



UTAH
ASSOCIATION OF
COUNTIES

The Unifying Voice for County Government

Local Mental Health Authority
Medicaid Match Social Services Appropriations
Sub-Committee Legislative Report
September 2015

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OVERVIEW

- Brief History of County/State Behavioral Health Partnership
- Current County Responsibility
- Medicaid Population and Funding Comparison
- County Response to Legislative Intent Language
- UAC Legislative Request for 2016
- Summary & Questions



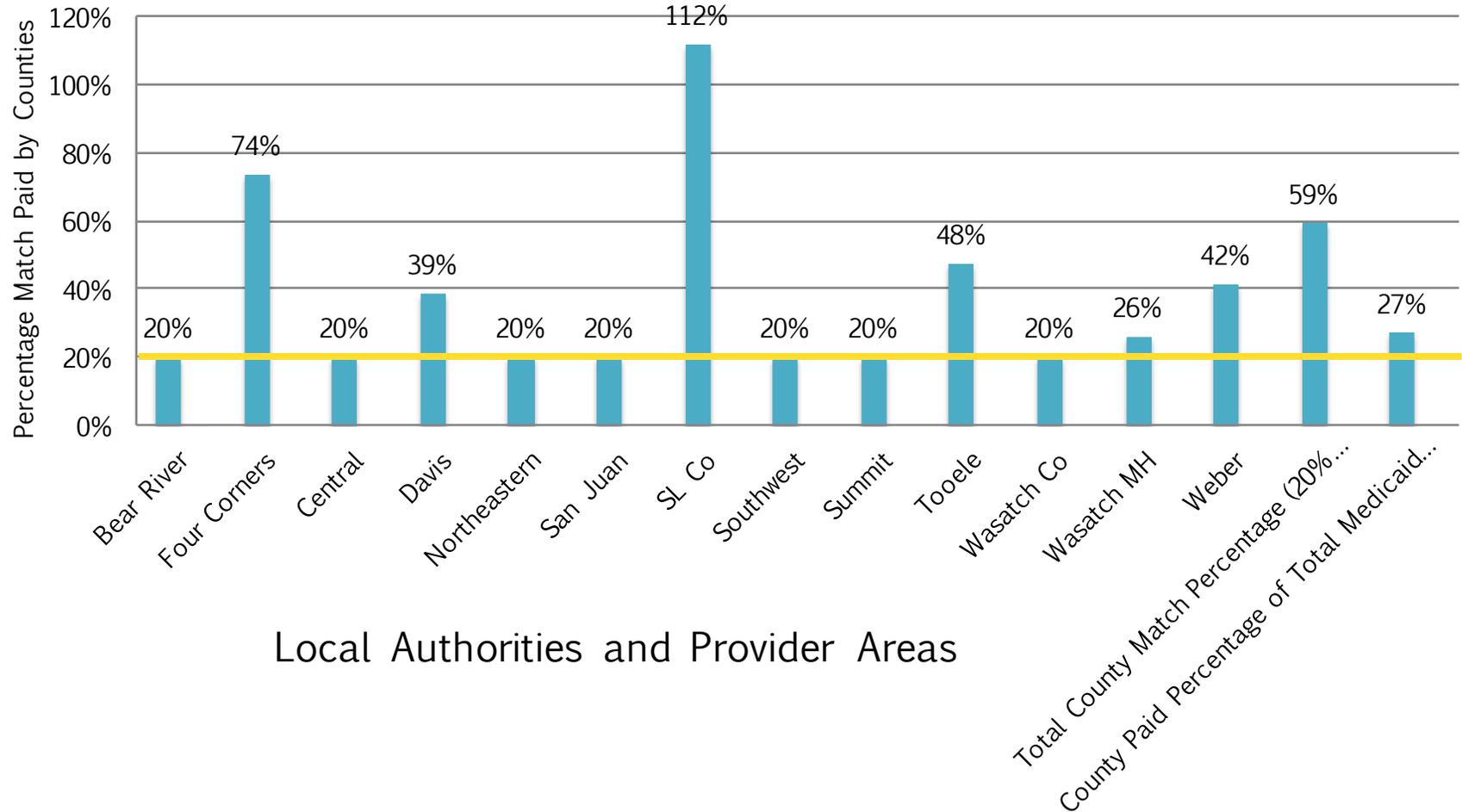
HISTORY OF COUNTY/STATE BEHAVIORAL HEALTH PARTNERSHIP

In order to meet the increasing mental health need, the counties and state formed a partnership in 1986-1987. The relationship of this partnership can be described in the following lines of code:

