Mental Health Weekly
Essential information for decision-makers

Volume 26 Number 14
April 4, 2016
Print ISSN 1058-1103
Online ISSN 1556-7583

In This Issue...

The Centers for Medicare & Medicaid Services on March 29 finalized its rule to increase access to mental health and substance use services for Medicaid and CHIP beneficiaries. Protections within the final rule will benefit more than 23 million individuals enrolled in Medicaid managed care organizations, Medicaid alternative benefit plans and CHIP. The president has created a Mental Health and Substance Use Disorder Parity Task Force to better ensure compliance with the law. Meanwhile, states have 18 months to comply with the final rule.
. . . See top story, this page

Medicaid expansion reduces unmet need for MH treatment
. . . See page 3

Providers pushing to safeguard Medicare protected classes rule
. . . See page 5

Students with active coping skills likely to use MH services
. . . See page 6

FIND US ON
facebook
mhwnewsletter

© 2016 Wiley Periodicals,Inc.
View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/mhw

CMS releases long-awaited final rule to apply federal parity to Medicaid, CHIP

Bottom Line...
Members of the field say they are pleased about the release of the final parity rule and the timing of more national attention being paid to the opioid crisis.

The Centers for Medicare & Medicaid Services (CMS) on March 29 released its final rule to apply provisions of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to Medicaid beneficiaries who receive services through managed care organizations or alternative benefit plans and to the Children's Health Insurance Program (CHIP).

The new rule will ensure that Medicaid and CHIP plans will adhere to the same standards as private insurers regarding the coverage of mental health and substance abuse services.

The CMS finalized the rule on the same day as President Obama's visit to the National Rx Drug Abuse and Heroin Summit in Atlanta, Ga.

On March 29, the president also issued a memorandum regarding the creation of a Mental Health and Substance Use Disorder Parity Task Force. The Interagency Task Force will identify and promote best practices for executive departments and agencies, as well as state agencies, to better ensure compliance with and implementation of requirements related to mental health and substance use disorder parity, and determine areas that would benefit from further guidance, the memo-

See **CMS** page 2

Pushback from Michigan advocates leads to rethinking of funding proposal

Bottom Line...
The behavioral health advocacy community in Michigan says it had no input prior to the state administration's indication in budget language that it would move toward fully privatizing Medicaid mental health services.

An unexpected proposal by the administration of Michigan Gov. Rick Snyder to place all public mental health dollars under the authority of Medicaid health maintenance organizations (HMOs) appears to be giving way to a more measured discussion of options for how the mental health funding system should be structured. However, some members of the state's advocacy community remain skeptical over whether state leadership truly has interest in exploring alternatives to fully privatized care.

A leading organization in the developmental disabilities community, The Arc Michigan, has gone so far as to decline an offer to have representation on a large workgroup of stakeholders now being formed by the office of Lt. Gov. Brian Calley to study the overall issue. "We didn't want to be tied to what they came up with," Dohn Hoyle, the advocacy organization's director of public policy, told *MHW*.

See **Michigan** page 7

CMS from page 1
randum stated.

The final rule is designed to align as much as possible with the approach taken in the final MHPAEA regulation to create consistency between the commercial and Medicaid markets, according to officials. It also requires plans to disclose information on mental health and substance use disorder benefits upon request, including the criteria for medical necessity determinations.

Additionally, states must disclose the reason for any denial of reimbursement or payment for mental health and substance use disorder services.

According to the final rule, states with Medicaid alternative benefit plans are required to provide mental health and substance use disorders benefits in compliance with parity standards, regardless of the delivery system. In addition, the final rule requires the managed care plan (or, in some instances, the state) to make available upon request to beneficiaries and contracting providers the criteria for medical necessity determinations with respect to mental health and substance use disorder benefits. The rule directs the managed care plan or the state to make available to the enrollee the reason for any denial of reimbursement or payment for services with respect to mental health and substance use disorder benefits.

The rule was published on March 30; states will have up to 18 months after publication to comply with the final rule.

Field response

"We've been looking for these regulations for a long time," Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors, told *MHW*. "The regulations offer a lot of possibilities for behavioral health as we go forward with medical homes and health homes."

The new rule creates a lot of opportunities to improve parity for behavioral health care, he said. "CMS and those who developed the final regulations deserve a lot of credit for taking on a lot of these issues," said Manderscheid.

