis. (Submitted to National Association of Psychiatric Health Systems (NAPHS), February 2010). http://www.naphs.org/news/documents/NAPHSFinalReport21910.2.pdf.

Ireys, H, Achman, L, Takyi, A. *State Regulation of Residential Facilities for Adults with Mental Illness*. DHHS Pub. No. (SMA) 06-4166. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006. http://www.samhsa.gov/News/NewsReleases/residfaciladultFinal.pdf.

MAX Chartbook 2008 (published 2012). Published by Medicaid.gov. http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MAX/MAX-Chartbooks.html.

National Council for Community Behavioral Healthcare. HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health: Report on the 2012 National Council Survey. June 2012. http://www.thenationalcouncil.org/galleries/business-practice%20files/HIT%20Survey%20Full%20Report.pdf.

Substance Abuse and Mental Health Services Administration, mental health facilities filtered by residential care. https://info.samhsa.gov/Services/Mental-Health-/z8sj-w7z2; https://info.samhsa.gov/Dissemination/Substance-Abuse-Treatment-Facility-Locator/9fiu-br7a.

Schwalbe, Leslie. Behavioral Health Providers: Expenditures, Methods and Sources of Payment, Electronic Health Record Incentive Payments for Certain Behavioral Health Providers Policy Descriptions. U.S. Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy, June 2010. http://aspe.hhs.gov/daltcp/reports/2010/behhp.htm#inpatient.

C. Community Mental Health Center

Community mental health centers (CMHCs) came about as a result of legislation enacted in 1963 (the Mental Retardation Facilities and Community Mental Health Centers Construction Act, P.L. 88-164), to provide localities with funding for the development of CMHCs as part of the deinstitutionalization movement, and to provide services for the uninsured poor. With the passage of the 1981 Omnibus Reconciliation Act, mandatory federal funding ceased to federally qualified CMHCs (thus, eliminating the federal designation of CMHC) and funding was block granted to states for the delivery of behavioral health services to multiple provider organizations, including CMHCs and other multi-service mental health organizations. Most CMHC funds are controlled by the state mental health agency, although Medicare still recognizes CMHCs

as a provider of partial hospitalization services, and in June 2011 proposed Conditions of Participation for CMHCs to ensure basic levels of quality and safety for CMHC care.[5]

Community Mental Health Center Characteristics	
Number of providers	1400[a]
Description	Community Mental Health Clinics specialize in outpatient services for mentally ill patients who have been discharged from inpatient treatment at a mental health facility. These facilities may also act as 24-hour emergency care facilities, screening facilities, or day treatment facilities (partial hospitalization) for mentally ill patients.
Other names	Community Mental Health Center
Number of patients	6,000,000[b]
Description of patients	Patients treated at CMHCs may be children, the elderly, or individuals who are chronically mentally ill or require screening for admission to state mental health facilities, consultation and/or education services.
Revenue	$26.8 Billion[c]
Owned by eligible provider	Unknown
Medicare profit margin	Unknown

a. 76 FR 35684; June 17, 2011. http://www.gpo.gov/fdsys/pkg/FR-2011-06-17/pdf/2011-14673.pdf.
b. Behavioral Pathway Systems. "National Council for Community Behavioral Health Care." http://bpsys.org/nationalcouncil.html.
c. "SMHA Revenues for State Psychiatric Hospitals and Community-Based Programs: FY 2009" NASMHPD Research Institute, Inc. *State Mental Health Revenues and Expenditures for Mental Health Services* (August 2012).

[5] Medicare Program; Conditions of Participation (CoPs) for Community Mental Health Centers. Proposed Rule (76 FR 35684). https://www.federalregister.gov/articles/2011/06/17/2011-14673/medicare-program-conditions-of-participation-cops-for-community-mental-health-centers.

Community Mental Health Center Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	65%[a] (2% of responding organizations reported meeting the base requirements of the Meaningful Use Program)	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management - Clinical notes - Assessments - Care Plan	- Condition specific documentation - Medication and treatment records - Pharmacy information system - Lab information system - Patient eligibility determinations - Billing - Staffing, Payroll, and HR
Clinical Utility	- Patient Demographic, Health Information and Problem Lists - Clinical Decision Support	- Physician Order Entry - Privacy, Security and Integrity Features
Need for Information Exchange	Need ability to share information for coordination of care activities with multiple caregivers.	
Barriers to Adoption	- Cost to adopt/lack of capital/lack of incentives - Lack of a certified vendor for provider specialty - EHRs available lack of alignment with MU criteria - Workforce limitations to implement and maintain an EHR	- Limited decision support for complex clinical condition - Lagging standards for clinical processes - Lack of consent management (privacy)
a. "HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health." National Council for Community Behavioral Healthcare. http://www.thenationalcouncil.org/galleries/business-practice%20files/HIT%20Survey%20Full%20Report.pdf. Community behavioral health organizations report that 21% of organizations have EHRs at all of their sites; 65% of the behavioral health organizations surveyed reported having adopted some form of an EHR at some of their sites. Only 2% of responding community behavioral health organizations reported adopting technology that could meet the base requirements of the Meaningful Use Program.		

