

MENTAL HEALTH COMMUNITY CONSENSUS STATEMENT ON WEST VIRGINIA MEDICAID REFORM

ADOPTED September 15, 2006

Through the years in West Virginia, there has been a long history of periods in which revenue did not meet Medicaid expenses, resulting in efforts to reduce state spending in a variety of ways. Invariably however, most of those efforts in the past have been focused upon reductions or the elimination of “optional services” including mental health services. More recent reductions in Medicaid services to those with mental illnesses have been associated with overly strict interpretations of “medically-necessary” services without regard to the need to offer “support services” allowing people to be maintained in community settings.

The Medicaid Reform measures outlined in the recently approved West Virginia State Plan Amendment suggest once again that mental health services are “optional” which might be offered in an enhanced plan but are not considered to be a required service since there is no mention of them in the basic plan.

A coalition of 40 or so statewide stakeholders supporting mental health treatment and services met on August 22 with representatives from 3 affiliate national organizations to ratify the attached consensus statement concerning the West Virginia State Plan Amendment on Medicaid reform.

Stakeholders are mindful of the continual fiscal pressure placed with the Bureau of Medical Services (Medicaid) in this state and other states as each state grapples with the reality of the ever-increasing costs of the delivery of healthcare services. The Administration should be commended for its efforts to reform Medicaid while finding new ways to curtail spending in order to have Medicaid remain a viable program for as many of its citizens as possible who can be appropriately served in the program.

On behalf of mental health recipients and consumers, however, we believe the following regarding West Virginia’s proposed reform efforts:

1. An open and equal dialogue and partnership arrangement should be created enabling stakeholders to have meaningful input into the state’s Medicaid reform measures. We welcome the opportunity to work with the state as partners in addressing Medicaid reform.
2. Because we now know that many mental illnesses are due to chemical imbalances in the brain, an organ of the body, West Virginia’s health care policy in the 21st century should not perpetuate the artificial separation of treatment of mental illnesses from treatment of other illnesses.
3. Mental health services should be a defined benefit in not only the enhanced benefit plan but also in the basic plan. Terms and conditions of the basic or enhanced benefit plans should not override gains made in mental health coverage through parity measures which have been achieved.

4. The inability to meet the co-pay requirements should not be a barrier to receiving necessary mental health services in either the basic or the enhanced plan.
5. The Membership Agreement should be modified to reflect the mutual responsibilities of the recipient and the state.
 - a. The Agreement should explain clearly the criteria for removal from the enhanced plan.
 - b. Because the consequences of removal from the enhanced plan are so significant for people with mental health needs, recipients should receive a warning and a fair opportunity to take steps to prevent removal from the enhanced plan.
 - c. Recipients should have the opportunity to appeal a decision regarding removal from the enhanced plan.
6. “Reasonable accommodation” should be defined and offered to those who, as a result of their mental illness or a crisis episode, are temporarily unable to uphold the personal responsibility requirements.
7. Recognizing that the enhanced plan has no limits on the number of prescription medications one may receive, a basic plan should not restrict prescriptions to four or fewer without clinical justification for having done so.
8. West Virginia should fully define what constitutes a “medical home,” and appropriate behavioral healthcare settings such as mental health centers should be among eligible providers to serve as recipients’ medical homes.
9. The West Virginia Medicaid plan should not limit or preclude certain interventions and services which are already afforded to children under the terms of EPSDT requirements for screening and intervention on a regular basis for those so needing it.
10. Children should not be penalized or otherwise restricted to the basic Medicaid plan for failure by their parents or guardians to adhere to the terms of the personal responsibility agreement.
11. Following implementation of the plan amendment in the initial 3 counties, the state and stakeholders should fully evaluate the results before expanding the program to other counties. The evaluation criteria shall address the projected goals, viz., emphasizing personal empowerment and responsibility, ensuring that participants receive the right care at the right time by the right provider, reducing program costs and preventing disease.