



December 25, 2024

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Re: [Maryland HealthChoice Program §1115 Waiver Amendment](#)

Dear Secretary Becerra:

NAMI appreciates the opportunity to submit comments in support of the amendment request to the Maryland §1115 HealthChoice Demonstration Waiver amendment. NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization and is dedicated to building better lives for people affected by mental illness. NAMI Maryland is a NAMI state organization dedicated to providing education, support, and advocacy for persons with mental illnesses, their families, and the wider community.

Access to coverage and care is essential for people with mental illness to successfully manage their condition and get on a path of recovery. Medicaid is a lifeline for many Americans as the nation's largest payer of mental health (MH) and substance use disorder (SUD) services<sup>i</sup>, and nearly 40 percent of nonelderly adults covered by Medicaid have a MH/SUD condition<sup>ii</sup>. Through Medicaid coverage, people with MH conditions can access critical services like therapy, inpatient treatment, and prescription medications. Amidst an increasing mental health and substance use crisis in Maryland and in the U.S. overall, new strategies are needed to ensure equitable access to quality health care and social support services. NAMI appreciates the state's efforts in testing innovative solutions to address unmet needs.

We strongly support Maryland's waiver amendment requesting authority to expand the Assistance in Community Integration Services (ACIS) pilot program. We urge approval of this amendment by CMS. We believe this proposal will promote the objectives of Medicaid.

### **Housing Services & Supports**

We strongly support Maryland's request to expand housing services through the ACIS pilot program. We urge its approval by CMS. People with mental illness are overrepresented in the unhoused population, as about one in five people experiencing homelessness in the U.S. have a serious MH condition<sup>iii</sup>. We note that between 2018 and 2021 in the ACIS pilot program alone,

approximately 70 percent of participants had a mental health disorder<sup>iv</sup>. Homelessness has a profoundly negative impact on mental health, and children are especially susceptible to the psychological effects of homelessness and housing instability<sup>v</sup>.

NAMI supports public policies that provide stable, safe, and affordable housing, support recovery, and prevent hospitalizations and involvement in the criminal justice system<sup>vi</sup>. Various federal, state and local housing programs have proven benefits for people with mental illness, yet these programs are often underfunded and only have the resources to serve a fraction of individuals with mental illness in need. Incorporating health-related social needs services into Medicaid coverage helps connect Medicaid beneficiaries to critical community services.

Maryland's proposal intends to help address unmet housing needs by updating existing payment methodologies and increasing participant spaces in the ACIS pilot to support statewide expansion of housing and tenancy-based case management services to Medicaid beneficiaries who are experiencing or at risk of homelessness. This includes housing case management services such as assisting participants in connecting with health care and social service providers, as well as tenancy-based case management services wherein participants are assisted in obtaining the services of state and local housing programs to locate and support the individual's medical needs in the home.

Overall, NAMI is pleased to see Maryland pursue opportunities available under Medicaid to cover clinically appropriate and evidence-based services and supports that address health-related social needs. Furthermore, we appreciate that the presence of a MH condition is included in the health and housing needs-based criteria that participants must meet to qualify for the ACIS program.

### **Outstanding Waiver**

We strongly support the outstanding waiver amendment submitted March 6, 2024, and urge its approval by CMS. We support the proposal to provide a set of targeted Medicaid services, to be provided up to 90 days prior to release, for eligible justice-involved populations with SUD, SMI, or both. NAMI and NAMI Maryland commented favorably on this proposal as we believe in the importance of these services to expand and strengthen Medicaid coverage for people in Maryland with MH conditions.

### **Conclusion**

Thank you for the opportunity to provide comments on this important issue. We strongly believe that the proposal outlined in this demonstration amendment request will further the objectives of the Medicaid program and enhance the mental health of beneficiaries in Maryland. If you have any questions or would like to discuss this issue, please do not hesitate to contact Hannah Wesolowski, NAMI Chief Advocacy Officer at [hwesolowski@nami.org](mailto:hwesolowski@nami.org), or Kate Farinholt, NAMI Maryland Executive Director at [kfarinholt@namimd.org](mailto:kfarinholt@namimd.org).

Sincerely,



Hannah Wesolowski  
Chief Advocacy Officer  
NAMI



Kate Farinholt  
Executive Director  
NAMI Maryland

---

<sup>i</sup> Medicaid and CHIP Payment and Access Commission, “Behavioral Health in the Medicaid Program—People, Use, and Expenditures,” June 2015, <https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program%E2%80%94People-Use-and-Expenditures.pdf>.

<sup>ii</sup> Heather Saunders, Madeline Guth and Nirmita Panchal, “Behavioral Health Crisis Response: Findings from a Survey of State Medicaid Programs,” Kaiser Family Foundation, May 2023, <https://www.kff.org/medicaid/issue-brief/behavioral-health-crisis-response-findings-from-a-survey-of-state-medicaid-programs/>.

<sup>iii</sup> U.S. Department of Housing and Urban Development, “HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,” December 2020, [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2020.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf).

<sup>iv</sup> M.A. Mood, C. Diehl, and J. Miller, “Summary Report: Assistance in Community Integration Services (ACIS) Program Assessment, CY 2018 to CY 2021,” The Hilltop Institute, UMBC, September 15, 2023, <https://health.maryland.gov/mmcp/Documents/HealthChoice%20Community%20Pilots/ACIS/SummaryReportACISProgramAssessment-September2023-For%20Dept%20%281%29.pdf>.

<sup>v</sup> Ellen L. Bassuk, Molly K. Richard and Alexander Tsertsvadze, “The Prevalence of Mental Illness in Homeless Children: A Systematic Review and Meta-Analysis,” *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 54, No. 2, February 2015, <https://www.sciencedirect.com/science/article/abs/pii/S0890856714007989>.

<sup>vi</sup> National Alliance on Mental Illness (NAMI), “Social Determinants of Health: Housing,” <https://www.nami.org/advocacy/policy-priorities/supporting-community-inclusion-and-non-discrimination/social-determinants-of-health-housing/>.