- 17-43-301(1) states: “the county legislative body is the local mental health authority. Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall; provide mental health services to persons within the county;”
- Local authority requirements are found at 17-43-301(4) which includes submitting a plan to the Division each year for the delivery of 10 required services.
- 17-43-301(4)(a)(x) states that the local authority “provide funding equal to at least 20% of the state funds that it receives to fund services described in the plan;”

COUNTY MEDICAID MATCH

County General Fund
Used For Mental Health Services 2014



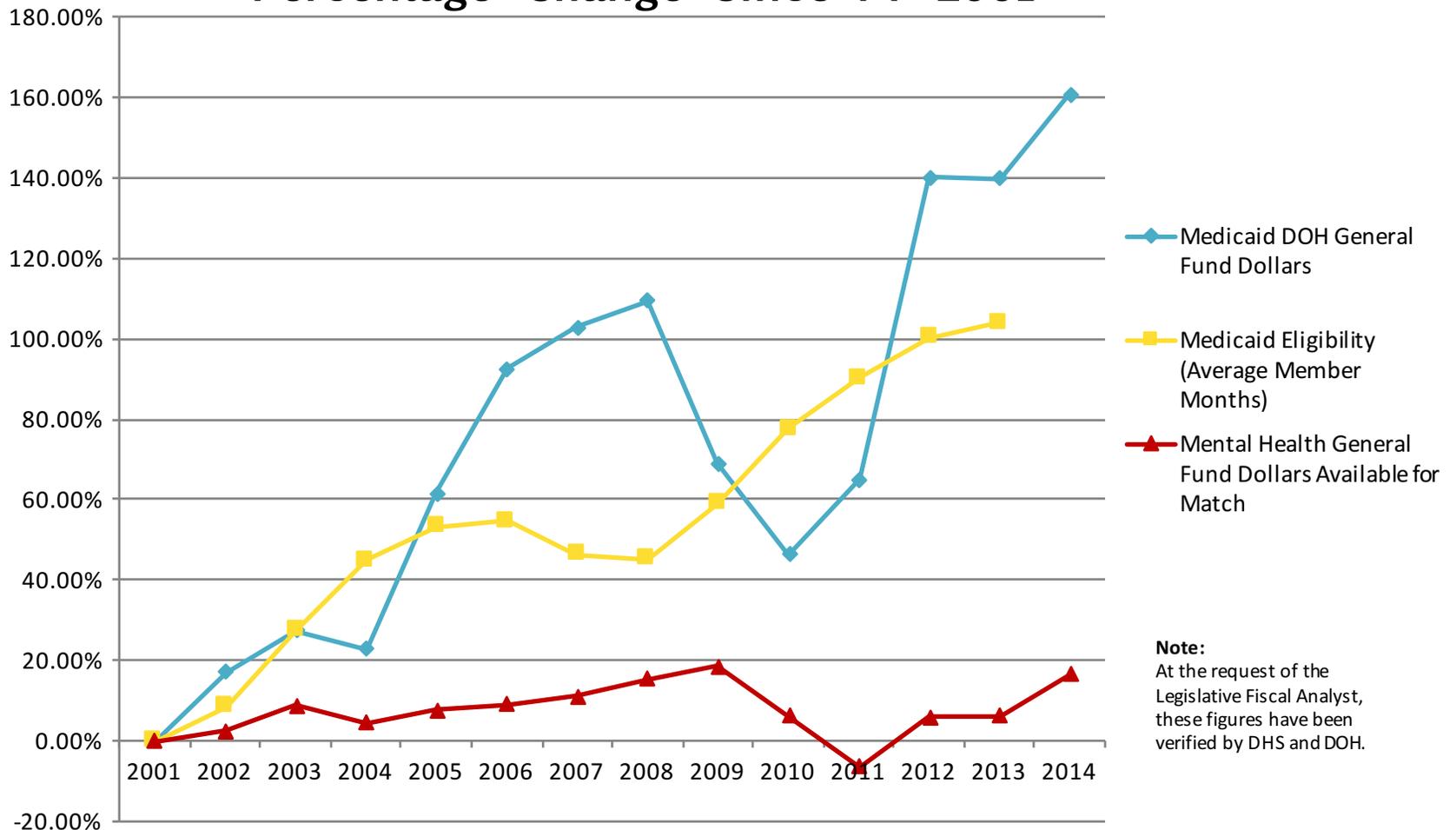


HISTORY OF COUNTY/STATE BEHAVIORIAL HEALTH PARTNERSHIP

- By 1996-1997, most county local authorities were operating in the capitated Medicaid system rather than the previous fee-for-service system, assuming risk of cost/need fluctuation for those within their scope of responsibility.
- This allowed for many of the centers to use services and programs to better manage those clients with high inpatient costs which required a high degree of care and by moving to a risk-based contract, centers did experience inpatient savings. These inpatient savings were intended to then help fund those clients that did not have funding, often those clients without children or families without insurance.
- In 2003, it was decided that retained savings were against Medicaid rules and rates were cut to correct any possible savings. Since 1996, the number of residents eligible for Medicaid has increased dramatically and inflation has risen, with very little increase in State dollars.

