

\* December 4, 2018 03:25 PM  
\* Rep. Seth M. Grove  
\* Behavioral Health Integration  
\* In the near future, I plan to introduce legislation integrating  
\* behavioral health and physical health services in our Medicaid  
program.  
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\* As some background, HealthChoices is the name of Pennsylvania's  
\* managed care programs for Medicaid recipients. Known as the  
carve-out,  
\* mental health and drug and alcohol services provided via the  
\* HealthChoices program differ from the physical health component  
of the  
\* HealthChoices program. Unfortunately, a major barrier from the  
\* carve-out is the inability to engage providers in whole-person  
care.  
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\* According to the Substance Abuse and Mental Health Services  
\* Administration, 68% of adults with mental illness have one or  
more  
\* chronic physical conditions. People with serious mental illness  
need  
\* integrated care, as they die on average 25 years earlier than  
those  
\* without, largely because of preventable chronic physical illness,  
\* complicated by the mental health and/or substance use disorder  
factors.  
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\* Furthermore, tackling the opioid crisis necessitates actively  
\* coordinating a member's physical health, pharmacy, mental health  
and  
\* substance use services. The current paradigm supports  
disconnects  
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\* In November, the Centers for Medicare and Medicaid Services  
(CMS)  
\* sent out a letter to state Medicaid Directors to announce  
opportunities  
\* to design innovative service delivery systems for adults with  
serious  
\* mental illness. CMS specifically stated integration is critical  
for  
\* improving access to treatment for comorbid physical health  
conditions  
\* and substance use disorders that are common among individuals  
with  
\* serious mental illness.  
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\* Therefore, I am introducing legislation to coordinate mental  
health,

