



*New Hope...
Our Name, Our Promise*

New Hope Treatment Centers
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April 30, 2010

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration, Room N-5653
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210
Attention: RIN 1210-AB30

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4140-IFC
P.O. Box 8016
Baltimore, MD 21244-1850
File Code: CMS-4140-IFC

RE: CMS-4140-NC: Request for Information Regarding the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*

To Whom It May Concern:

New Hope Treatment Centers appreciates the opportunity to respond to the *Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)*.

New Hope is a small behavioral health company based out of South Carolina. Our business focus is psychiatric residential treatment for male and female adolescents, who suffer from significant mental health impairment. We are often a last stop for many youth who may otherwise be placed in detention/prison settings, left homeless or worse. As a long-term treatment setting, it is our mission to address, through evidence-based rehabilitation, the underlying issues that these youth and their families have been unable to resolve through home-based, community, and acute care services. We work in conjunction with guardians/families and community programs to establish support and change in the youth and her/his home well beyond the time the adolescent is in our care.

With great interest and hope, we have reviewed the MHPAEA and comments submitted by advocacy groups and insurance companies. As most adolescent psychiatric residential treatment facilities are primarily Medicaid funded, we looked to the MHPAEA as an opportunity for

families that cannot afford the costs of long-term care, do not qualify for Medicaid, or have insurance coverage that fails to adequately support psychiatric residential treatment, to finally be able access what for many youth is a medically necessary level of treatment. Unfortunately, as acknowledged in the Interim Final Rules, the MHPAEA did not clarify inclusion of residential treatment services.

We simply ask that in clarifying what is intended by “scope of treatment” that residential treatment is understood and accepted as vital to a continuum of care by which individuals and families can be financially supported in accessing necessary care and services.

Thank you for your time and attention to legislation that will currently affect the lives of millions and for generations to come.

Sincerely,



Eric Baumgartner
Chief Operating Officer

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