

## NAMI Lexington Important Information about Managed Care and Talking Points

Feel free to utilize this information in your correspondence to the governor and legislators.

**\*\*Remember we are focusing on the governor.\*\***

### Key Points about the RFP

- RFP was issued on April 7<sup>th</sup>
- Proposals due May 25<sup>th</sup>
- Contract signed by July 1<sup>st</sup>, however implementation date is up to 6 months after contract with MCO is signed.
- MCO is encouraged to approach CMHC to contract as providers.
- Services for mental health care are lumped into primary care. This is the carve-in model. This leaves Behavioral Health funds open to the MCO decision to shift funds to cover other costs like Pharmacy.
- Behavioral Health Care is only 3% of the total Medicaid budget
- This plan would affect CMHC ability to provide Charity Care and Substance Abuse services to many uninsured clients. Note Corrections Bill.

### What a Managed Care Organization (MCO) is/does

- The MCO contracts with selected providers that furnish a comprehensive array of health care services to their members (our Medicaid population).
- The MCO seeks to ensure a certain standard of care, measure performance, and control costs through supervision, monitoring and advising of their providers.
- Formal utilization review and quality improvement procedures are enforced
- There is an emphasis on preventive care
- There is a financial incentive to the MCO to encourage members to use care efficiently.

### Key Points to help Folks formulate their ideas

-I am concerned that the proposed model for managed care will compromise the valuable safety net that has been well established for over 40 years.

-CMHCs are part of a non profit system of care that puts clients first and that reinvests its revenues into services, into its employees, and its local communities.

-CMHCs are part of a public provider partnership – working with schools, law enforcement, DCBS, judicial services, etc. to make services available to anyone, whether a Medicaid client or someone with no resources at all and no ability to pay.

-The recently published Request for Proposal for Medicaid Managed Care reflects no mention of how to safeguard the critical mental health community system of care and appears to turn over all funding and management for all healthcare to some number of private, for profit, non Kentucky , entity(ies).

-CMHCs cannot be overlooked in this change of the delivery system.

-Community Mental Health Centers are partners with the Commonwealth providing so many services – not just mental health, our staff are members of the Kentucky Retirement System, and the success of the Centers into the future, will reflect quality integrated services for the citizens of this State and is an extension of good public policy.

-We ask for Kentucky leadership (Governor and Legislators) to intervene and modify the RFP to carefully evaluate the impact of the current plan upon the safety net. We accept that the current economic realities require a reduction in spending, however, given the unique nature of the CMHCs and in consideration of what they give back to the Commonwealth in charity care, we are seeking safeguards in regard to how mental services provided by the CMHC's will be funded under a managed care model.