



Virginia MIRC <vamirc@mirc.virginia.gov>

New MIRC Comment

1 message

Mon, Oct 14, 2013 at 12:59 PM

Reply-To: [REDACTED]

To: vamirc@mirc.virginia.gov

First Name - National Alliance on Mental Illness of Virginia

Last Name -

Organization Name - National Alliance on Mental Illness of Virginia

Comment -



National Alliance on Mental Illness of Virginia comments to MIRC commission website.pdf

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On behalf of the National Alliance on Mental Illness (NAMI) of Virginia and our 25 community-based affiliates, I am writing in support of Medicaid reforms and expansion.

In particular NAMI Virginia supports the dual eligibles demonstration project (Commonwealth Coordinated Care Project) and the new DMAS managed care contract to administer Medicaid-funded community-based mental health/substance use services. We believe and hope that these reforms, among many, will promote coordinated care for high needs individuals with mental illness, physical disabilities, and other health needs that will result in better health outcomes as well as efficiencies within the service delivery systems.

We support Medicaid reform and expansion for three primary reasons:

1. It will open access to adults with mental health disorders who are either not being treated or being undertreated.

- An estimated 30 - 40% of the expansion population has a behavioral health disorder (SAMHSA).
- 33,000 existing CSB clients who are uninsured and getting only baseline services would gain Medicaid coverage under an expansion.

2. It will provide a reimbursement source for the community services boards, who are having an increasingly difficult time seeing patients in a timely manner, if at all, if the person is uninsured.

3. People with mental illnesses who are uninsured and do not have ready access to mental health services generally do not wait until the next available appointment time. The mental illness will eventually – sometimes over the course of just a few days -- exacerbate into something much more serious and the person will need to use expensive crisis-oriented services such as emergency rooms, hospitalizations, the 911 emergency system/police response, and jails. Allowing the person to have consistent, ready access to preventative services where he or she has a better chance of maintaining stability and wellness is much better policy than being crisis-oriented. Reform and expansion is an opportunity to do that for the thousands of adults with mental health disorders who are currently untreated or undertreated. Providing up front preventative and rehabilitative community-based services makes good fiscal sense for Virginia and is good health policy for the person and the family.