



Working to Reduce Poverty in America

May 10, 2022

The Honorable Frank Pallone Jr.
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris-Rodgers
Ranking Member
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone and Ranking Member McMorris-Rodgers:

Chair of the Board
Charles Cornelio

Vice Chair
Robert McCann

Secretary
Martina O'Sullivan

Treasurer
Michael Erne

President & CEO
Sr. Donna Markham OP, PhD

In anticipation of the soon to be introduced mental health legislative package, the Catholic Charities USA (CCUSA) network, with 50,000 employees and 15 million clients in 2021, would like to commend and thank you for placing an emphasis on funding mental health services for sick and vulnerable people in our nation. As you are well aware, the COVID-19 pandemic has exacerbated mental and behavioral health concerns in this country. We need swift and targeted action in order to meet the growing needs from this health crisis.

Prior to the release of this legislation, and considering our unique blend of evidence-based services as a faith-based provider of services, we would like to bring to your attention six areas we hope to see addressed:

- 1. Permanent access to behavioral/mental telehealth:** One of the silver linings of the pandemic has been access to telehealth. For example, a psychiatrist at Catholic Charities New Orleans working pre-pandemic at a federally qualified health clinic had a 25% in-person no show rate. During the pandemic, the client show rate increased to 100% after the shift to virtual visits. Telehealth has also made it easier for clients living in rural areas to access vital mental health services.
Recommendation: To allow providers to meet with more patients, CMS should permit Medicaid and Medicare plans to provide low-barrier access to telehealth services indefinitely.
- 2. Access to providers:** With a shortage of mental health providers in America, Catholic Charities' clients often have to wait up to six months to receive an initial appointment with a psychiatrist. The shortage in the Catholic Charities network includes not only psychiatrists and psychologists but also social workers and counselors. The shortage of behavioral health providers is compounded by the complexity to accept and receive payments. Therefore, the providers choose to forgo serving patients on Medicaid.
Recommendation: One way to increase the number of mental health providers is to create a less arduous system for them to accept and receive Medicaid payments.



- 3. Support value-based care.** The fee for service model is quickly becoming outdated. More focus should be given to value-based care in social services so case managers can spend time looking for and working with the most severely mentally-impaired clients on their caseload. It is common for Medicare to pay a medical program \$2,000 (per member per month) to manage all the medical needs of the Medicare patient. Under a value-based mental health care model, Medicaid/Medicare should pay a per member per month fee to a community-based mental health organization, with licensed professionals, for a patient's care. This involves managing their social determinants of health, including housing, employment, access to food, etc., which will yield better health outcomes.

Recommendation: CMS should move towards a value-based system (i.e., per member per month fee) for case management, counseling and behavioral and mental health services. Value-based mental health care incentivizes quality over quantity.
- 4. Reduce wait times for substance abuse treatment:** Often people experiencing homelessness need detox and substance abuse treatments. Too often there are waiting lists to access treatment, especially for individuals without insurance or on Medicaid. For example, a client in desperate need of detox asked to be admitted into a treatment facility. The case worker called the only detox facility in the area and was told there was a waiting list and to call back. Several follow-up calls were made. Unfortunately, the client died that same week in his apartment waiting to get treatment.

Recommendation: Increase the number of detox and substance abuse treatment facilities that accept Medicaid.
- 5. Pilot programs.** Medicaid plans around the country need to have the flexibility and creativity to address the social determinants of health. True healthcare needs are met when housing, food, and employment are part of a patient's care plan. Flexibility could include access to other elements of care such as food, housing, transportation, income, employment, community safety, education, and social support.

Recommendation: All states should be encouraged to provide Medicaid plans with the flexibility of options to create unique pilot programs, with particular attention to the social determinants of health.
- 6. Medicaid payment rates.** Catholic Charities agencies across the country operate over 90 adult counseling programs that bill Medicaid. Almost all these programs run on a deficit. As an example, when billing for an hour of licensed counseling in Tennessee through Medicaid, the rate is \$36. This amount is not sufficient to support the hourly rate of the licensed counselor or the overhead of the nonprofit. Another example can be found in nursing homes. Catholic Charities of New Hampshire's nursing homes accept Medicaid patients. For each

Medicaid eligible patient in the nursing home, Catholic Charities loses an average of \$50 per day per patient.

Recommendation: To assist counseling programs and Medicaid eligible nursing homes to become sustainable, the Medicaid reimbursement rate must be increased by 20-30%, depending on the state.

Every day, Catholic Charities agencies serve the needs of millions of poor and vulnerable people seeking help, compassion and care. We urge you to seize this opportunity to make the difference in the lives of those who are struggling to find accessible, affordable, and professional behavioral health and mental health services. To do so, behavioral health and mental health must remain a priority. Thank you for your consideration in supporting this mental health package. The Catholic Charities network is available to help with testimony witnesses, clinicians, counselors, social workers, and clients.

Thank you for considering these recommendations for our most vulnerable sisters and brothers.

Respectfully submitted,

A handwritten signature in blue ink that reads "Sister Donna Markham, OP." The signature is written in a cursive, flowing style.

Sister Donna Markham, OP, Ph.D, ABPP
(Board Certified Clinical Psychologist)
President and CEO, Catholic Charities USA