



Joint Statement of Medicaid Reform Principles (*DRAFT*)
For discussion purposes only. Not for dissemination.

1. Health care policy in the 21st century should not perpetuate inequities in the treatment of mental illnesses from treatment of other illnesses. Serious mental illnesses—major depression, bipolar disorder, schizophrenia—are, like diabetes and similar physical disorders, chronic and sometimes disabling conditions. All Medicaid and public or private insurance plans should provide adequate coverage for mental health and addiction treatment.
2. An open and equal dialogue and partnership arrangement should be created enabling mental health and stakeholders—consumers, providers, family members and advocates—to have meaningful input into a state’s Medicaid reform measures.
3. Cost-sharing requirements (i.e., co-pays, premiums, deductibles) should not be a barrier to receiving necessary mental health services. They are inappropriate for low-income people with any chronic conditions, including mental illness, who should not be discouraged from maintaining their prescribed treatment regimens.
4. Any reform measure designed to encourage healthy behaviors must provide positive incentives and not be punitive in nature. Such incentives must be relevant to individuals with serious mental illnesses.
5. States that adopt the “medical home” disease management model for chronic illnesses should fully define what constitutes a medical home, and appropriate behavioral healthcare settings such as community mental health centers should be among the choices of eligible providers to serve as recipients’ medical homes for those who have mental illness.
6. No state Medicaid plan should limit or preclude certain interventions and services which are already afforded to children under the terms of EPSDT requirements for screening and intervention.
7. Medications should be prescribed and available based on an individualized assessment of the beneficiary with a mental illness and his or her doctor, not state lists or arbitrary numerical limitations.
8. Following implementation of any Medicaid modifications made pursuant to the Deficit Reduction Act or otherwise, the state and stakeholders should fully evaluate the results before expanding or continuing the program, including the impact on other systems such as criminal justice.
9. State Medicaid programs should cover services that have been identified as “evidence-based” or “emerging best practices” for adults and youth with mental illnesses.