

January 13, 2017

Dave Richard, Deputy Secretary
North Carolina Division of Medical Assistance
1985 Umstead Drive
Raleigh NC 27603-2001

Dear Deputy Secretary Richard:

On behalf of thousands of North Carolinians living with a mental health condition, we want to thank you, Deputy Secretary Richard, and the NC Department of Health and Human Services, Division of Medical Assistance (DMA), for the opportunity to comment on the Alternative Benefit Plan State Plan Amendments. We applaud the state of North Carolina's goal to expand Medicaid to North Carolinians who are non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL..

The North Carolina Mental Health America/Association/Associates (MHA) Collaborative is a coalition of local area organizations that advocate for individuals who are affected by mental illness, provide mental health education for the community, and raise mental health awareness.

The chief priority of the NC MHA Collaborative is to ensure that every North Carolinian has access to a broad scope of medically appropriate, evidence-based behavioral health services in full parity with other conditions. The amendment to the Medicaid State plan would expand Medicaid health insurance coverage to approximately 379,000 North Carolinians¹, 150,000² of whom suffer from mental health and/or substance use conditions. The NC Collaborative promotes recovery-oriented programs, systems, and services. Recovery refers to the process in which people are able to improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery from mental health and substance use conditions is possible, but only if individuals are able to access appropriate-level services for his or her current condition. Further, once in appropriate treatment, many individuals applying for disability benefits, and in turn Medicaid, would be able to recover and reach a point of supporting themselves financially. Self-sufficiency with appropriate community supports is better for the individual, our communities, and the state.

The NC MHA Collaborative also promotes access to services that prevent the onset of mental health and substance use conditions. As with physical health, preventative mental health care and early identification of symptoms are more cost-effective and yield better community outcomes than waiting to treat individuals until their symptoms have progressed³. Expanding the Medicaid-eligible population in North Carolina ensures that more individuals have

¹ Damico, R. G. (2016, October 19). The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid. Retrieved from Kaiser Family Foundation: <http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

² NC Justice Center. (2015, April). Retrieved from FACTSHEET: Closing the Coverage Gap Helps Combat Drug and Alcohol Problems: <http://www.ncjustice.org/?q=health/factsheet-closing-coverage-gap-helps-combat-drug-and-alcohol-problems>

³ American Academy of Child and Adolescent Psychiatry. (2011, June). Retrieved from Cost Effectiveness of Prevention and Early Intervention: https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/Cost_Effectiveness_Fact_Sheet_2011.pdf

access to these cost-saving services. To that end, the NC MHA Collaborative commends the State for the specific inclusion of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for individuals under 21 years of age through the Alternative Benefit Plan.

In the current Medicaid system, it is often difficult for individuals to access appropriate-level care at the right time due to the decline in the number of healthcare practitioners accepting Medicaid. Low Medicaid reimbursement rates coupled with the heavy administrative requirements hinders providers from easily accepting individuals who have Medicaid as their primary health insurance. The NC MHA Collaborative encourages raising Medicaid reimbursement rates and streamlining administrative requirements in order to enable more providers to accept individuals who have Medicaid coverage. Regardless of the Medicaid-eligible population, every individual should be able to easily navigate the public mental health system, and access appropriate-level services for his or her current condition.

Again, we thank you for your efforts and for your consideration of our comments as we look forward to expanding the Medicaid-eligible population in North Carolina.

Sincerely,

The North Carolina MHA Collaborative

Janelle Clevinger, Executive Director, Mental Health Association in Wilson County

Ellen Cochran, Executive Director, Mental Health Associates of the Triad

Ellis Fields, Executive Director, Mental Health America of Central Carolinas

Andy Hagler, Executive Director, Mental Health Association in Forsyth County

Melodie McSwain, Executive Director, Mental Health America of the South Mountains