Community Mental Health Center References

2010 data. U.S. Department of Health and Human Services. Office of the Inspector General. Questionable Billing by Community Mental Health Centers (August 2012) http://oig.hhs.gov/oei/reports/oei-04-11-00100.pdf.

Avalere. 76 FR 35684; June 17, 2011; http://www.gpo.gov/fdsys/pkg/FR-2011-06-17/pdf/2011-14673.pdf.

Behavioral Pathway Systems. "National Council for Community Behavioral Health Care." http://bpsys.org/nationalcouncil.html.

National Council for Community Behavioral Healthcare. "HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health." June 2012. http://www.thenationalcouncil.org/galleries/business-practice%20files/HIT%20Survey%20Full%20Report.pdf.

Sherril B. Gelmon and Oliver Droppers. Community Health Center and Electronic Health Records: Issues, Challenges, and Opportunities. Portland, OR: Northwest Health Foundation, 2008. http://nwhf.org/images/files/Electronic_Medical_Record_Handbook.pdf.

"SMHA Revenues for State Psychiatric Hospitals and Community-Based Programs: FY 2009" NASMHPD Research Institute, Inc. *State Mental Health Revenues and Expenditures for Mental Health Services* (August 2012).

D. Clinical Psychologists

Clinical psychologists are legally authorized to perform services under state law.[6] They are mental health professionals engaged in: (1) the diagnosis and treatment of mental, emotional, and behavioral disorders; and/or (2) the diagnosis and treatment of individual or group social dysfunction brought about by such causes as mental illness, alcohol and substance abuse, physical and emotional trauma, or stress. These practitioners operate private or group practices in their own offices (e.g., centers, clinics) or in the facilities of others, such as hospitals or medical centers.[7]

Clinical Psychologists' Characteristics	
Number of providers	93,960[a]
Description	Psychologists assess, diagnose, and treat mental, emotional, and behavioral disorders. Psychologists may own their own practice, or be employed by hospitals, mental health institutions or long-term care facilities as part of a team care approach.
Other names	Unknown
Number of patients	7,648,000[b]
Description of patients	Psychologists treat patients who may require mental, emotional, and behavioral support, with the population varying greatly among different provider settings. Psychologists may treat a high volume of Medicare and/or Medicaid beneficiaries depending upon service location.
Revenue	$6.45 Billion[c]
Owned by eligible provider	16% are either employed by a hospital or CMHC[d]
Medicare profit margin	Unknown

a. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2012-13 Edition, "Psychologists," on the Internet at http://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm (visited September 05, 2012).
b. Mental Health, U.S. (2010).
c. SAMHSA indicates total spending for clinical social workers, clinical psychologists, and licensed counselors was $7.6B in 2005. "Spending by provider and setting." SAMHSA, 2005.
d. Daniel Michalski, Tanya Mulvey, and Jessica Kohout. 2008 APA Survey of Psychology Health Service Providers. American Psychological Association, May 2010).

[6] Social Security Act. http://www.socialsecurity.gov/OP_Home/ssact/title18/1861.htm#act-1861-ii.

[7] U.S. Census Bureau. http://www.census.gov/econ/industry/def/d621330.htm.

Clinical Psychologists' Health IT Use, Clinical Utility and Barrier		
EHR Needed	Yes	
Adoption Rate	Unknown	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management (small segment can prescribe) - Clinical notes - Assessments	- Care Plan - Condition specific documentation - Medication and treatment records - Patient Portals - Patient eligibility determinations - Billing
Clinical Utility	- Patient Demographic , Health Information and Problem Lists - Clinical Decision Support	- Physician Order Entry (small segment can prescribe)
Need for Information Exchange	Need ability to share information for coordination of care activities with multiple care givers.	
Barriers to Adoption	- Cost to adopt/lack of capital/lack of incentives - Lack of awareness of the need to implement an EHR - Lack of demand for an EHR - Lack of a certified vendor for provider specialty	- EHRs available lack of alignment with MU criteria - Workforce limitations to implement and maintain an EHR - Lagging standards for clinical processes - Lack of consent management

E. Clinical Social Worker

A clinical social worker possesses a master's or doctor's degree in social work, is licensed or certified by the state in which the services are performed and has completed at least 2 years or 3,000 hours of post-master's degree supervised clinical social work practice under the supervision of a master's level social worker in an appropriate setting (as determined by the Secretary). Services performed include the diagnosis and treatment of mental illnesses (as legally authorized).[8]

