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February 2, 2012

Dear Governor Deal,

Thank you for your continued support of the ongoing system improvement work of the Department of Behavioral Health and Developmental Disabilities. Progress is being made as the focus of our behavioral health system is shifting to community treatment and support. We have appreciated working with your team to implement the Department of Justice settlement agreement

We want to provide input from Mental Health America of Georgia to the initial January 17, 2012 report from Navigant Consulting to the Department of Community Health on options for the future management of the several Medicaid programs and its possible expansion next year. Behavioral health services currently are provided in all these programs, including the low income Medicaid program, foster care services, and the aged, blind and disabled programs. How these programs are managed is intertwined with how Georgia fulfills its obligations and its commitments in the Department of Justice settlement agreement.

Last fall, Navigant conducted a series of statewide focus groups. Key leaders with large constituencies were invited to attend and provide input during guided discussion. Leading mental health and addictive disease consumers, advocates, and providers invested significant time and energy participating in these focus groups.

For the sake of accuracy, we would like to confirm that, as the report states, mental health and addictive disease consumers, advocates, and providers did NOT support a carve-in of the aged, blind and disabled (ABD) program into the low income one. The recommendation of the report to do so does not follow from the inputs Navigant received from citizens and providers.

The report also concludes that there is no management of the services provided in the ABD program or for foster care, both of which are still under fee for service payment mechanisms. While other management systems are certainly possible and may help with state and federal costs, it is not accurate to assert that these two programs do not have management systems in place. Also, most of the other states surveyed in the report do not carve in either their behavioral health programs or their ABD programs. Many have programs that do an outstanding job of effective case management for the wide range of medical services and supports needed by our citizens with mental illnesses, addiction, or developmental disabilities.

Mental Health America of Georgia specifically opposes the carving-in of the ABD population. We support a carve-out of Georgia's ABD Medicaid population into a managed care/care management arrangement that assures a full array of services to people with mental illnesses and addictive disease. We also believe that the provision of behavioral health and addictive services to women and children in the low income Medicaid program needs to be coordinated with the other programs. Oddly enough, the current care management organizations actually subcontract these services to other managed care entities. We fully support efforts to treat both the medical and behavioral health needs of our citizens with primary diagnoses of serious mental illnesses and/or addiction, but effective provision of medical care, social supports, housing, and job counseling must be included. Entities like the existing care management organizations have yet to show a full understanding of, experience with, and competence at all these functions.

We understand that the next step is for the Department of Community Health to evaluate the Navigant recommendations and select a plan of action for the future, and that there will be a task force that focuses specifically on the behavioral health issues and the carve-in recommendation. In order to make an informed decision about how best to redesign the Medicaid system for people who are ABD, this process should be inclusive of consumers, their families, providers, and management companies. It should:

- identify the services (both medical and support services) that are necessary for adults and children to attain and maintain recovery from mental illnesses and addiction;
- determine how best to provide those treatments and services; and
- develop a plan to maximize the use of federal resources that are available.

Many of the states already studied by Navigant have excellent management systems in place that maximize these goals, such as Florida, Virginia, Pennsylvania, Arizona, and parts of Texas.

In Georgia we are blessed with nationally recognized experts in both mental health and addictive disease recovery. They can bring unique and essential knowledge to the decision-making process and are ready, willing, and able to contribute. We urge that as the working group is formed it include these experts to examine more deeply how to assure that Georgia can best meet the medical and behavioral health needs of Medicaid clients who have mental illnesses and addictive disease, addressing them as "whole" people, and that the non-medical services that are necessary to attain and maintain recovery are also available to them in a seamless system. We would be pleased to help you identify these experts in our state and look forward to helping in whatever way we can to assisting the state in reforming our Medicaid system.

Sincerely,

Allan Kennedy M.Ed, LPC
President
Board of Directors