



NC COUNCIL OF COMMUNITY PROGRAMS

...Building Stronger Communities

2011 Legislative Priorities

Public vs. Private Management of MH/DD/SA Services

- Management of Medicaid dollars by a private company resulted in the State spending **\$440 million more than budgeted** on the Community Support Service (CSS) in 2008. **The publicly managed LME experienced no overspending** on CSS.
- Public management of MH/DD/SA via Local Management Entities (LMEs), allows for **leveraging of resources** from other systems, reducing the financial burden for the MH/DD/SA system. **Private management will result in cost shifting** from MH/DD/SA to other systems including criminal justice and emergency departments.
- A private organization has a duty to seek profit for its shareholders. Public organizations, such as LMEs, have a **duty to taxpayers to ensure quality appropriate services** for the citizens of North Carolina.
- The public managers already have knowledge of their local communities, the consumers who live in their communities and the service array needed to meet the **unique needs of their consumers and communities**.

Medicaid (b) and (c) Waivers Create Efficiencies, Save Dollars and Provide the Right Service to the right person in the right amount

- The success of the Medicaid (b)(c) waiver in the PBH LME has shown the capability of a public-sector entity to closely manage benefits for Medicaid recipients and save State dollars.
 - * **PBH has saved the State money each year.** Those dollars are reinvested in the local service system so that PBH has been able to serve more consumers as appropriate.
 - * PBH holds the risk and has not overspent as private organizations did when managing Medicaid dollars.
 - * PBH maintains the same management costs as their private counterparts.

Maintain State Funding for MH/DD/SA Services

- **79% of the DHHS budget is used to match Federal dollars. For every State dollar spent on Medicaid services, the State receives \$3 in Federal funding.**
- **Community Psychiatric Beds save money and should be increased.** Local inpatient beds for appropriate consumers with MH/DD/SA needs broadened the local capacity to assist consumers and keep them in their communities. For fiscal year 09-10, DHHS purchased 26,829 bed-days in local inpatient beds for \$750 per bed-day. The same consumer in a State facility would cost the state about \$1300 per bed-day. **Approximate savings of \$14,755,950 resulted.**

Make Involuntary Commitment Pilot Permanent

- The Involuntary Commitment Pilot program allows **specifically trained Master's level clinicians** to perform the evaluation necessary to involuntarily commit an individual and ensure timely access to high-level crisis care. This pilot has already been expanded based on the successful outcomes in the pilot sites but will sunset if not extended permanently.

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