Clinical Social Workers' Characteristics	
Number of providers	249,280[a]
Description	Clinical Social Workers provide diagnosis and case management care to individuals suffering from a variety of conditions and illnesses. They perform social care services in several in-patient and out-patient care settings, and in certain states, may operate a private practice.
Other names	Unknown
Number of patients	Unknown
Description of patients	Patients may be of all life-cycle ages, and suffering from a broad spectrum of illness or condition. The patient demographic is heavily dependent upon the practice site, and patients may be Medicare and/or Medicaid beneficiaries with volumes varying across service location.
Revenue	$10 Billion[b]
Owned by eligible provider	Unknown
Medicare profit margin	Unknown
a. Occupational Employment Statistics. http://www.bls.gov/oes/current/oes211022.htm. b. Health care labor statistics by SOC Code, May 2012.	

[8] Social Security Act. http://www.socialsecurity.gov/OP_Home/ssact/title18/1861.htm#act-1861.ii.

Clinical Social Workers' Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	Unknown	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Clinical notes - Assessments - Care Plan	- Condition specific documentation - Medication and treatment records - Patient Portals - Patient eligibility determinations - Billing
Clinical Utility	- Patient Demographic , Health Information and Problem Lists - Clinical Decision Support	- Privacy, Security and Integrity Features
Need for Information Exchange	Need ability to share information for coordination of care activities with multiple care givers.	
Barriers to Adoption	- Lack of capital - Lack of awareness of the need to implement an EHR - Lack of demand for an EHR - EHRs available lack of alignment with MU criteria	- Workforce limitations to implement and maintain an EHR - Lagging standards for clinical processes - Lack of consent management

Clinical Psychologists and Clinical Social Workers References

2009 data. The Medicare Payment Advisory Commission. *Report to Congress: Medicare and the Health Care Delivery System, Chapter 6.* June 2011. http://www.medpac.gov/documents/Jun11_EntireReport.pdf.

Clinically active clinical social workers (2006 data) at 92,227 (Mental Health, U.S. 2010); Avalere puts the number at 260,000 (Avalere. Federal Costs for Extending EHR Incentive Payments to Behavioral Health Providers: Memo Discussion, October 15, 2010).

National Council for Community Behavioral Healthcare. "HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health." June 2012. http://www.thenationalcouncil.org/galleries/business-practice%20files/HIT%20Survey%20Full%20Report.pdf.

Occupational Employment Statistics. This number includes health care social workers and mental health and substance abuse social workers. http://www.bls.gov/oes/current/oes211022.htm.

Sherril B. Gelmon and Oliver Droppers. Community Health Center and Electronic Health Records: Issues, Challenges, and Opportunities. Portland, OR: Northwest Health Foundation, 2008. http://nwhf.org/images/files/Electronic_Medical_Record_Handbook.pdf.

EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

Files Available for This Report

Main Report
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf

APPENDIX A. Medicare and Medicaid EHR Incentive Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendA
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf

APPENDIX B. Definitions and Certification of EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendB
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendB.pdf

APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH Section 13101 -- Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendC
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendC.pdf

APPENDIX D. Ineligible Provider Characteristics
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendD
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendD.pdf

APPENDIX E. Long-Term and Post-Acute Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendE
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendE.pdf

APPENDIX F. Behavioral Health Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendF
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendF.pdf

APPENDIX G. Safety Net Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendG
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendG.pdf

APPENDIX H. Other Health Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendH
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendH.pdf

APPENDIX I. Table Summary of Patient Protection and Affordable Care Act Provisions with Relationship to Ineligible Providers and Health IT Use
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendI
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendI.pdf

APPENDIX J. Behavioral Health Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendJ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendJ.pdf

APPENDIX K. Grant, Demonstrations and Cooperative Agreement Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendK
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendK.pdf

APPENDIX L. Loan Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendL
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendL.pdf

APPENDIX M. Technical Assistance Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendM
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendM.pdf

APPENDIX N. Administrative Infrastructure Building Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendN
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendN.pdf

APPENDIX O. Anti-Kickback Statute EHR Safe Harbor Regulations
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendO
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendO.pdf

APPENDIX P. Private Sector Programs to Advance Certified EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendP
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendP.pdf

APPENDIX Q. Regulations for Medical Records
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendQ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendQ.pdf

APPENDIX R. Technical Advisory Group Summary
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendR
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendR.pdf

APPENDIX S. Evaluating Benefits and Costs of New Incentives for EHR Adoption by Ineligible Providers
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendS
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendS.pdf

APPENDIX T. CIO Consortium EMR Cost Study Data
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendT
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendT.pdf

APPENDIX U. Abbreviations and Acronyms
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendU
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendU.pdf

APPENDIX V. References
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendV
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendV.pdf