



February 3, 2022

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

RE: MassHealth Section 1115 Demonstration Amendment Request

Dear Secretary Becerra:

NAMI, the National Alliance on Mental Illness, appreciates the opportunity to comment on Massachusetts' MassHealth Extension Request Demonstration. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. While the request covers many new and existing programmatic features to the MassHealth program, we focus our comments on the three provisions that would extend postpartum Medicaid coverage; expanding Medicaid coverage and services for justice-involved individuals; and continue and expand support for the behavioral health workforce.

Each year, mental illness impacts one in five residents in the Commonwealth.<sup>i</sup> NAMI appreciates Massachusetts' high rate of health coverage<sup>ii</sup> and uniquely recognizes the important role Medicaid plays in helping Massachusettsans with mental illness successfully manage their condition and get on a path of recovery. Through the state's proposed extension request, Massachusetts intends increase Medicaid members' access to vital, coordinated services and improve continuity of care through continuous, comprehensive Medicaid coverage, especially in the postpartum and reentry periods. As such, NAMI supports this request and urges its approval by the Department of Health and Human Services (HHS).

### **Medicaid is Critical for Addressing Mental Health Needs of Postpartum Mothers**

The days and weeks following birth are a vital period for a woman and her infant, setting the stage for long-term health and well-being. In normal times, one in five women are affected by anxiety, depression, and other maternal mental health conditions during pregnancy or the year following pregnancy. These illnesses are the most common complication of pregnancy and childbirth, impacting 800,000 women in the United States each year.<sup>iii</sup> Additionally, women are more likely to develop depression during the first year following childbirth than at any point in their lives,<sup>iv</sup> impacting at least one in nine new mothers.<sup>v</sup> Likewise, women with substance use disorder (SUD) are also at greater odds of experiencing a relapse and overdose 7-12 months postpartum.<sup>vi</sup>

Yet national figures show that untreated perinatal mental health conditions are often underdiagnosed and untreated. Less than 20 percent of women get treated for such conditions postpartum<sup>vii</sup> even when they screen positive.<sup>viii</sup> Unfortunately, when left untreated, mental health conditions are the second leading cause of pregnancy-related death that occur within 43 days to one year after the end of pregnancy.<sup>ix</sup>

In Massachusetts, Medicaid covers more than a third of all births.<sup>x</sup> Pregnant women are eligible for Medicaid coverage up to 60 days postpartum, at which time they must transition to other insurance or become uninsured. While some Massachusettsans can successfully transition to other sources of coverage like the state's Medicaid expansion program, some may struggle to find an alternative, leaving them without insurance shortly after a major medical event.<sup>xi,xii</sup> Others may successfully find other forms of coverage but might need to switch providers and have their continuity of care disrupted as a result.

This abrupt cutoff can thrust new mothers into the ranks of the uninsured or underinsured, limiting their access to essential services and medications. When new mothers go off and on coverage – called “churn” – their mental and physical health suffers. Specifically, when individuals with mental health conditions “churn” they are less likely to receive outpatient mental health services.<sup>xiii</sup> This experience is sadly not unique: it is estimated that more than half of women with Medicaid coverage at the time of delivery experience at least one month of being uninsured in the six months after.<sup>xiv</sup>

Massachusetts' proposal would reduce the likelihood of new mothers becoming uninsured and unable to access care by allowing postpartum members with incomes up to 200 percent of the federal poverty level, regardless of immigration status, to receive 12 months of eligibility designed to ensure seamless coverage and care during this period. MassHealth then intends to take up the American Rescue Plan Act postpartum coverage option through the State Plan when it goes into effect beginning April 1st, 2022. The state would also extend retroactive eligibility for pregnant individuals to three months. These provisions, coupled with Massachusetts' Medicaid expansion, means more continuous coverage options that will allow Massachusetts' women greater access to necessary care for conditions like mental illness. [We urge CMS to approve this request to extend postpartum coverage.](#)

### **Medicaid is Vital for Beneficiaries Who are Justice-Involved**

Throughout our 40-year history, NAMI has fought for dignity, fairness, and equity for people with mental health conditions. We have a unique understanding of the important role that Medicaid plays in the lives of people with mental illness, including people with mental illness who are justice-involved.

