



November 8, 2016

Navigant Consulting
C/O Marta Jensen, Acting Administrator
Nevada Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

Under the leadership of the Department of Health Care Finance and Policy, Navigant Consulting has been tasked with making recommendations to redesign Medicaid in the State of Nevada including exploring the option of mandatory inclusion of the most vulnerable Nevadan's within managed care.

Beacon commends the department in your tempered approach as you explore significant program redesign. The fact that you are engaging other state agencies, your community partners, advocates, providers, and the members we collectively serve through listening sessions and the acceptance of written feedback demonstrates your commitment to ensuring the most efficient and effective Medicaid systems that has been redesigned from the ground up to best service Nevadan's.

Beacon Health Options is a national behavioral and specialty health management organization serving more than 15 million Medicaid members across 28 Medicaid programs, including Nevada. Of this, we serve more than a million Aged Blind and Disabled (ABD) and Supplemental Security Income (SSI) lives, providing them unappalled access to comprehensive behavioral health, HCBS, and Autism benefits. It is our willingness to work with our partners to provide solutions that enhance the quality and effectiveness of their programs combined with substantial experience serving individuals across a broad range of situational needs that makes us stand out. Each one of our programs is focused on the individual, providing tailor-made solutions at the local level with a true understanding of the populations we serve. As a company primarily focused on behavioral health and specialty care management, we are mission-driven, and passionate about helping people with mental illness, addiction, intellectual and developmental disabilities, and autism live their lives to their fullest potential.

Beacon Health Options has been involved in coordinating behavioral health services in Nevada for several years through our work under the Health Care Guidance Program. We have a clear and thorough understanding of the many challenges and opportunities that the state is presented with. It is through this lens that Beacon provides the following comments and recommendations as you move forward with Medicaid redesign.

As a company who has experience working under each of the potential models as described by Navigant, success is only achievable if the existing infrastructure is in place to support system transformation. The Medicaid Redesign recommendations currently described assume that comprehensive community based behavioral health services exist across the State of Nevada. **Our experience would suggest otherwise.** For this reason, **we recommend that any option presented by Navigant include strategies to build a comprehensive behavioral health and community support safety net that is so crucial for some of Nevada's most vulnerable citizens.**

We have worked in 27 other states on the development of community behavioral health systems of care, all of whom face the same challenges Nevada faces today. Based on this experience, and to ensure the success of these efforts and any system redesign, the HCFP should consider the following key considerations when evaluating the behavioral health system of care within a redesigned Medicaid program:

- Contract with key provider organizations in designated catchment areas across the State as “Community Behavioral Health Providers”. Requiring they have the ability to braid both Medicaid and non-Medicaid funding and responsibility (including no eject/reject policies) for the comprehensive service and care coordination needs of the individuals within their catchment area experiencing a severe mental illness or serious emotional disturbance
- Invest in a matrix of community support services to address “whole person” needs that squarely place a focus on prevention, resiliency, recovery, and addressing the social determinants of health
- Place a greater emphasis on evidence-based interventions that can be replicated across Nevada and that can improve the delivery of and payment for behavioral healthcare;
- Reduce over-reliance on institutional care through funding of enhanced emergency and community-based crisis stabilization services
- Begin to require alternative payment methodologies and move to paying for value and outcomes rather than volume and services
- Require improved data availability and analytic capacity to provide insight and transparency into system impact
- **Consider specific Medicaid rate cohorts for specialty populations including those adults experiencing a Severe Mental Illness or Children with a Serious Emotional Disturbance, Individuals with Intellectual or Developmental Disabilities, Children in Child Welfare, and Adults in Corrections.**

The last bullet is especially worthy of further review and consideration. Regardless of which model the State chooses, the desire for a statewide integrated managed care program will only be successfully if the needs of the most challenging members are given special attention. Developing specific rate cohorts allows for the identification of total medical costs but also ensures accountability for treating members in a fully integrated fashion with a specialty program wrapped around the member and supporting traditional health care services. We have heard from the community that there is a lack of continuity of care, for example, for children transitioning in and out of the child welfare system. We believe that there is the desire, and the potential, to implement some innovative ideas to create a “no wrong door” system, to ensure the right service is delivered, at the right time, to the right member, at the right level of care. Beacon Health Options has worked in innovative programs created specifically for this population, or for adults with Serious Mental Illness, or for those accessing Home and Community Based or Long Term Support Services, or for those transitioning in and out of the correctional setting into a managed care delivery system.



Beacon understands the critical importance and necessity of this endeavor and the importance of the effectiveness of implementation of the plan on future outcomes. Creating and streamlining services throughout the state while leveraging cost containment is a challenging yet critical balance to achieve. With that understanding clear, we strongly believe that any Medicaid redesign cannot be realized without ensuring that a focused effort is made to create a comprehensive community based behavioral health system of care on which a managed care platform could then be built. We know that some of the other stakeholders providing public comment have urged Navigant to consider what has worked in other states, and we know that our Connecticut program has been cited as an example of a different model of managed care. To support this goal, we have also attached program overviews for a multitude of states and programs models across the nations. We would be glad to share our experiences with these various models with the State and with Navigant in more detail. Please do not hesitate to contact me if you would further information. In summary, Beacon Health Options supports your redesign efforts and we look forward to learning more of the details of the proposal and working with the state to improve the lives of individuals living with mental illness and addiction, intellectual and developmental disabilities, and autism.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Van Allen", with a stylized flourish at the end.

Eric Van Allen, MSW
Western Senior Vice President of Strategy and Development
Beacon Health Optio