Manderscheid said he was a little worried about the release of the regulations, especially since it is getting near to the end of the Obama administration. "If the regulations are not out at least six months before an administration ends, the next [president] can withdraw those regulations," he said.

The timing of the release of the CMS's final rule was very symbolic, said Manderscheid. In addition to the president's summit on opioid and heroin abuse on March 29, the Substance Abuse and Mental Health Services Administration is accepting applications for grants to prevent prescription drug/opioid overdose–related deaths totaling up to $55 million over five years. "We're very pleased," said Manderscheid. These recent developments will help to deal with the opioid crisis, he said.

Rebecca Farley, director of policy and advocacy at the National Council for Behavioral Health, said the National Council was pleased that there weren't a lot of changes to the final parity rule. Waiting for guidance to be applied to Medicaid managed care plans and CHIP was a long time coming, she noted. "We hope to be able to continue the steady march toward realizing the promise of the law," Farley told *MHW*.

Enforcement, education

It's a significant achievement that parity has been finally applied to Medicaid managed care carveout and alternative plans, said Patrick Gauthier, director of Advocates for Human Potential, Inc. The fact that Medicaid managed care plans will be held to the same standards as in private insurance plans is encouraging, he said. "While it's a positive step, parity and equity in private insurance has not produced meaning-

MENTAL HEALTH WEEKLY
Essential information for decision-makers

Managing Editor Valerie A. Canady
Contributing Editor Gary Enos
Copy Editor James Sigman
Production Editor Douglas Devaux
Executive Editor Patricia A. Rossi
Publisher Amanda Miller

Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement, and other news of importance to public, private nonprofit, and for-profit treatment agencies. Published every week except for the first Mondays in July and September, and the last Mondays in November and December. The yearly subscription rates for **Mental Health Weekly** are: Print only: $695 (individual, U.S./Can./Mex.), $839 (individual, rest of world), $6504 (institutional, U.S.), $6656 (institutional, Can./Mex.), $6707 (institutional, rest of world); Print & electronic: $765 (individual, U.S./Can./Mex.), $909 (individual, rest of the world), $7805 (institutional, U.S.), $7988 (institutional, Can./Mex.), $8049 (institutional, rest of the world); Electronic only: $555 (individual, worldwide), $6504 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com. © 2016 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business and Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; email: vcanady@wiley.com.

To renew your subscription, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com.

WILEY

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission.

ful change," Gauthier told *MHW*.

"Enforcement has been weak," said Gauthier. He likened the lack of enforcement to, say, a 30-mile-per-hour speed limit on a particular road. If there has never been any enforcement of the speed limit, then people feel they can go at whatever speed they want without experiencing any consequences.

"What we need is a greater level of advocacy and enforcement of the law," Gauthier said. "Consumers aren't aware of their rights to the degree they need to be." Consumers and providers need to be educated about the federal parity law, he said.

"The parity law is quite complicated," Gauthier said. There's no quick way to sum it up, said Gauthier, adding that he talks to providers regularly about these concerns. Insurance plans need to be held more accountable, he noted. He hopes that the Mental Health and Substance Use Disorder Parity Task Force will make a difference.

"When you couple the lack of awareness with the lack of accountability, it's no wonder the needle hasn't moved," said Gauthier. "We like to think that the Medicaid [direction] is somehow different from private insurance."

Regarding Medicaid and CHIP, "we have a steeper hill to climb in terms of educating the public and providers and holding managed care plans and states accountable," said Gauthier.

'What we need is a greater level of advocacy and enforcement of the law.'

Patrick Gauthier

Gauthier added, "We're probably 10 percent of the way there. If you stop a provider and ask him or her to explain parity, only 1 in 10 would be able to do so adequately. If you stop a consumer and ask what the law means, about 1 in 100 will be able to tell you what their rights are with respect to the law."

"Consumers have to know what their rights are in plain English," said Gauthier. "Our provider community [needs to be] enabled to become whistleblowers without fear of retribution. They fear they're going to lose their contract."

The opioid epidemic is further stressing the need for parity equity, he noted. Too many young people are dying of overdoses, he said. About 44,000 people last year died of a heroin overdose, he said. The timing of the final parity rule for Medicaid and CHIP along with the simultaneous events related to substance use is both unfortunate and important, Gauthier said.