When individuals are released from incarceration and return to the community, it is a particularly crucial period for those with mental illness because it is associated with significant stress and high risk of recidivism, relapse, or crisis. Once individuals re-enter their community, establishing or re-establishing health care often takes the backburner as they deal with more pressing needs like housing and food security, reconnecting with family members, and finding employment.<sup>xv</sup> Many do not have appropriate access to coverage and continuity of care and are more likely to lack health insurance.<sup>xvi</sup>

Nationally, about 80 percent of individuals released from prison in the U.S. each year have SUD or chronic medical or psychiatric condition.<sup>xvii</sup> In Massachusetts, 36 percent of male and 81 percent of female individuals incarcerated in DOC facilities have a mental health condition, while 28 percent and 75 percent respectively have a serious mental health condition.<sup>xviii</sup> On release, people with serious mental illness (SMI), particularly those with co-occurring SUD, recidivate at higher rates than other offenders. This is frequently attributable to lack of timely access to needed services and supports for their condition.<sup>xix</sup> In fact, the risk of opioid-related overdose death dramatically increases in the first days and weeks after an individual with untreated opioid use disorder is released from jail or prison.<sup>xx</sup> According to one study, former inmates' risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release.<sup>xxi</sup> These striking statistics underscore the important need for proposals to improve access to care for those who are incarcerated and improve transitions to care upon release.

To improve outcomes and health inequities for justice-involved members, Massachusetts proposes to provide Medicaid coverage to otherwise-eligible individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) Facilities with a chronic condition, mental health condition, or SUD 30 days prior to release, as well as full coverage for all eligible youth in Department of Youth Services (DYS) juvenile justice facilities. Upon leaving a carceral setting, these individuals will also be provided with continuous eligibility for one year, with the goal of reducing administrative eligibility churn and improving health outcomes during the reentry period.

Additionally, this proposal would also support the statewide expansion of a successful, state-funded 2019 pilot program to provide Behavioral Health Supports for Individuals who are Justice Involved (BH-JI) through a partnership among MassHealth and Massachusetts' Executive Office of the Trial Court, Massachusetts Parole Board, the Massachusetts Department of Corrections, and county Sheriffs' Offices. To date, this program has served more than 1,000 individuals and is currently in the process of expanding statewide in partnership with nine behavioral health providers across all 14 counties in collaboration with our criminal justice agencies. The BH-JI demonstration provides supports that include navigators to help develop personalized treatment plans, connections to health care providers immediately after release, and referrals to social services like housing and employment. Preliminary results from Massachusetts' BH-JI demonstration indicate a decrease in inpatient and emergency room utilization, and increased connection to more appropriate outpatient behavioral health services. The average cost per member per month reduced by 47 percent for inpatient services and increased by over 39 percent for outpatient services. The BH-JI Demonstration also showed increased housing stability and employment, decreased legal violations, and increased use of behavioral health outpatient services than before enrollment in the program.

NAMI agrees that these services are vital to improving and maintaining the health and stability of this population and aiding their transition back to the community. According to the waiver amendment, preliminary results from the BH-JI demonstration show a decrease in inpatient and emergency room utilization and increased connection to outpatient behavioral health services.

NAMI believes that all people with mental health conditions who are incarcerated deserve access to quality mental health treatment. If approved, this provision would help the Commonwealth ensure that this high-risk, high-need population receives needed care as they transition back to their communities. We urge CMS to approve this request to provide coverage for justice-involved individuals 30 days prior to release.

### **Medicaid Can Support the Behavioral Health Workforce**

Despite a growing demand for mental health services, many people across the U.S. and in Massachusetts are still unable to receive the help they need. Over half of U.S. counties have no psychiatrists,<sup>xxii</sup> and even in areas that have mental health providers, there are often not enough to meet the need — especially if patients must travel long distances to reach available providers. In Massachusetts, roughly 40 percent of low-income Massachusettsans who sought mental health or substance use disorder treatment in 2018 reported that they were told by a behavioral health provider that the provider did not accept their insurance.<sup>xxiii</sup>

Massachusetts seeks to provide ongoing support for behavioral health providers through investments to support recruitment, retention, and training of primary care providers, behavioral health providers, and the frontline healthcare workforce in community-based settings. To support Massachusetts' Roadmap for Behavioral Health Reform, the state requests authority to bolster behavioral health workforce retention and diversity initiatives, expand diversionary behavioral health services to members in MassHealth's fee-for-service program, and continue Massachusetts' current substance use disorder waiver and pending serious mental illness waiver to maintain these critical services in the Commonwealth.

