



May 19th, 2017

Secretary Linda Seemeyer
Wisconsin Department of Health Services
P.O. Box 309
Madison, WI 53707-0309

Dear Secretary Seemeyer:

NAMI (the National Alliance on Mental Illness) is the nation's largest grassroots mental health organization providing advocacy, education, support and public awareness. NAMI Wisconsin is the state affiliate of NAMI and supports over 30 local chapters. Together, our mission is to improve the quality of life of people affected by mental illness and to promote recovery.

NAMI Wisconsin would like to thank you for this opportunity to provide comments on the BadgerCare Childless Adult Waiver. Our organization and our affiliates serve a very diverse population of individuals affected by mental illness. We work to support consumers and families, many of which are served by Medicaid, as Medicaid is the largest provider of mental health services. Although we recognize and appreciate that people with mental illness will be exempt from some parts of the waiver, we have concerns about definitions of disabilities and the impact this waiver will have on extremely vulnerable individuals. NAMI Wisconsin's reach includes homeless populations who may not have had consistent access to healthcare for years, victims of domestic violence who have experienced trauma and individuals without a medical diagnosis of mental illness who are still living with symptoms and daily struggles. We would like to address each item of the waiver individually below.

1. Monthly Premiums

Premiums that must be paid upfront often prevent people who need coverage from enrolling in Medicaid and cost-sharing payments can prevent people from seeking needed care.¹ In addition, many recipients will have logistical problems paying premiums as they do not have access to a bank account, credit card or other means of payment. The cost of transportation to get a money order may cause some individuals to miss their payments. Delays and disruptions in care, stemming from enrollment premiums and requiring cost-sharing payments can derail recovery and increase long-term state costs. Whereas, access to comprehensive, consistent mental health care improves outcomes and keeps lives on track.

2. Health Behavior Incentives and Health Risk Assessments (HRA)

People with mental illness can and want to lead healthy lives, both mentally and physically. However, in many cases living with a mental illness affects other areas of health. People living with mental illness have a high rate of smoking, for example. Nationwide, 44.3% of all cigarettes are consumed by individuals who live with mental illness and/or substance abuse disorders. People with schizophrenia are three to four times more likely to

¹Medicaid 1115 Demonstration Waivers: <https://www.medicaid.gov/medicaid/section-1115-demo/index.html>

smoke than the general population.² NAMI advocates at the federal, state and local level for access to smoking cessation programs and recognizes the challenges people with mental illness face in quitting.

In addition, weight gain is also another health risk that many people with mental illness struggle with while taking some psychiatric medications. Although NAMI Wisconsin supports the healthy behaviors this element of the waiver seeks to increase, we oppose excluding recipients from the premium reductions if they cannot meet these standards due to their conditions.

3. Time Limit on Medicaid Eligibility and Work Requirements

These limits place the health and well-being of people with mental health conditions at great risk and threaten to drive up health care costs forcing people to seek far more costly care in emergency rooms and hospitals. Cutting people off from Medicaid when they reach lifetime caps also threatens to significantly drive up state and local community costs in criminal justice, homeless services, uncompensated care and more.

Although people with disabilities, including mental illness are exempt from this section of the waiver NAMI Wisconsin remains concerned about the implications this could have on other vulnerable populations we serve such as homeless individuals and those without a medical diagnosis. Here are key areas of concern with work requirements:

- *Questions on Effectiveness.* Studies of work requirements in other public benefit programs showed that participants faced significant barriers in finding and maintaining employment, the requirements did not lead to long-term, stable employment and the number of participants living in deep poverty increased in these programs.³
- *Lack of Consistent Definitions.* Although people with disabilities are exempt from work requirements, definitions of *disability* often exclude people with complex health needs.
- *High Administrative Costs and Barriers.* Wisconsin would face high administrative costs in tracking employment and monitoring the program.⁴ Also, determining and tracking exemptions is administratively complex, costly and threatens to create barriers to coverage and care. Rather than impose work requirements, Wisconsin should fund and encourage *voluntary* participation in evidence-based supported employment programs, such as Individualized Placement and Support (IPS), that promotes recovery and independence and helps people with mental health conditions get back to work.

4. Substance Abuse Identification and Treatment

NAMI Wisconsin is committed to promoting recovery from mental illness and co-occurring substance use disorders. Although both are recognized medical conditions, we have concerns with this aspect of the waiver treating those with alcohol and other drug (AODA) issues differently. Conducting drug screenings outside of the confidential patient/doctor relationship is not only invasive, but it may have the unintended consequence of individuals choosing not to access health coverage at all. In addition, the cost of implementing such screening, and treatments will be incredibly burdensome on the state's resources. In Wisconsin, there is already a shortage of substance use disorder treatment programs. NAMI Wisconsin supports using the funds from this part of the waiver to address the current waitlist needs.

² Smoking and smoking cessation: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Tobacco-and-Smoking>

³ LaDonna Pavetti, Center for Budget and Policy Priorities, *Work Requirements Don't Cut Poverty Evidence Shows*, <http://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows> (June 2016).

⁴ Jane Perkins, Mara Youdelman & Ian McDonald, National Health Law Program, *Work Requirements: Not a Healthy Choice*, http://www.healthlaw.org/publications/browse-all-publications/medicaid-work-requirements-not-a-healthy-choice#.WPUhO_krLcs (March 21, 2017).

5. Residential Treatment Coverage

The final piece of the waiver request relates to providing Medicaid dollars to reimburse for residential SUD treatment. NAMI supports modifying the IMD exclusion to allow Medicaid to pay for treatment of adults ages 21-64 in psychiatric hospitals and residential substance abuse treatment facilities. Updating the IMD exclusion by providing federal funding will help people to get the care they need when they need it most while relieving emergency department and jail overcrowding. ⁵ In doing so, we hope the State will remain mindful of the historical concern about warehousing of people with mental illnesses and ensure that this waiver does not open the door to more extensive use of longer term institutionalization. We urge the state to continue investment in resources in the community to ensure access to recovery services in the least restrictive environment.

Thank you for the opportunity for NAMI Wisconsin to provide comments and for your consideration. If there is anything additional we can provide, please feel free to contact us.

Sincerely,



Crystal Hester
Advocacy Coordinator, NAMI Wisconsin

⁵ IMD (Institutions for Medical Disease) Exclusion: [https://www.nami.org/Learn-More/Mental-Health-Public-Policy/IMD-\(Institutions-for-Medical-Disease\)-Exclusion](https://www.nami.org/Learn-More/Mental-Health-Public-Policy/IMD-(Institutions-for-Medical-Disease)-Exclusion)

NAMI Wisconsin's mission is to improve the quality of life of people affected by mental illness and to promote recovery.



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