Meanwhile, much still needs to happen in terms of education and accountability going forward, said Gauthier. "There's lots of misunderstanding and fear," he said. "We've got to fix that." •

Medicaid expansion reduces unmet need for MH treatment

To date, 30 states plus the District of Columbia have expanded Medicaid under the Affordable Care Act (ACA). If the states that have yet to expand Medicaid do not change course, more than 4 million of their citizens will be deprived of health insurance coverage in 2016, according to a new Issue Brief released March 28 by the Office of The Assistant Secretary for Planning and Evaluation (ASPE).

On July 1, Louisiana will become the 31st state to expand its Medicaid program (see sidebar on page 4).

Nearly 30 percent of people with behavioral health needs made up a substantial share of all low-income uninsured individuals living in states that have not yet expanded Medicaid, according to the report.

If all states expanded Medicaid, an estimated 371,000 fewer people each year would experience depression, and 540,000 more people would report being in good or excellent health, according to the ASPE report.

Obama's FY 2017 federal budget includes a legislative proposal to provide any state that expands Medicaid with the same three years of full federal funding and same phasedown as the states that expanded the program in 2014, according to Office of Management and Budget Director Shaun Donovan and Domestic Policy Council Director Cecilia Muñoz. This would be the case no matter when the state expands the program, they said.

The report, "Benefits of Medicaid Expansion for Behavioral Health," notes that an estimated 1.9 million uninsured people with a mental illness or substance use disorder that have incomes that could qualify them for coverage live in the states without Medicaid expansion. The report found that while some of these individuals had access to some source of health insurance in 2014, many will gain access to coverage only if their states expand Medicaid, and others would gain access to more affordable coverage.

Beyond the health benefits, those gaining coverage experience greater financial security, and state economies benefit from higher standards of living through the infusion of federal funds, greater macroeconomic resilience and healthier and more productive workers, the report stated.

Lower treatment rates

ASPE officials say unsurprisingly, the uninsured also had lower

Continues on next page

Continued from previous page

treatment rates than the insured. While 16.4 percent of individuals 18–64 that were insured in non-expansion states received treatment for mental illness or a substance use disorder, among the uninsured in this age category, only 11.5 percent received treatment despite the fact that the uninsured had higher rates of substance use disorder and mental illness.

Research has consistently found that there are substantial delays from the time a first episode of serious mental illness occurs and when people receive treatment for this condition, according to the report. In the case of schizophrenia, this delay can worsen outcomes, while early comprehensive treatment can improve prognosis and is cost-effective.

In 2014, among the 43.6 million adults with a mental illness, 55 percent did not receive mental health services in the past year; 31.5 percent of the 9.8 million adults with serious mental illness did not receive mental health services; and among the 21.5 million individuals who met criteria for a substance use disorder, only 11 percent received treatment.

Among low-income adults, Medicaid expansion is associated with a reduction in the unmet need for mental health and substance use disorder treatment. Adjusting for differences in state programs, researchers found that among low-income individuals with a serious mental illness, the likelihood of mental health treatment was 30 percent greater for individuals enrolled in Medicaid.

Medical costs reduction

In addition to allowing individuals access to treatment, coverage expansion may reduce other medical costs, increase employment productivity and lower overall rates of depression, researchers stated. In some instances, individuals will be able to receive Medicaid-covered treatment in place of state general revenue-funded treatment, possibly allowing

Continues on next page

Louisiana readies efforts for expanded Medicaid coverage

Louisiana's planned expansion of Medicaid means that 18,000 fewer individuals would experience symptoms of depression and 26,000 additional individuals would report being in good or excellent health, according to an issue brief released March 28 by the Office of The Assistant Secretary for Planning and Evaluation (ASPE).

Louisiana became the 31st state to expand Medicaid following an executive order signed January 12 by Gov. John Bel Edwards. The expansion becomes effective July 1.

The estimated number of adults in Louisiana aged 18–64 who had any mental illness or substance use disorder in 2014 is 176,000, according to an Issue Brief, "Benefits of Medicaid Expansion for Behavioral Health," according to the ASPe report.

According to the report, 81,000 uninsured individuals in Louisiana with mental illness or substance use disorder with incomes below 138 percent of the federal poverty level qualify for expanded Medicaid coverage under the Affordable Care Act.

