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Donald M. Berwick, MD, MPP, FRCP
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-2328-P: Proposed Rule: "Medicaid Program; Methods for Assuring Access to Covered Medicaid Services" (42 CFR Part 447)

Dear Dr. Berwick,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on the proposed rule titled "Medicaid Program; Methods for Assuring Access to Covered Medicaid Services" as published in the May 6, 2011, *Federal Register*.

ABOUT NAPHS

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 700 psychiatric hospitals, addiction treatment facilities, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including inpatient treatment, residential treatment, partial hospitalization, and outpatient services.

COMMENTS

The Medicaid program provides coverage to millions of adults and older Americans with serious and persistent mental illnesses as well as coverage for children and youth with serious mental disorders. The Medicaid program comprises more than half the public funding for mental health and addictive services for those with the most severe disorders.

Therefore, it is a critical safety net for these Americans, and access to these essential mental health and substance use services must be maintained.

Medicaid covers a full range of services including inpatient, residential, outpatient services, prescription drugs, case management, home- and community-based services, and rehabilitative and support services. In addition, state child welfare and education systems rely on Medicaid to provide mental health services to children and adolescents. These services are essential for this population to help avoid homelessness, incarceration, school failure, and suicide.

That is why we strongly support the proposed rule, which clarifies that beneficiary access must be considered in setting and adjusting payment methodologies for Medicaid services.

We are fully aware of the unprecedented fiscal challenges facing our country and, more specifically, our states. Medicaid is a large and growing part of state budgets, so we understand states must make tough decisions. However, we also recognize that these tough decisions can be made in a balanced and fair way so as not to disproportionately affect the country's healthcare safety net program. Millions of children and adults with serious and severe mental and addictive disorders rely on Medicaid as a lifeline.

This proposed rule ensures that decisions made by states regarding Medicaid will focus on ensuring access to critical services while conducting the process in a transparent manner.

CONCLUSION

Thank you for your consideration of our comments. We look forward to working with CMS and the Department of Health and Human Services to ensure that policy and payment decisions support quality patient care and continuing access to essential behavioral health services.

Sincerely,

Mark Covall
President/CEO