

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Ways and Means Subcommittee on Health
Re: Kansas Department for Health and Environment Budget

Amy A. Campbell – March 8, 2019

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition (KMHC). The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, non-profit and for profit entities and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

Kansas must close the Gaps in the Continuum of Care for Community Based Treatment Options for Mental Health and Substance Use Disorders

Medicaid is a driving force in the provision of these services. A majority of people who access these services in Kansas are uninsured or underinsured – which means that Medicaid reimbursement is key to program survival. If we do not pay for the models of treatment that work, then we will pay for the problems that occur when chronic illnesses and addictions consume individuals and families.

Multiple reports have studied our system and provided recommendations for change. The Adult Continuum of Care Report highlighted the continued erosion of the behavioral health continuum of care that has occurred over more than a decade. That report called out the positive developments, including RSI, Inc., and other diversion and crisis programs in Topeka and Wichita, but clearly stated that the overall system has degraded and cannot meet the statewide need. The Mental Health Task Force Report prioritized recommendations developed through years of task forces and advisory committees.

The objectives of these reports are to close some of the gaps in the continuum of care and provide alternatives and support to state hospital treatment in order to move us toward strategic planning and away from managing one crisis after another.

The 2018 Legislature enacted several recommendations of the 2018 Mental Health Task Force Report:

- Enacted new health homes program – OneCare. The program is in the planning stages. The Task Force recommended the following: Kansas should ensure that all Kansas youth and adults with a behavioral health diagnosis or chronic physical health condition are eligible to opt in to a health home to have access to activities that help coordinate their care. Select and implement a health home model with an approved state plan amendment (SPA). Establish a reimbursement mechanism. Measure outcomes on July 1, 2021, and annually after that.
- Enacted Medicaid supportive housing benefit. Please request an update from the agency.

- Funded a KDHE workaround policy to reinstate Medicaid benefits for Medicaid benefits for people committed to our state hospitals or incarcerated in jails. Please request an update on the implementation of this policy from the agency. Kansas should amend its KEES program to enable suspension of benefits rather than revocation when possible.

KMHC 2019 Recommendations:

- Kansas should, once again, immediately seek a waiver of the federal Institution for Mental Disease (IMD) exclusion rule for psychiatric hospitalization. This will benefit hospitals, crisis centers, nursing facilities for mental health, and the certified units of the state mental health hospitals.
- The Legislature should adopt Medicaid expansion to cover adults under the age of 65 with income up to 138 percent of the federal poverty level (FPL) to pursue solutions for serving the uninsured and underinsured, which will improve access to behavioral health services. This is a primary issue for behavioral health providers and the largely uninsured people who need access to these services.
- KDHE should facilitate a detailed review of the costs and reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly. Steps include: Require KDADS and KDHE to establish a system that provides for regular reviews of the cost of services and reimbursement rates. Conduct a rate study for the Medicaid fee schedule and Federal Block Grant. Update Medicaid fee schedule and the Federal Block Grant based on the study results. Pursue value/outcome-based payment. Re-evaluate the use of current nursing facility case mix index and consider alternatives that appropriately assign weight for the complexity of behavioral health symptoms.
- Medications are a key element of effective behavioral health treatment. Kansas should continue to maintain a central Drug Utilization Review process and single Medicaid formulary. KMHC encourages the Legislature to actively monitor the work of the Mental Health Medications Advisory Committee created by statute to see that it meets its intended purpose and provides transparency and public access to the process of establishing limitations on behavioral health medications.
- Increase access to early childhood mental health services by covering early childhood mental health screening, assessment, and treatment.
- Managed care organizations' contracts should be revised to incentivize reduced Psychiatric Residential Treatment Facility (PRTF) readmissions instead of reduced lengths of stay. This is a constructive consideration for all inpatient treatment programs.
- Kansas should expand the number and opportunities for peer support programs and specialists in hospital and community settings for children and adults, for mental illnesses and substance use treatment, including providing access to the necessary training. This requires collaboration between KDADS and KDHE.
- KDHE should ensure consistent application of medical necessity criteria for Medicaid-covered crisis services and inpatient services between the managed care organizations.

Thank you for your consideration.

For More Information, Contact:

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