The chief financial officer of the state's Department of Health and Hospitals predicted that Medicaid expansion could save the state up to $124 million in the upcoming fiscal year, "softening the blow of the state's $750 million budget," according to *MyInforms.com*.

Anywhere from 306,000 to 450,000 people in Louisiana would qualify for Medicaid coverage or additional coverage under the Medicaid expansion, said James E. Hussey, M.D., interim assistant secretary and medical director for the Office of Behavioral Health at the Department of Health and Hospitals. "That's our best estimate," Hussey told *MHW*. Beginning July 1, access to Medicaid services will become available to new and expanded populations, he said.

Some of the individuals eligible for Medicaid under the expansion may already be receiving limited Medicaid benefits, he said. On July 1, those beneficiaries would get auto-enrolled into the program and would not need to submit new Medicaid applications, said Hussey. Close to 200,000 individuals might be auto-enrolled into the Medicaid program, he said.

Hussey added, "We're looking at as many people as possible [to assist] with auto-enrollment in the Medicaid program."

Managed care

"Louisiana is now a managed care state," said Hussey. The state has five health plans that operate medical services and physical health care services, he noted. As of December 1, 2015, the state integrated specialty behavioral health into those plans as well, Hussey said.

The state's Bayou Health program (the way most of Louisiana's Medicaid and The Louisiana Children's Health Insurance Program (LaCHIP) recipients receive health care services) includes five managed care organizations to administer health services statewide. "At the managed care level, we have all specialty mental health and substance use services in these plans," he said. "We're working with them to make sure that everybody is ready" for the Medicaid expansion, Hussey said.

Department officials expect and hope for positive effects in the 10 districts around the state regarding the provision of Medicaid programs and services, Hussey noted. "We're excited. We're making sure this happens," he said.

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission.

Continued from previous page

for improvements in behavioral health programs at no new additional cost to the state, according to the report.

An influx of new funds may allow for screening and prevention programs that may better meet the behavioral health needs of state populations and further improve behavioral health programs, the report stated. There is also compelling evidence of numerous other benefits associated with treatment of behavioral health disorders, such as reduced criminal justice costs.

Medicaid expansion also offers states the opportunity to cover a significant proportion of individuals experiencing homelessness, many of whom have significant behavioral health conditions. Reducing homelessness improves community stability and reduces state costs across multiple service systems, the report stated. Even in states that have expanded coverage, individuals experiencing homelessness are more likely to continue to have frequent emergency department visits, with homeless individuals with co-occurring mental illness and substance use disorders at greatest risk for hospitalization.

Denying coverage

"It is a crime that we still have 20 states denying health insurance coverage to eligible residents with behavioral health conditions by refusing to participate in the ACA's Medicaid expansion program," Joel E. Miller, executive director and CEO of the American Mental Health Counselors Association, told *MHW*. "Many of these citizens have serious mental illnesses such as bipolar disorders and are not receiving needed treatments because they cannot afford to pay for those services."

Miller added, "All the 20 non–Medicaid expansion states are really doing is transferring all the expenses of uninsured and untreated individuals with serious behavioral health conditions to emergency departments, inpatient hospital units, jails and prisons, homeless shelters and schools, and adding to our suicide rates."

The Medicaid expansion program, said Miller, serves as a "life-changing" initiative for millions of people with behavioral health conditions in the 30 states that have opted in. "It's too bad the other 20 states and the two million people with behavioral health conditions who reside in those communities are unable to get needed care to help them rebuild their lives," he said.

Lack of access to covered services will result in more people with a mental illness developing a crisis condition, said Miller. "The health and lives of these individuals are on the line and in the hands of those state officials," he said.

Miller noted President Obama's announcement on March 29 that he would support new measures for expanding addiction treatment, especially in light of the growing epidemic of opioid overdoses and heroin deaths. The ACA's Medicaid expansion program would play a major role in fighting substance use disorders if the states that are currently not participating in the initiative opted in, he said.

"Participating in the Medicaid expansion would free up billions of dollars for needed treatments to help people who are suffering with addiction disorders like opioid overuse," Miller said. •

To view "Benefits of Medicaid Expansion for Behavioral Health," visit https://aspe.hhs.gov/pdf-report/benefits-medicaid-expansion-behavioral-health.

