



## **Comments on Potential Medicaid Managed Care Expansion January 5, 2016**

The following are comments on Nevada's plans to expand Medicaid managed care to additional populations including the most medically and socially vulnerable sometimes called the Aged, Blind and Disabled (ABD).

NAMI Nevada is a state-level affiliate of the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI Nevada provides education and support to hundreds of Nevada families dealing with mental illness. We also advocate for individuals and families of those who have a mental illness to improve services, supports and education.

We believe before moving ABD populations, and potentially rural communities, into Medicaid managed care, that more needs to be done to assure that current Medicaid enrollees, including the Medicaid expansion population, have access to adequate services. While access studies have been conducted they have not included meaningful data on access to mental health and substance abuse services. Besides being a federal requirement, access is essential to assure that individuals are not being inappropriately institutionalized in hospitals, nursing homes or jails. Additionally, the State needs to assure that the requirements of the Mental Health Parity and Addictions Equity Act are being met by the Medicaid fee-for-service and Medicaid managed care plans. All this needs to be assured before moving more vulnerable populations into managed care.

NAMI Nevada also requests an open, community-based planning process to not only assure the requirements of existing federal laws are being met, but also that plans for expanding managed care adequately address the needs of the very vulnerable ABD population. NAMI NV would like to be a part of any planning initiatives developed by the State on a go-forward basis.

### **Mental Health Parity and Addiction Equity Act (MHPAEA)**

MHPAEA applies to Medicaid managed care plans. The Act also applies to non-managed care plans in states with an approved Alternate Benefit Plan (ABP). Nevada Medicaid has an approved ABP so the Act applies to managed care and non-managed care programs.

- NAMI Nevada would like to discuss how oversight is being conducted and assurances that the programs are compliant and have been since January 2014.
- We also request that plans and information be made public and presented in community forums. We would happy to assist with a format and content.

### **Medicaid Access to Mental Health Service**

Medicaid managed care plans indicate they have adequate network capacity to provide all needed mental health services to Medicaid enrollees, but the experience of providers and consumers in the community paints a very different picture. This “disconnect” between state-level reports and actual patient and provider experiences raises concerns, particularly as more individuals with illness are moved from traditional providers to Medicaid managed care. It also raises serious concerns as discussions to move the Aged, Blind and Disabled to Medicaid managed care get started. Without comparing community experience with meaningful MCO data there is no way to measure true network adequacy or access to necessary covered services.

NAMI Nevada is also concerned with the use of behavioral health providers employed by Medicaid managed care programs, to the exclusion of qualified community-based providers. This is a concern with regard to continuity of care, but also does little to further the development of community-based capacity to provide mental health services.

- NAMI Nevada would like to discuss how mental health access is being assessed and whether services are adequate to meet the needs of all those with a mental illness.
- We ask that data on Medicaid mental health access and the services provided over time be made public.
- We would like to discuss how the State can utilize all willing and qualified behavioral health professionals in its Medicaid managed care programs. This will help assure managed care plans have adequate access and will give individuals more opportunity to pick a qualified provider to best meet their needs.
- There should be meaningful participation by consumers, families and providers in the design, implementation, monitoring and evaluation of managed care programs. We ask the Department initiate a series of public meetings to solicit input on Medicaid mental health issues and Medicaid managed care. NAMI Nevada would very much like to be a part of any community-based planning process.



## **Support of Integrated Care**

NAMI Nevada is asking policymakers, providers and public and private funders of healthcare services to place a high priority on addressing the critical need for integration of physical and mental health care. The causes of health and disease are a product of the interplay or interaction between biological, psychological, and socio-cultural factors. This is true for all health and illness, including mental health and mental illness. The integration of primary care and behavioral health care is a proven model supported by SAMHSA, CDC, HRSA and CMS.

- NAMI Nevada would like to discuss Nevada's efforts to support integrated, person-centered care in all its Medicaid programs, including managed care. We would like to discuss steps that can be taken to assure this model is expanded and supported with Medicaid funding.

## **Housing and Employment**

NAMI Nevada encourages the State to increase funding for supportive housing. During the last legislative session, we were saddened to see the State budget for supportive housing cut more than 25%.

Besides supportive housing, wrap-around services are needed to ensure sustainable tenancy. In addition, pre-vocational and vocational support services will help ensure that individuals with serious mental illness can return to meaningful work in the community. These services can be funded by Medicaid. Currently, habilitative services and long-term support services are readily available for most vulnerable populations except individuals with mental illness. These services have been shown to reduce institutional and medical costs as well. Savings from these programs can then be used to fund more housing. It is essential that a broader array of services are available to individuals with a mental illness before ABD beneficiaries with a mental illness are enrolled in Medicaid managed care.

- NAMI Nevada would like to discuss restoring and increasing the State's supportive housing budget.
- We also would like to discuss a Medicaid state plan amendment to add supportive housing and employment services under section 1915(i) of the Social Security Act.

## **Jailing People with Mental Illness**

NAMI Nevada applauds Director Whitley's leadership in the use of the Sequential Intercept Model in leading activities for jail diversion programs in Nevada. NAMI also applauds Nevada's efforts to expand crisis intervention teams and the mental health court. NAMI Nevada believes that state and local mental health must work closely with law enforcement and correctional agencies to develop

strategies for compassionate intervention and jail diversions of individuals with serious mental illnesses who are incarcerated, and discharge planning and community reintegration services for those released from correctional facilities. We also believe that law enforcement first responders in every county should be trained in appropriate crisis intervention models as well as de-escalation strategies to reduce the risk of lethal or harmful interactions.

Ensuring that jail is not the only option for individuals with mental illness also requires a robust system of community-mental health services as well as resources such as supportive housing and employment.

- NAMI Nevada would like to discuss efforts to expand these programs in all Nevada counties as well as the funding needed to make this happen.

We would be very happy to discuss our concerns and how we can assist the State in planning efforts to improve mental health services.

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