

KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the House Social Services Budget Committee
Re: Kansas Department for Health and Environment Budget

Amy A. Campbell – February 11, 2020

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. Many of the people who access these services in Kansas are uninsured or underinsured – which means that Medicaid reimbursement is key to program survival. When we do not pay for the models of treatment that work, then we 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 and two Mental Health Task Force Reports have 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.

Progress:

- Enacted new health homes program – OneCare – authorized by the 2018 Legislature. The program is beginning the implementation stages.
- Enacted Medicaid supportive housing benefit. Housing is a key element in the continuum of care in order to maximize positive outcomes from providing treatment for individuals.
- Funded a KDHE workaround policy to reinstate Medicaid benefits for Medicaid benefits for people committed to our state hospitals or incarcerated in jails.

Recommendations:

- 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.

- 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.
- KDHE should update the rates for behavioral health services, including mental health and substance use disorder treatment. There are programs that have a statutory system for regular reviews of the cost of services and reimbursement rates. Behavioral health is not one of them. It is time to increase these rates 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.
- We continue to have concerns about how Psychiatric Residential Treatment Facility (PRTF) admissions and discharges are managed and the ongoing waiting list issue. Please continue to monitor this issue. Kansas does not have a sufficient continuum of care for youth and children and families in crisis must have options.
- 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 appropriate application of medical necessity criteria for Medicaid-covered crisis services and inpatient services between the managed care organizations through active oversight.

Thank you for your consideration.

For More Information, Contact:

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