Providers pushing to safeguard Medicare protected classes rule

The field is once again fighting to protect patients' access to mental health drugs following a recommendation by a panel of congressional advisors to strip mental health drugs of their protected status in the Medicare Part D program. The protected status of antidepressants and antipsychotic medications had previously been threatened in 2014.

The Medicare Payment Advisory Commission (MedPAC) on March 3 held a public meeting to address changes to the Medicare Part D structure. Among the changes is a recommendation to remove two classes of medication — antidepressants and immunosuppressants — from the six protected classes under the Medicare Part D program.

The National Council for Behavioral Health (National Council) issued an action alert March 24 for members to write MedPAC to avoid this proposal that they say puts access to lifesaving medications at risk.

This removal could result in only a handful of drug options for Medicare beneficiaries and people who are dually enrolled in Medicare and Medicaid, according to the National Council.

When Congress designed the Medicare Part D program, it ensured that the full range of six classes of critically important drugs — antidepressants, immunosuppressants, antipsychotics, antiretrovirals, anticonvulsants and antineoplastics — would be guaranteed on all health plans for the patients who desperately need them, the National Council noted.

MedPAC is recommending the removal of antidepressants and immunosuppressants for transplant rejection from the six protected classes.

The Centers for Medicare & Medicaid Services (CMS) on January 6, 2014, announced a proposal to revise the Medicare Part D prescription drug program regulations by limiting the protected classes of mental health medications. The proposal sparked considerable concern among mental health providers and advocacy groups who said the result

Continues on next page

A **Wiley Periodicals, Inc.** publication. View this newsletter online at **wileyonlinelibrary.com**

Continued from previous page

could lead to adverse outcomes (see *MHW*, Jan. 20, 2014). Following the public outcry, the CMS dropped the proposal.

Now Medicare beneficiaries are facing loss of access to needed medications. The CMS tried to take action to remove some of the protected classes of medications in 2014, said Rebecca Farley, director of policy and advocacy at the National Council. Massive outcry from patient groups, provider groups and members of Congress prevented that from occurring, she said.

Medicare beneficiaries experiencing mental health conditions are among the most vulnerable population in this country, Farley told *MHW*.

"They don't need to jump through hoops to access medications," she said. "They deserve to have timely, unfettered access to these medications." Without the protected status, some of the drugs could be removed from the formulary, she said. "This is a bad idea," Farley said.

Action alert

The National Council in its action alert noted that the removal of the protected classes would mean only a handful of drug options for Medicare and dually enrolled beneficiaries. The action alert encouraged the field to send a short note to MedPAC Executive Director Mark Miller. The field can send a letter to urge MedPAC to reconsider its recommendation and send a draft letter prepared by the National Council directly to MedPAC or incorporate the suggested text into their own letter, according to the action alert.

In part, the suggested letter reads: "The drugs within these protected classes have historically been recognized as the most important for Medicare beneficiaries, necessitating a policy that would give doctors ample flexibility and discretion to appropriately tailor treatments to patients. Removing these two drug classes would violate the long-standing policy of ensuring that patients have access to the full range of life-saving and life-enhancing medications and restrict a physician's ability to prescribe a regimen that is both effective and considerate of the challenges that co-morbidities and medication interactions can pose."

MedPAC is expected to vote on the recommendations April 7 or 8. •

Students with active coping skills likely to use MH services

Students with active coping skills were consistently more likely to use mental health services compared with comparable students who did not possess such skills, according to RAND researchers who set out to better understand why and how often students fail to seek help for a mental health problem.

The findings were published online April 1 in *Psychiatric Services in Advance* and will be published in the August print edition of *Psychiatric Services*.

According to the report, "Factors Affecting Mental Health Service Utilization Among California Public College and University Students," approximately 41 percent of 18-to-24-year-olds in the United States attend a college or university. Serious psychological distress affects an estimated 17 percent or more of these students, say researchers.

For students who do not receive treatment, mental health problems are likely to persist, resulting in lower academic achievement and graduation rates, higher substance misuse rates, greater social impairment and lower postgraduation workforce participation and income, the study noted. As a consequence, there is a pressing need to reduce college students' unmet need for treatment, researchers stated.

The California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities, has provided funds to support prevention and early intervention efforts across each of the California public university and college systems. The study is one in a series of reports conducted by RAND to provide an assessment of the efforts being made by CalMHSA.

