



Advocacy and Action
for Connecticut's
Mental Health

www.ctkeepthepromise.org

Keep the Promise Coalition
c/o NAMI Connecticut
576 Farmington Avenue
Hartford, CT 06105

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To the Members of the State Innovation Model (SIM) Steering Committee:

The Keep the Promise (KTP) Coalition, formed in 1999, is a statewide coalition of advocates, including individuals with mental health conditions illnesses, their families, mental health professionals, and interested community members, dedicated to ensuring that a comprehensive, community-based mental health system is created and sustained for children, adults and families in Connecticut.

We are writing to comment on the State Innovation Model DRAFT 1.1.

The Keep the Promise Coalition welcomes the stated vision of the State Innovation Model as the establishment of a “whole-person-centered health system that ensures superior healthcare quality and access, promotes value over volume, eliminates health inequities for all of Connecticut, and improves affordability”[...] to achieving the “Triple Aim for everyone in Connecticut: better health, while eliminating health disparities, improved healthcare quality and experience, and lower healthcare costs”. As one major group of independent advocates of Connecticut health care consumers, we continue to be fully committed to the vision of redesigning Connecticut’s fragmented and siloed health care system to promote access to and achieve quality and affordable care for everyone, and create a system of integrated and coordinated care that promotes lowered health care costs.

We do, however, have several concerns and requests to remedy these concerns, which we would like to share with you.

1. Payment Models in Medicaid

The provider network in Medicaid is inadequate for the number of people currently enrolled in the program due to a number of issues, including inadequate payment rates. This difficulty of provider access is even more pronounced for specialists, including mental health professionals. With the planned expansion of Medicaid, starting in January 2014, it is more important than ever to assure enhanced access to Medicaid providers. Many of the estimated 130,000 people newly eligible for Medicaid will require access to services for previously untreated health conditions. Consequently, we need to ensure

that Medicaid providers are excluded from the downside risk payment model in this proposal and make such provision explicit and clear in Connecticut's SIM proposal. We should gain experience and gather data regarding the proposed new payment models during the initial five year grant period before even considering putting Medicaid providers at risk.

Many people with complex health conditions, including mental health conditions, rely on Medicaid for access to services. We need to ensure that services delivered in the Medicaid program and access to quality services is maintained and enhanced within the State Innovation Model.

As you may know, people impacted by mental health conditions oftentimes require an array of health services and supports and a continuum of care available to them due to these complex health conditions, which for a majority of people are also accompanied by additional medical health conditions which require care. Reforms in service delivery and payment models therefore will have a great impact on this group of people, which is quite large considering that one in four adults experiences a mental health condition in a given year¹. The need for and reliance on an accessible, quality and affordable health care system becomes more crucial yet for people living with a severe persistent mental illness.

2. Denial or Restriction of Access to Necessary Care

We know that for some populations and individuals problems with access to care include under-treatment, not over-treatment. This is particularly true for people with complex health conditions in Medicaid and also for people with mental health conditions who rely on private insurance plans. We understand that the current SIM proposal includes some general safeguards for consumers. In the current draft, providers cannot be rewarded for saving money on a persons' overall care unless they have met quality standards which include consumer metrics. However, because specific standards have not been developed yet, it is crucial to include a provision in the SIM proposal that explicitly excludes providers, who are found to have denied or restricted access to necessary care, from receiving shared savings.

3. Transparency and Consumer and Independent Consumer Advocates Representation

Transparency is crucial in all public health endeavors, particularly one that is expected to affect eighty percent of Connecticut residents across all payers. And as there appears to be room for improvement, we urge you to enhance the SIM process to allow and require all decisions to be reached in a transparent manner based on significant public input.

¹ National Institutes of Health, National Institute of Mental Health. (n.d.). Statistics: Any Disorder Among Adults. Retrieved March 5, 2013, from http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

² National Institutes of Health, National Institute of Mental

In a related way, because the State Innovation Model constitutes a far-reaching and sweeping change which will affect the overwhelming majority of Connecticut residents, independent consumer advocates, representing vast numbers of people with specific health conditions or other complicating factors, need to be able to represent these consumer voices on all decision making and advisory committees and groups.

In summary, we urge the SIM Steering Committee to include the following provisions in the Connecticut SIM proposal before submitting it to the Center for Medicare & Medicaid Innovation:

- 1. Medicaid providers will be excluded from the downside-risk payment model**
- 2. Providers found to have denied or restricted access to necessary care will be prohibited from receiving shared savings or other financial rewards**
 - a. Robust quality measures of under-treatment, which are the basis for denial of shared savings, including inappropriate denials or limitations on care or avoidance of expensive patients, must be developed in an inclusive committee with significant independent consumer advocacy membership
 - b. The system to measure and sanction under-treatment, and a fair process to resolve disputes, will be in place **before** any provider incentives are implemented
- 3. All decisions will be reached in a transparent, public process based on significant public input**
- 4. Independent consumer advocates will be included in meaningful numbers on all SIM committees**

We appreciate your time and effort and look forward to the next draft of Connecticut's State Innovation Model.

Sincerely,

Keep the Promise Coalition Co Chairs

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CT Legal Rights Project

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