



**To:** Medicaid Innovation and Reform Commission  
**From:** Charles Hall, Executive Director *Chuck*  
Hampton-Newport News Community Services Board

**Date:** October 1, 2013

**Regarding:** Expansion of Medicaid Eligibility and Access to Services

Last fiscal year, this CSB provided services to over 15,500 individuals who have mental illness and/or substance use disorders and to individuals who have intellectual and developmental disabilities. As over two thirds of the revenue supporting this organization and these community based services comes from Medicaid, you might imagine that this revenue source is very important to us. Our total budget this year is over \$63M. Eligibility for Medicaid is crucial for access to services provided by Virginia's 40 CSBs. We have found that Virginia is tolerant of creating an accessible Medicaid program for children and adolescents. However, this tolerance does not extend to adults.

I have served as the Executive Director of the Hampton-Newport News Community Services Board since 1986 with over 30 years of service since joining this CSB in 1979. In addition, I served as one of the 21 individuals appointed by Governor McDonnell to work on the Virginia Health Reform Initiative. I was also the only behavioral health professional on this body.

Just one year ago on September 30, 2012, we conducted an analysis of the individuals being treated for mental illness on our active case loads. 1,131 individuals were in active treatment who did not have Medicaid and who, if Medicaid expansion occurred in Virginia as contemplated by the Affordable Care Act, would have had such benefits. The value of the care provided to these 1,131 individuals was over \$2.1M on an annualized basis. Our local governments sustained essential services to these individuals in past years. Due to budget constraints, we have begun to limit access to care by any individuals who do not have Medicaid eligibility. These 1,131 individuals and thousands of others without Medicaid coverage will go untreated by this CSB and the 39 other CSBs. They will also not be admitted for treatment by the hundreds of private behavioral health providers in the Commonwealth. We maintain that limited or no access to behavioral health care only increases adverse health outcomes and unnecessarily shifts costs to hospital emergency departments, Sheriff and Police Departments and to correctional facilities. Taxpayers eventually pay more and the health outcomes are deplorable for the individual as costs escalate for the community.

With regard to Medicaid eligibility, I write to ask that you immediately act to instruct the Director of the Department of Medical Assistance Services to expand eligibility for Medicaid for Adults to the 135% of Federal Poverty Level as described in the Federal Affordable Care Act.

Secondly, I write as somewhat of an expert on the matter of the VICAP (Virginia Independent Clinical Assessment Program) which is how children and adolescents gain access to Medicaid behavioral health services. I suggest that one of the very best methods of renovating Medicaid in Virginia is to expand the VICAP to adults who wish to, or need to, access Medicaid behavioral health services. The Medicaid Innovations and Reform Commission could require an existing independent clinical assessment, assign this responsibility to the 40 CSBs and save up to \$100M annually from current expenditures. I make this assertion as the result of our agency providing VICAP assessments for children and adolescents for the past three years. I have also noted information about hundreds of adults who receive Medicaid behavioral health services from numerous private providers in Hampton and Newport News but which bring their adult clientele to the CSB for outpatient psychiatric services. Many of these adults do not require the Medicaid behavioral health services delivered to them and, without an independent clinical evaluation providers have an “open door” opportunity to bill Medicaid for what we think are unnecessary services. If the Commonwealth did not save at least \$100M on an annualized basis from expanding this simple and well documented initiative, I would be astonished.

The authority for such a commonsense approach lies within the *Code of Virginia*, and I marvel that elected and appointed officials shy away from making this simple decision. §37.2-500, Purpose; community services board; services to be provided.”

“In order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the community services board shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services.”

Medicaid resources are public funds. Medicaid Rehabilitation Option Services include behavioral health services. The logic is unassailable. Comply with the *Code of Virginia*; replicate an existing and very successful program currently in existence for children; and save at least \$100M annually.

I wish you good luck with your challenge and with reaching your decisions. Since 1992 when the General Assembly required CSBs to enter the Medicaid service and billing arena, I have monitored this arrangement quite carefully. The two suggestions I make will strengthen the Virginia Medicaid program; better serve Virginians; lead to better health outcomes, and equally important, save taxpayers scarce resources.