Method

Undergraduate and graduate students and faculty and staff completed an online survey during spring and fall semesters of 2013. Researchers analyzed online survey data for 33,943 students and 14,018 staff and faculty at 39 college campuses in California. They used logistic regressions examining the association between students' use of mental health services and student characteristics, campus environment and the presence of a formal network of campus mental health clinics.

Respondents indicated whether they had ever used campus mental health services; students who responded no were asked whether they had used such services off campus. Students who responded yes to either question were categorized as having used mental health services.

The researchers paid particular attention to factors that are amenable to change, such as the presence of on-campus mental health clinics, students' coping skills and campus climate around mental health issues.

Results

This study was one of the largest assessments to date of factors influencing mental health service utilization among college students, researchers said. Rates of self-reported current serious psychological distress (19 percent) were consistent with those reported by other studies in postsecondary educational set-

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission.

tings. More than 10 percent of college students in the survey indicated that mental health problems substantially affected their academic success. "We are aware of no other multicampus study that has examined academic impairment associated with mental health problems," researchers wrote.

Students with active coping skills such as seeking alternate solutions to personal problems or working out problems by talking or writing about them were also among the most likely to use mental health services. The students with active coping skills were almost 50 percent more likely to seek services compared to the students with low coping skills, researchers found.

"The importance of coping skills was especially noticeable among students who reported that their academic work had suffered in the past year as a result of current serious psychological distress," Lisa Sontag-Padilla, the study's lead author and a researcher at RAND, said in a press release.

This study revealed that at least half of students with mental health issues, especially those with active coping skills, sought services off campus — a finding that underscores for colleges and universities the importance of developing solid collaborative relationships with community-based organizations, such as county departments of mental health, that can help support students in times of need, researchers noted.

"Our findings also reinforce how important it is that postsecondary educators, practitioners, and staff ensure that students understand where and how to access services, that they believe that the campus environment where they work is supportive — not stigmatizing — of students with mental health issues and needs, and that they personally have resources at hand to respond to students in distress," researchers stated.

"Our findings suggest that a formal system of campus services with sufficient providers to meet demand could potentially reduce unmet need for treatment," researchers wrote. Enhancing coping skills may be particularly beneficial for students on campuses without mental health services, given that obtaining services off campus may require additional initiative and effort, they concluded. •

Michigan from page 1

Snyder surprised many in the provider and advocacy communities earlier this year when he included in boilerplate language for his proposed budget the intention to transfer funding oversight and management authority for community mental health dollars to the Medicaid HMOs. There are about 14 of these entities in the state, and 75 percent of the state's Medicaid enrollees are presently in an HMO plan, said Mark Reinstein, who serves in a consulting role with the Mental Health Association in Michigan, where he formerly worked as president and CEO.

'We don't even know how many people in Michigan have a severe behavioral condition plus a chronic health problem.'

Mark Reinstein

"I don't think the advocacy community cared for the proposal, or for it to be introduced in public discourse without any consultation with the advocacy community," Reinstein told *MHW*.

Dramatic change to system

Shifting all of the state's public mental health dollars to the Medicaid HMOs would represent a substantial shift in several respects. Under a state law that is more than a decade old, the state currently manages pharmacy benefits for all Medicaid fee-for-service recipients for mental health diagnoses and other illness categories affecting vulnerable populations, such as HIV. This means that these categories of medications are not subject to prior-authorization requirements seen in managed care.

Reinstein said state officials and the Medicaid health plans have been working on establishing a common drug formulary, but for this year mental health drugs have been left out of that discussion, with the intent of their retaining their more protected status for now.

He added that the state also currently pays the entire cost of antipsychotics for Medicaid, regardless of whether a patient is in fee-for-service or an HMO plan, and 60 percent of the cost of other mental health drugs (with the HMOs paying the other 40 percent for those medications).

The boilerplate budget language from the Snyder administration would require the Medicaid HMOs to contract with community mental health services programs to send patients to the community mental health organizations for specialty behavioral health services, Reinstein said. "But it would be up to the health plans to determine who qualifies, not the community mental health programs," he said. "And for what period?"

Advocates say Michigan has one of the most comprehensive mental health systems in the country, and therefore patients and families stand to lose a great deal from dramatic — and in their opinion, hastily conceived, to this point — system changes.

