July 14, 2023

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

Re: Section 1115 Improving Health Outcomes for Individuals with Serious Mental Illness and Health Related Social Needs Amendment Request to the Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH) Section 1115 Waiver (Project Nos. 11-W-00306/4 and 21-W00067/4)

Dear Secretary Azar:

NAMI appreciates the opportunity to submit comments on Kentucky’s demonstration waiver amendment, 1115 Improving Health Outcomes for Individuals with Serious Mental Illness and Health Related Social Needs Amendment Request to the Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH) Section 1115 Waiver. NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization and is dedicated to building better lives for people affected by mental illness.

NAMI strongly supports Kentucky’s proposed amendment to 1) waive the IMD exclusion to claim federal reimbursement for payment of services provided to Medicaid beneficiaries receiving short-term mental health treatment for serious mental illness (SMI) in a hospital or residential IMDs and (2) implement a recuperative care services pilot program, also known as medical respite services, to help individuals who are homeless or at risk of homelessness. We urge CMS to promptly approve the state’s request.

The need for expanded access to mental health care in Kentucky is undeniable. Mental illness affects one in five Kentuckians, and in 2021, over 43,000 individuals with SMI age 18 and older were served in Kentucky by the state mental health authority. Of those individuals, 1,610 were served by state psychiatric hospitals in Kentucky. Yet the state reports that Kentucky’s SMI population has higher rates of inpatient psychiatric facility utilization than national average and higher than average state hospital readmissions within 180 days. The state also reports that the SMI population in Kentucky has higher rates of homelessness and sheltered homelessness than the national average. These facts reinforce the need for approval of this waiver request.

NAMI is pleased that Kentucky is part of the growing rank of states applying for IMD waivers, which will greatly expand the state’s capacity to provide mental health treatment options beyond the 15-day limitation currently allowed through Medicaid In Lieu of Services (ILOS). Specifically, we agree with the state’s premise that increasing the number of days individuals can receive acute treatment in IMDs for mental health services will increase the opportunity for care coordination to meet the specific needs of individuals in treatment. By allowing for more time in treatment, individuals will be more likely to
receive needed psychiatric, medical, and behavioral health treatment prior to discharge, increasing the likelihood of effective stabilization and hand-off to community based services so they can stay well.

NAMI is also appreciative of the request to provide medical respite services to people who are homeless or at risk of homelessness. People with mental illness are overrepresented in the unhoused population and we believe that the state’s request to provide meals, transportation to medical appointments, medication monitoring and on-site care coordination (amongst other services) will help address some health-related social needs that too often limit the ability of people with SMI to achieve optimal health and personal goals.

Thank you for the opportunity to provide comments on this important issue. Additionally, NAMI urges CMS to approve the state’s outstanding waiver amendment seeking to provide Medicaid coverage for substance use disorder (SUD) services for certain justice-involved individuals. If you have any questions or would like to discuss this issue, please do not hesitate to contact Jennifer Snow, National Director of Government Relations and Policy at jsnow@nami.org.

Sincerely,

Hannah Wesolowski
Chief Advocacy Officer

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