

Mental Health Liaison Group

December 13, 2010

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

The undersigned national organizations are writing to encourage your Department to take a broad view of the scope of services when considering regulations implementing the Patient Protection and Affordable Care Act (PPACA). This relates to what are to be considered essential benefits in the health plans competing in the exchanges but also relates to demonstration projects within Medicaid and Medicare, as these are often the model for private insurers.

We are of course gratified that PPACA has language requiring that Qualified Health Plans include mental health and substance use benefits, and that this coverage is to be provided at parity with medical/surgical benefits. It is important for the Department to ensure that such plans cover the full range of diagnoses.

On a more detailed point, we encourage you to be expansive in devising benefits for people with mental health and substance use disorder diagnoses and neurological conditions. This approach would include promoting recovery and both wrap-around and traditionally nonmedical services in the essential benefits. These services are vital for children and adults with a mental health condition and are necessary to prevent or reduce relapses of many mental health disorders. For example, life skills training, peer supports case management, supported housing, transportation and supported employment/education are among the services and supports that help individuals thrive in the community and avoid restrictive or more costly care settings.

One successful model for such a benefit design is the Extended Care Health Option (ECHO), which is a supplemental program to the DoD TRICARE basic benefit. ECHO provides eligible active duty family members with an additional financial resource for services and supplies designed to help reduce the disabling effects of a beneficiary's qualifying condition. ECHO qualifying conditions include: moderate or severe mental retardation, a serious physical disability, or a physical or psychological condition that causes the beneficiary to be homebound.

Benefits provided under ECHO may include any of the following:

- Medical and rehabilitative services
- Training to use assistive technology services
- Special education
- Institutional care when a residential environment is required

- Transportation under certain circumstances
- Assistive services, such as those from a qualified interpreter or translator, for beneficiaries whose visual or hearing impairment qualified them for ECHO benefits
- Durable equipment, including adaptation and maintenance of beneficiary-owned equipment
- In-home respite care services
- Beneficiaries who are homebound may qualify for the ECHO Home Health Care benefit in addition to other ECHO benefits.

HHS and CMS should look to ECHO as a model when designing benefits. Given that the vast majority of veterans receive employer-sponsored health care, private health insurers should be offering similar benefits such as those in the ECHO for those suffering from neurological illnesses and mental and substance use disorders including posttraumatic stress disorder and traumatic brain injury.

We appreciate your consideration of our views on this important matter.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work *
American Association for Psychosocial Rehabilitation *
American Association of Pastoral Counselors
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Mental Health Counselors Association
American Nurses Association
American Orthopsychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Center for Clinical Social Work
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association

Clinical Social Work Guild 49, OPEIU
Corporation for Supportive Housing *
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Emergency Nurses Association
The Jewish Federations of North America
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders -- ANAD
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Mental Health Planning & Advisory Councils
National Association of State Mental Health Program Directors
National Council for Community Behavioral Healthcare
National Council on Problem Gambling *
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Register of Health Service Providers in Psychology *
Schizophrenia and Related Disorders Alliance of America *
School Social Work Association of America
Therapeutic Communities of America
United Neighborhood Centers of America *
U.S. Psychiatric Rehabilitation Association
Witness Justice

**not a MHLG member*