"A question that needs to be answered is 'How does integrated

Continues on next page

A Wiley Periodicals, Inc. publication. View this newsletter online at wileyonlinelibrary.com

Continued from previous page

funding translate to integrated care for actual people?'" Reinstein said.

He added that the Snyder administration has indicated that it wants to improve care integration for individuals with both behavioral health and other chronic health needs, but that population's status has not even been thoroughly analyzed. "We don't know what their preferences are at this time," he said. "We don't know what to them would represent successful outcomes. We don't even know how many people in Michigan have a severe behavioral condition plus a chronic health problem."

Next steps

Advocates say they are hearing indications from both houses of the state legislature that the budget language they will submit this spring will not include the administration's original proposal. "There is a possibility of some language being in there as a placeholder," said The Arc Michigan's Hoyle.

He believes the HMOs have been clamoring for control of a more integrated public funding system. "It's pretty clear that the health plans have been lobbying for this," he said. "It's a $2.4 billion budget item to increase their bottom line."

Hoyle has been heartened that in recent weeks the Snyder administration appears to be backing away from the bold original language — not to mention that the administration has been largely preoccupied with the ramifications and political fallout of the water crisis in the city of Flint, a topic that has been a national news story for the past few months.

For now, some advocates are placing hope in the efforts of the workgroup being formed under the direction of the lieutenant governor. Reinstein said indications are that no one who expresses interest in participating is being turned away. Reinstein noted that to date more than 120 people are part of the workgroup.

Yet the question remains for some as to whether the administration has already largely decided where it wants to go, or if all options for how the mental health system should be financed will be vetted in the months ahead. "There is clearly some suspicion," Hoyle said. •

Coming up…

The **Association for Community Living** will host its 2016 annual management symposium, "Critical Information and Strategies for a Changing Behavioral Health World," **May 10–11** in **Saratoga Springs, N.Y.** For more information, visit **http://aclnys.org/aclnys_events/acl-management-symposium-2**.

The 169th annual meeting of the **American Psychiatric Association** will be held **May 14–18** in **Atlanta, Ga.** Visit **www.psychiatry.org** for more information.

The **U.S. Psychiatric Rehabilitation Association** will hold its 2016 recovery workforce summit, "The State of Recovery in the World of Psych Rehab: Our Collective Vision Put Into Action," on **May 22–25** in **Boston**. For more information, visit **www.uspra.org**.

Mental Health America will host its annual conference, "Media, Messaging and Mental Health," **June 8–10** in **Alexandria, Va.** Visit **www.mentalhealthamerica.net/annualconference** for more information.

The **National Alliance on Mental Illness** will hold its national convention, "Act. Advocate. Achieve," **July 6–9** in **Denver**. For more information, visit **www.nami.org/convention**.

Names in the News

The National Eating Disorders Association (NEDA) announced March 28 that its board of directors has appointed **Claire Mysko** to the post of CEO. Mysko had served as interim CEO since the passing of NEDA's long-time CEO, Lynn Grefe, in April 2015. Under Mysko's leadership, the organization's signature National Eating Disorders Awareness Week campaign grew by more than 300 percent this year, reaching nearly 200 million people. Mysko previously served as NEDA's chief operating officer and director of programs, and as a consultant on Proud2Bme and Proud2Bme On Campus, NEDA's youth and young adult platforms.

Visit our website:
www.mentalhealthweeklynews.com

In case you haven't heard…

Within hours of Patty Duke's passing on the morning of March 29, her son Sean Astin announced the launch of a new mental health initiative in her honor, *KXYL.com* reported March 30. Astin unveiled the Patty Duke Mental Health Project on the crowdfunding website CrowdRise. Shortly before Duke died, Astin said they talked about how they could continue her advocacy for mental health issues after she was gone, and thus the Patty Duke Mental Health Initiative was born. The initiative, Astin writes, "will fuel a multi-level approach to achieving results for those suffering with mental illness and their families and communities. Public awareness campaigns, lobbying efforts, and supporting a multitude of mental health programs big and small will be organized, prioritized and vigorously pursued." Within hours of its launch on March 29, the project raised $10,000 of its $250,000 goal. For more information, visit www.crowdrise.com/patty-duke-mental-health-project/fundraiser/seanastin1.