MEDICAID POPULATION AND FUNDING

Percentage Change Since FY 2001





COUNTY RESPONSE TO INTENT LANGUAGE

Utah Association of Counties and the Utah Behavioral Healthcare Committee were asked by the Legislature to respond to the following intent language:

The Legislature intends that the one-time General Fund appropriation of \$6,400,000 to the Department of Human Services for Local Authority Mental Health Medicaid Match is provided to assist local mental health authorities for one year until they can find ways to provide their own matching funds in the future. The Legislature further intends the local mental health authorities report their plans to provide their own matching funds in the future to the Office of the Legislative Fiscal Analyst by September 1, 2015. Senate Bill 2, Item 82 (for FY 2016)



COUNTY RESPONSE TO INTENT LANGUAGE

The county and state relationship between the Counties and the State require joint responsibility for the public mental health system.

- Counties are responsible for the 20% match and local mental health authorities act as providers of services, and the State is responsible for the cost of mandated programs.
- The counties have chosen to use State dollars along with the required county 20% match to draw down Federal Medicaid dollars. By counties using these state and local dollars to draw down federal funds, they have been able to support the behavioral health system as a whole.
- Medicaid is a State responsibility and behavioral health providers contract to be the providers. Effective January 13, 2014, the Mental Health Parity and Addiction Equity Act moves mental health and substance use disorder services from the “Optional” category to those required in Medicaid.



COUNTY RESPONSE TO INTENT LANGUAGE

- Counties have matched their 20% requirement of all State fund allocations, including the \$6.4 million appropriated in 2014 & 2015.
- Counties act as Local Mental Health Authorities to provide a public behavioral health system, but statute does not require the providers to be the sole funders for the services.
- By eliminating funding, the system is at jeopardy and quality of services would surely decrease.



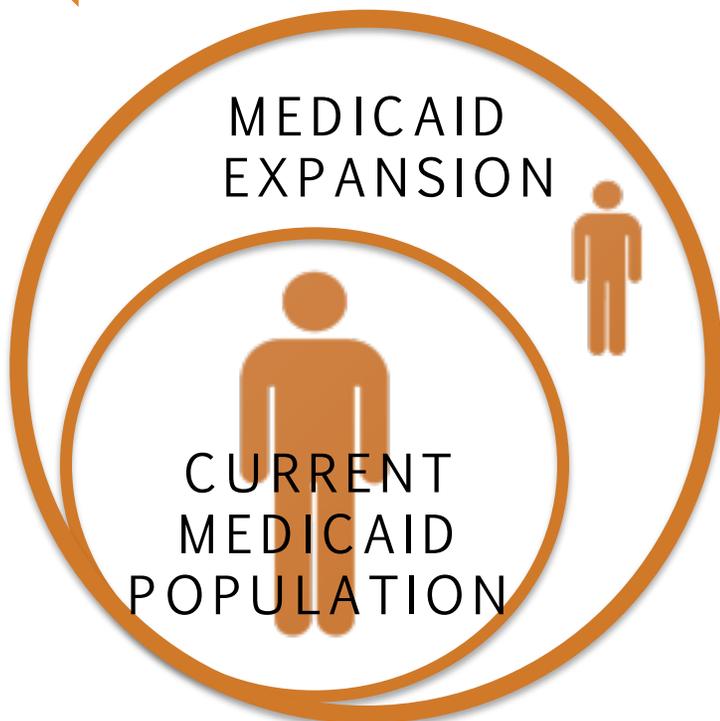
LEGISLATIVE NEED

\$6.4M in Medicaid Match be made ongoing in the 2016 Legislative Session.

- These funds are being used to draw down federal dollars to support the existing system.
- These funds help address the need for additional local Medicaid Match dollars (above the 20% already required) and allows for important mandated services by Medicaid. An important difference between these Medicaid funds and any funds that may be used for behavioral health under a Healthy Utah or alternative Medicaid Expansion proposal is that **these funds are needed to serve the *current* population, which would be outside the funding sources determined for *additional* Medicaid eligible clients.**

CURRENT VS. FUTURE MEDICAID

An important difference between these Medicaid funds and any funds required for Healthy Utah or alternative Medicaid Expansion proposal is that **these funds are needed to serve the *current* population, which would be outside the funding sources determined for *additional* Medicaid eligible clients.**





SUMMARY AND QUESTIONS?