

**MINUTES
THE BEHAVIORAL HEALTH TREATMENT ACCESS
LEGISLATIVE TASK FORCE**

September 30, 2015

The Behavioral Health Treatment Access Legislative Task Force met at 1:00 p.m., on Wednesday, September 30, 2015, in Room 149, State Capitol, Little Rock, Arkansas.

Task Force members present were: Representative Clarke Tucker, Ms. Carole Baxter, Ms. Ann Brown, Mr. Dan Honey, Mr. Kevin Murphy, Mr. David Sterling, Mr. Mark Thurman, and Mr. David Williams.

Other legislator attending: Representative Nate Bell.

Representative Tucker called the meeting to order. The minutes from the August 12, 2015, meeting were approved by acclamation.

Substance Abuse Treatment Providers

Casey Bright, Executive Director, Quapaw House Inc. and President, Arkansas Substance Abuse Treatment Providers Association was recognized. Mr. Bright gave a brief overview of the detoxification services and residential programs his agency provides and the funding mechanisms that keep substance abuse centers, such as Quapaw House Inc., operating. Mr. Bright outlined barriers mental health and substance abuse treatment providers encounter in contracting with in-network insurance companies, who are under the private option. Barriers included: difficulty receiving prior authorizations for treatment services, a slow reimbursement process, limited acute care, high co-pay and deductible rates for treatment services, and policy changes which increase the financial burden on providers; this includes requirements for increased licensed clinical staff at facilities. Mr. Bright said there are approximately 26 treatment providers in the state who are licensed through the Department of Behavioral Health Services.

Mental Health Treatment Providers [Handouts D-1, D-2, D-3]

Dianne Skaggs, Executive Director, Mental Health Council of Arkansas, was recognized. Ms. Skaggs gave a presentation on outpatient intervention services provided to individuals seeking treatment for mental illness or substance abuse addiction. Services are funded by state and federal grants, Medicaid, Medicare, private insurance, self pay, and employee assistance contracts. Ms. Skagg's second handout listed recommendations made by the Mental Health Council of Arkansas for behavioral healthcare reform in an effort to decriminalize mental illness and substance abuse addiction.

Behavioral Health Treatment Coverage under the Traditional Medicaid Program and Private Option

Suzanne Bierman, Assistant Director, Division of Medical Services and Zane Chrisman, Director, Regulatory Health Link Division, Arkansas Insurance Department, were recognized. Ms. Bierman explained how Arkansas became the first state to receive federal approval for a Section 1115 waiver for an alternative Medicaid expansion. Under the waiver, the state uses premium assistance to purchase qualified health plans (QHPs) offered in the Health Insurance Marketplace. Ms. Bierman said 250,000 individuals have signed up to receive health insurance coverage under the waiver. Individuals with a medically frail condition, that require more intense services not covered under QHP, receive an alternative benefit plan through Medicaid fee-for-service. Ms. Bierman said QHPs have no deductible for Private Option enrollees.

Ms. Chrisman explained that most health insurance companies did not provide mental health coverage when the Affordable Care Act was enacted, in 2010, because it was not a federal requirement. Now all insurance companies must meet federal mental health parity law. All plans, on the Health Insurance Marketplace, now include mental health and substance abuse services as part of their essential health benefit package. Ms. Chrisman said although the Insurance Department does not have regulatory authority over insurance companies, the Insurance Department will talk with the insurance companies to address any issues regarding their rates, licensure, or certification.

Meeting adjourned at 2:40 p.m.