

Joint Statement on Medicaid Reform Principles

Parity

1. Health care policy in the 21st century should ensure equitable and adequate treatment of mental health and addiction disorders in all Medicaid plans. Mental health and addiction disorders are, like diabetes and similar health conditions, chronic and sometimes disabling. Any modification of benefits should be equitable across all health care conditions, including mental health and addiction disorders.

Consumer Involvement & Evaluation

2. Any Medicaid reform process should include formal inclusion of mental health stakeholders—consumers, providers, family members and advocates—as valued partners who engage in open and equal dialogue about proposed and enacted Medicaid reform measures.
3. Following implementation of any modifications of Medicaid plans, the state, in partnership with stakeholders, should fully evaluate the results before expanding or continuing the program. Evaluations should include the impact on other public systems, such as criminal justice, schools, hospital emergency departments, public health, and public welfare.

Integration of Care

4. Individuals and families should have seamless access to care for mental health, addiction, and other medical conditions, including treatment for co-occurring conditions. Any Medicaid reform efforts should encourage both coordination of primary care and mental health and addiction treatment and collaboration between primary care and mental health and addiction providers. States should facilitate and support record sharing systems that promote integration and protect privacy.
5. States that adopt “medical home” disease management models for chronic illnesses should fully define what constitutes a medical home. Appropriate mental healthcare and addiction treatment settings, such as community mental health and addiction treatment providers, should be among the choices of eligible providers to serve as recipients’ medical homes for those who have mental health and/or addiction disorders.

Promoting Health & Continuity of Care

6. Medicaid reform efforts should be consistent with the well-recognized goals of rehabilitation and recovery. Services and supports should enhance recipients’ ability to live as independently as possible in their communities and should cover services that have been identified as “evidence-based” or “emerging best practices” for adults and youth with mental health and addiction disorders. Chronic care management should be an integral part of coverage for chronic mental health and addiction disorders.
7. Medicaid reform efforts should ensure that services are available throughout the life cycle, including early intervention and treatment for children and older adults with mental health and addiction disorders.

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8. Medicaid plans should fully implement the Early, Periodic, Screening, and Treatment (EPSDT) provisions of the Medicaid statute, including provisions of all services and treatments deemed “medically necessary” for the health of a child. Programs should be structured to facilitate access to needed services and prevent fragmentation.
9. State Medicaid programs should provide “wrap around” coverage to individuals who are dually eligible for Medicaid and Medicare to ensure that beneficiaries have access to needed treatment.
10. Medicaid service delivery should be sufficiently flexible to meet the changing needs of individuals with mental health and addiction disorders. Individuals who are newly diagnosed or experience their first symptoms and those who were stable, but experience a crisis, should be able to access services that are sufficiently intensive in a timely manner.
11. Co-pay requirements (i.e. co-pays, premiums, deductibles) are a barrier to treatment adherence and are inappropriate for low-income people with chronic conditions who could be discouraged from maintaining their treatment regimens. Monitoring and evaluation of any cost-sharing requirements should be undertaken.
12. Medications should be prescribed and available based on an individualized assessment and a partnership between an individual and their provider. Access to medications should not be denied or limited by financially-driven restrictions such as limited formularies, monthly prescriptions limits, or fail-first policies.
13. Mental health and addictions treatment should be available based on an individualized assessment of the beneficiary rather than arbitrary limits on outpatient or inpatient days. Decisions to discharge from inpatient facilities should be made by the treating physician who is most knowledgeable about the needs of the beneficiary.
14. Medicaid reform measures 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 health and addiction disorders. Access to healthcare treatment and services should not be denied or limited because of difficulty maintaining treatment adherence.