

**BEHAVIORAL HEALTH TAC RECOMMENDATIONS TO THE MAC –
MAY, JULY & SEPTEMBER, 2016**

TAC Recommendation Approved at Behavioral Health TAC Meeting on May 4, 2016:

RECOMMENDATION: In light of CMS’ final rule establishing the opportunity for Medicaid Managed Care plans to reimburse free-standing psychiatric hospitals for inpatient services of up to 15 days per month, we recommend that DMS proceed as quickly as possible to put this change into effect in Kentucky to allow Medicaid reimbursement for behavioral health services to hospitals which had previously been excluded because of their Institution for Mental Disease (IMD) status. The CMS final rule will go into effect sixty days after it is published in the *Federal Register* on May 6, 2016.

TAC Recommendations Approved at Behavioral Health TAC Meeting on July 7, 2016:

RECOMMENDATION: That the Behavioral Health TAC file comments with Commissioner Miller in response to the proposed 1115 waiver to express the grave concerns of the TAC about using the category of “medically frail” and imposing a monthly premium charge for individuals – including those with SMI, chronic SUD and other disabilities – on those individuals. Concern was noted not only about the financial burden on these individuals but the difficulty they would have in the mechanics of receiving a bill and making a payment. Further, these individuals are not paying copays and the threat of imposing an even greater financial burden is very problematic. The BH TAC also is concerned about the limitation of dental and vision care for others in the Medicaid program and urges the Administration to address these issues.

RECOMMENDATION: That the Acquired Brain Injury (ABI) Acute Waiver continue as a rehabilitation waiver, affording individuals appropriate cognitive retraining for a sufficient length of time to maximize the individuals ability to regain and maintain functioning. Currently, private insurance plans are paying for approximately 22 days of inpatient rehab services for ABI patients. We urge that the MCOs do at least the same.

RECOMMENDATION: In response to significant challenges described by those in attendance about the Medicaid Waiver Management Application (MWMA), we recommend that case managers in the waiver programs, particularly ABI and Michelle P, receive training on the system as soon as possible, and that there be timely response to requests for support when problems are encountered.

RECOMMENDATION: The BH TAC is pleased to see that there are managed care reforms included in the proposed 1115 waiver, and requests that DMS look as soon as possible at the current delays in credentialing providers which are causing potential providers to give up on the process. Uniform credentialing is a priority for the provider community.

TAC Recommendations Approved at Behavioral Health TAC Meeting on September 8, 2016:

RECOMMENDATION: In order to increase access to the right medication at the right time for the Medicaid member with mental illness, the BH TAC recommends that the MCO’s be required to follow the Prior Authorization (PA) criteria currently in place for the state Medicaid formulary. This criteria requires that only a single 14-day trial and failure of a

preferred medication is necessary to access a non-preferred medication. The current state PDL requirement for the mental health medications is: *Non preferred Second-Generation Antipsychotics will be approved after a 2-week trial of ONE preferred Second-Generation Antipsychotic at an appropriate dose. Currently, all MCOs require failures on more than one medication and for longer periods of time.

RECOMMENDATION: In order to give providers necessary information in a timely manner, the BH TAC recommends that DMS revise the MCO contracts to require the MCOs to give their providers at least 30 days’ advance notice of changes to fee schedules, NCCI edits and billing system changes. Currently, only 2 MCOs gave providers advance notice of an effective date for the changes and one MCO actually has in their contract that they don’t have to give notice to their providers.

REWORDED RECOMMENDATION (from July 7th BH TAC meeting): The Behavioral Health TAC did file comments with Commissioner Miller in response to the proposed 1115 waiver to express the grave concerns of the TAC about using the category of “medically frail” and imposing a monthly premium charge for individuals – including those with SMI, chronic SUD and other disabilities – on those individuals. We are very pleased to see the change in the revised waiver submitted to CMS where premium and co-pay cost-sharing burden is removed from the “medically frail” individuals. We continue to be concerned, however, about how this designation will be made, by whom, and for what period of time. Therefore, we recommend that DMS work with the BH TAC in outlining the parameters of the “medically frail” category and determination.