

**Testimony on AB468
Shel Gross, Director of Public Policy**

**Assembly Committee on Aging and Long Term Care
February 19, 2014**

Mental Health America of Wisconsin is supportive of efforts to hold Family Care Care Management Organizations (CMOs) more accountable for care of all of their members. We understand that some counties are now bearing significant costs for individuals for whom the CMOs were unable to provide appropriate care in the community. We have long advocated with the Department of Health Services (DHS) for more attention to those individuals enrolled in Family Care who may also have significant mental health disorders. There has been progress in this regard.

MHA supports requiring CMOs to develop an emergency crises response plan that includes identification of placements where an individual can be returned to the community for high risk individuals. However, AB468 requires the DHS to establish criteria to determine, and determine, whether an enrollee is at substantial risk. MHA believes that while it is appropriate for DHS to establish such criteria, the determination should be done by the MCOs, with monitoring by DHS.

MHA is concerned that CMOs have no financial liability for individuals once they are admitted to the mental health institutes (MHIs). While AB468 requires the CMOs to provide emergency contacts, there appears to be no incentive for the CMO to avoid placements in the MHIs or work on relocation once they are there. We wonder whether contractual arrangements between DHS and the CMOs might be a better mechanism to provide appropriate incentives.

Following the Governor's veto of similar language in the biennial budget, he directed the DHS to analyze these issues and make recommendations on how to address these concerns. The committee should consider what DHS has done in this regard as they deliberate on this bill.

Thank you for consideration of these concerns.