

Comments regarding the February 19, 2016 RBHS Carve-In Proposed Public Notice

“We are certainly understanding of the need to integrate physical and behavioral healthcare. While we understand a new model must be instituted, we believe carving in multiple Managed Care Organizations is the wrong solution. We are also concerned with the aggressive timeline for implementing this carve in by July 1, 2016. We believe the state should select a single Managed Behavioral Healthcare Organization (MBHO) that specializes in providing integrated care for the seriously mentally ill population, because this solution would provide better outcomes and ultimately save the system money.”

“We can either provide TCC when our kids are young or wait until they’re adults and have to deal with the other issues that comes along with life. Please continue this program for the future of our kids.”

“I support Therapeutic Child Care and access to mental health care because it provides needed services to young children at an early age.”

“I am writing to express my concern over proposed changes in regards to service provision for children in need of therapeutic childcare and/or mental health services. I am deeply concerned with how these changes may negatively effect the children in our community. I am convinced a limitation on services or restrictions in time allowances for treatment will have far reaching negative consequences on young children; consequences we will all struggle to rectify”.

“Community Integration Services

We are pleased that the Department of Health and Human Services (DHHS) has resumed efforts to implement Community Integration Services (CIS) for adults with serious mental illness. We appreciate the opportunity to provide input about the need for a stand-alone service for adults with serious mental illness and would welcome the opportunity to be involved in the process to finalize this service to meet the needs of the beneficiaries served by members of the Coalition.

Managed Care Organizations Covering Behavioral Health Services

As providers of behavioral health services, we are cognizant of the need for effective integration for physical and mental health. However, we are opposed to the Department’s expedited transition of behavioral health services into the six Medicaid Managed Care Organizations. The rational for our position is outlined below.

South Carolina ranks 43rd in accessibility to mental health services. It is improbable that the existing Managed Care Organizations (MCOs) will be able to establish adequate networks of behavioral health providers.

The level of expertise in addressing the needs of adults with serious mental illness varies amount the existing Medicaid Managed Care Plans.

The increased administrative burden for providers having to deal with numerous MCOs, in addition to fee-for-service policies and procedures, is problematic and will likely put smaller private providers, especially in rural areas, out of business.

We believe that a transparent and coordinated stakeholder process, including public and private providers, advocacy organizations, as well as beneficiaries, is needed before embarking on changes of this magnitude.

We respectfully request that you reconsider the proposed decision to move all behavioral health services effective as soon as July 1, 2016, pending approval by the Centers for Medicare and Medicaid Services. Additionally we ask that, prior to submitting a State Plan Amendment, you consider establishing a stakeholder work group dedicated specifically to addressing the best approach to integrating behavioral and physical health for adult Medicaid beneficiaries with serious mental illness, including but limited to the following.

Improving access to needed services such as Community Integration Services, Assertive community Treatment, and Peer Support Services.

Resolving the disparate accreditation, provider qualification, and reimbursement methodology that currently exist between public and private provider of behavioral health services as a pre-requisite for transitioning to managed care.

Evaluating various managed care service models for integrating behavioral health services.

A significant number of initiatives related to rehabilitative behavioral health services are underway (i.e. new services, ever-changing policies and procedures, Palmetto Coordinated System of Care waiver, behavioral health homes, Community Crisis Response and intervention, telemedicine, etc.)”

“The SCYAP has reviewed the proposal and finds it without the necessary detail and rigor that is attendant to such a sweeping change and without the proper implementation timelines necessary to assure that children and families get the services they need. We further find that this proposal is another attempt to decrease the rate of spending in the behavioral health area, without meeting with, and discussing these changes with Licensed Practitioners of the Healing Arts (LPHAs) and others who oversee the provision of direct services to children and families. We urge you to consider all of the possible outcomes for the foster care population, as well as for the population of children that have a high likelihood of entering this system. Although SCDHHS contends that the expenditures are expected to be budget neutral, we believe that further blocking access to RBHS will create consequences for foster parent recruitment and retention, and will negatively affect foster children who have been traumatized by the disruption of their family unit”.

“In this Public Notice they asked for comments about Therapeutic Child Care as a new service. My concern is how will SCDHHS manage the performance of the Managed Care Organizations making sure they don't treat this new service, Therapeutic Child Care, like they have managed care for Occupational Therapy (OT), Speech Therapy (ST), and Physical Therapy (PT). Children who are preschool age have extremely difficult criteria to receive OT, PT and ST. Children must be two standard deviations off the norm, this is approximately a 2 year delay. (A 3 year old with almost no language). Now they have added that it can't be caused by a delay, it must be an accident.”

SCDHHS Response: Integration of care is vitally important for people with both physical and behavioral health care challenges. This has been reinforced by a range of national studies; in South Carolina specifically, the Institute of Medicine and Public Health released a report in 2015 that also highlighted the need to further coordinate and integrate the provision of physical and behavioral health services. That report also identified a need for additional service offerings. SCDHHS' intentions to establish Community Integration Services (CIS) and Therapeutic Childcare Centers (TCC) as distinct covered services are rooted in those findings and also reflect requests made by the behavioral health provider community. Several commenters expressed support for these additions.

Others expressed concerns about the pacing of the proposed changes and/or access to care. SCDHHS continues to meet with providers, affected state agencies, and managed care organizations (MCO) in order to facilitate this transition. One of SCDHHS' critical priorities has been to ensure that MCOs work aggressively to credential providers; MCOs are required to maintain adequate provider networks. SCDHHS' goal is not simply to improve access to care, but to improve access to quality care. Proper credentialing of appropriately accredited providers will help ensure that the coordinated care model will connect beneficiaries to treatment by qualified providers. SCDHHS recognizes the administrative challenges of working with several managed care entities – many of our providers have operated in such an environment for years. By facilitating meetings among the affected parties, SCDHHS is making efforts to streamline this process as much as possible.

It is recommended that Rehabilitative Behavioral Health Services and associated outpatient mental health services be included in the Coordinated Care benefit effective July 1, 2016, and that the State Plan be amended accordingly.