According to the proposal, the state's current 1115 demonstration's use of DSRIP-funded student loan repayment programs have shown efficacy in achieving retention in high-Medicaid community-based settings. Awarded primary care providers in these settings receive student loan repayment up to \$30,000 or \$50,000, depending on the provider type, in exchange for a four-year service commitment. Moreover, preliminary results show that 94% of primary care and behavioral health providers receiving awards in 2018 and 2019, and 98% of masters-prepared behavioral health providers receiving awards in 2018, remained employed in community-based settings. The state seeks to renew existing expenditure authority. NAMI believes that the mental health workforce must be sufficient in size, scope, and makeup to meet the diverse needs of people with mental health conditions. [We urge CMS to approve this request to provide loan repayment options to bolster Massachusetts' Medicaid behavioral health providers.](#)

Finally, NAMI echoes the extension request's hope that CMS will soon approve Massachusetts' pending SMI demonstration amendment, to provide services to individuals with serious mental illness in all inpatient levels of care that meet the federal definition of institutions for mental disease (IMDs). Similar 1115 waiver proposals on Medicaid Institutions for Mental Disease (IMD) payment exclusion for SUD and mental health treatment have been approved in 32 and 8 states respectively,<sup>xxiv</sup> with additional state waivers pending. Granting this option to helps strengthen state mental health systems and provides those who rely on Medicaid with a fuller range of critical treatment options. [We urge CMS to approve this pending IMD waiver amendment request.](#)

NAMI is thankful that Massachusetts recognizes the importance of improving health coverage options for people with mental illness, including those in the postpartum period and those who are justice-involved. In conjunction with behavioral health provider recruitment and retention efforts, the proposed investments in behavioral health will significantly improve care delivery and outcomes for MassHealth members. For all these reasons, [NAMI supports this extension request demonstration and urges its approval by HHS.](#) Thank you for the opportunity to provide comments on this important issue. If you have any questions or would like to discuss this issue, please do not hesitate to contact Jodi Kwarcianny, Senior Manager of Mental Health Policy at [jkwarcianny@nami.org](mailto:jkwarcianny@nami.org).

Sincerely,

/s/

Jennifer Snow  
Director of Public Policy  
NAMI, National Alliance on Mental Illness

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- <sup>i</sup> Substance Abuse and Mental Health Services Administration, “Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health,” 2020, <https://www.samhsa.gov/data/>.
- <sup>ii</sup> <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
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- <sup>iv</sup> B. Gaynes et al. Perinatal depression: prevalence, screening accuracy, and screening outcomes. *Evid Rep Technol Assess (Summ)* 2005;119:1-8. DOI: 10.1037/e439372005-001.
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- <sup>x</sup> Kaiser Family Foundation, “Births Financed by Medicaid,” 2018, <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- <sup>xi</sup> J. Daw, K. Kozhimannil, and L. Admon. High Rates of Perinatal Insurance Churn Persist After the ACA. *Health Affairs Blog*. September 16, 2019, <https://www.healthaffairs.org/doi/10.1377/hblog20190913.387157/full/>.
- <sup>xii</sup> S. McMorrow, G. Kenney. Despite Progress Under the ACA, Many New Mothers Lack Insurance Coverage. *Health Affairs Blog*. September 19, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180917.317923/full/>.
- <sup>xiii</sup> X. Ji et al. Effect of Medicaid Disenrollment on Health Care Utilization Among Adults With Mental Health Disorders. *Medical Care* 2019;57(8):574-583. DOI: 10.1097/MLR.0000000000001153.
- <sup>xiv</sup> J. Daw et al., “Women in the United States Experience High Rates of Coverage ‘Churn’ in Months Before and After Childbirth,” *Health Affairs Blog*, April 2017, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.
- <sup>xv</sup> Reentry from incarceration is a difficult transition, and health management is often a low priority as people grapple with more basic survival needs (e.g., food and housing), reconnecting with family members, and finding employment (Mallik-Kane 2005).
- <sup>xvi</sup> <https://link.springer.com/article/10.1007/s11606-016-3845-5>
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- <sup>xxiii</sup> <https://www.bluecrossmafoundation.org/publication/2018-massachusetts-health-reform-survey>
- <sup>xxiv</sup> Kaiser Family Foundation, “Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State,” June 2021, <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>.