



2017 Behavioral Health Public Policy Agenda

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
www.acmhck.org

Mental Health 2020

The Association is proposing a package of mental health improvement initiatives we are referring to as Mental Health 2020. This aims to restore funding balance to the Community Mental Health Center (CMHC) System as well as assist in workforce development programs to increase the number of psychiatrists who will be trained and incentivized to stay in Kansas. The Association also requests funding for the Kansas Department of Aging and Disability Services (KDADS) to invest in community-based crisis stabilization and treatment services similar to programs commenced in Kansas City with Rainbow Services, Inc. and in Wichita with the collaborative program there.

Addressing the Needs of the Uninsured and Underinsured. One option to ensure that persons who currently are uninsured or underinsured receive the critical behavioral health services they need is the block grant funding provided by the Kansas Mental Health Reform Act of 1990. This was intended to allow the CMHCs to serve the uninsured and underinsured who do not qualify for Medicaid and do not have resources to pay for their mental health treatment. This funding is intended to ensure every Kansan has access to mental health treatment. The CMHCs are required to serve every person who walks through their doors, regardless of their ability to pay, much like community hospitals. Since FY 2008, this funding stream has been reduced significantly, though the demand for services from the uninsured and underinsured continues to increase. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals or jails, all of which are much more expensive than community-based services.

Support Increase of the Residency Program at the University of Kansas Department of Psychiatry. CMHCs and the State psychiatric hospitals are facing an alarming shortage of licensed psychiatrists who specialize in the treatment of persons with mental illness. Kansas has lost a significant number of psychiatrists over the last decade due to a reduction in training programs and retirements. A significant step in enhancing the treatment for persons with mental health issues could be achieved by doubling the number of residents at KU to begin the process of replenishing this shortage and helping Kansas to be a national leader in mental health treatment. The Association fully supports this initiative with the inclusion that the additional residents be required to work two years at a State psychiatric hospital or three years at a CMHC in order to complete the conditions of the residency appointment.

Address Critical Needs in Psychiatric Inpatient Resources. Reductions in State psychiatric inpatient budgets, coupled with funding reductions in Mental Health Reform dollars, have resulted in our system reaching a crisis. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas. Seventy (70) percent of those admitted to State hospitals do not have Medicaid as a payor source. We support Osawatomie State Hospital (OSH) returning to 206 beds. OSH is a vital part of the mental health treatment system in Kansas and the State cannot afford to lose any more inpatient beds.

Funding to establish local public/private partnerships for psychiatric inpatient hospital beds across Kansas to alleviate demand on our State hospital beds and the creation of regional Crisis Stabilization Units will help provide treatment for those individuals who need less acute care for shorter lengths of stay than the use of State psychiatric hospitals. Savings from the admissions to the State psychiatric hospitals should be reinvested into the CMHC System. Rainbow Services in Wyandotte County has been a center for innovation and has been providing care for individuals in crisis for over two years. The collaboration in Wichita with COMCARE of Sedgwick County and other providers has experienced similar successes. We support ongoing resources for Rainbow, the COMCARE Crisis Center and similar programs across the State. It is vital that the State continue its investment into this more localized shorter term, inpatient options.

Restore Four Percent Reduction to Medicaid Rate Reimbursement for FY 2018. As a result of the State's budget crisis, a rate reimbursement reduction of four percent was made to the Kansas Medicaid Program for FY 2017. This has resulted in a loss of over ten million dollars in revenue to CMHCs that has caused job loss and a reduction in access to treatment and services. We believe it is essential to restore this reduction in funding.

Restore Medicaid Mental Health Inpatient Assessments. In October, the Kansas Department for Aging and Disability Services, at the recommendation of the Federal Centers for Medicare and Medicaid Services (CMS), eliminated the long utilized process for screening persons in need of inpatient behavioral health treatment in hospitals and Psychiatric Residential Treatment Facilities (PRTFs) for youth. Subsequently, the funding for this service disappeared as well. The previous process for screening individuals had resulted in the diversion of thousands of patients from the more costly, less necessary inpatient hospital admissions. The screening process allowed for a continuity of care with outpatient community based services which resulted in lower hospital and PRTF utilization rates and moreover the admission of those who needed inpatient resources most. Abandoning the previous policy has resulted in an escalation of admissions to the point that hospitals in other states are now seeing Kansas as a business opportunity in that we have an even greater shortage of inpatient behavioral hospital beds. Our Association requests restoration of the previous process and associated funding.

Medicaid Expansion. Another option that is available to help reimburse CMHCs for treatment and care of persons who are uninsured or underinsured includes a significant expansion of Medicaid that will enhance funding for services to Kansans with mental illness. More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access needed mental health treatment in their communities. Our Association strongly feels that it is important with any expansion conversations to include the requirement that the benefit package for mental health treatment be equal to or greater than the current benefit package for Medicaid benefit recipients and that mental health parity requirements be enforced.

Oversight of KanCare. Given the fact that more than 300,000 Kansans are eligible for and served by Medicaid and that \$3 billion is spent annually on Medicaid in Kansas, it is critical that the Kansas Legislature continue to exercise oversight of this program to ensure that savings from implementing KanCare are in fact a result of improving overall health outcomes and care coordination, and not from restricting access to care. Some of the issues that should be addressed are as follows:

- Implement more timely credentialing processes;
- Standardize prior authorization requirements and timely response to prior authorization requests through an electronic format;
- Mandate consistent interpretation of state payment policies;
- Make data available that is necessary to verify and track expenditures at the request of the provider; and
- Make available data reports that reflect both the aggregate state per member per month cost for each cohort of beneficiaries, as well as the actual expenditures by the MCOs for those beneficiaries.

Support Policy Change to Suspend rather than Terminate Medicaid Eligibility upon Incarceration. Support the government's primary responsibility for the provision of health and mental health care to the State's most vulnerable citizens—those with disabilities, both physical and psychological. This includes suspension of, NOT termination of, Medicaid eligibility when an individual is incarcerated in a county facility or state prison. Upon release, the ex-offenders' eligibility should immediately be reinstated to ensure those individuals with mental illness or substance abuse are able to immediately access care, treatment and needed medications upon release. At this time, Kansas law does not allow for suspension of Medicaid eligibility to be reinstated upon release from prison.

Support Use of Problem Gambling and Addictions Fund (PGAF) As Provided in Statute. Senate Bill 66, the Expanded Lottery Act, established the Problem Gambling and Addiction Fund to treat pathological gambling and other addictions. Two percent of state gaming revenues are supposed to go to establish prevention and treatment programs to mitigate problem gambling related harms as well as long-standing funding gaps in the prevention and treatment of substance use disorders. We support the long-range plan to expend funds according to the KDADS Strategic Plan including problem gambling treatment and expansion of substance use disorder treatment services.

Repeal Alcohol Exclusion Law. Kansas is one of the states with an alcohol exclusion law that allows insurance companies to deny claims associated with the consumption of alcohol. These antiquated laws from the 1940s have been repealed in fourteen states. National organizations that support the repeal of alcohol exclusion laws include: The National Association of Insurance Commissioners, The National Conference of Insurance Legislators, the American Bar Association, the American College of Emergency Physicians, Mothers Against Drunk Driving, the National Commission Against Drunk Driving, and the American Medical Association.