



Protect Community-Based Behavioral Health Services

Medicaid Redesign

- **Support MRT Proposal 93** that would establish regional behavioral health organizations (BHOs) to manage carved-out behavioral health services that are not covered under the state's Medicaid managed care plans
 - BHOs in other states have improved care and reduced costs by lowering utilization of more costly emergency room visits and inpatient hospital stays;
 - BHOs will work with existing community-based providers in partnership with state and local governments to develop a system of integrated care coordination;
 - BHOs have produced savings in other systems like homeless and criminal justice;
 - BHOs will help foster the creation of health homes to provide comprehensive care for people with multiple medical issues and serious mental illness
- **Support formation of a stakeholder workgroup**; and the meaningful inclusion of The Coalition in the planning for the post BHO/Special Needs Plan mechanisms and environment
- **Support** the design and development of a **child and adolescent-specific BHO** that would address the multiple needs and integrations issues of this population
- **Oppose MRT proposal 26**, posed as a utilization review—actually an unsustainable rate cut of over \$26 million to behavioral health clinics. High need clients would be forced to resort to higher cost services, which runs counter to intended cost savings sought from the redesign of Medicaid
 - Family visits in children's clinics count towards the utilization rate, a cap would impact the care for children with serious emotional disturbance;
 - High need adults would not be able to access intense care for certain critical periods of need;
 - Outpatient mental health and substance abuse clinics would see reduced reimbursement for any services beyond a low predetermined threshold that has no mechanism for review and appeal;
 - Support a genuine utilization review process that sets meaningful thresholds based on medical necessity and sets up an appeals process to increase visits for certain needy clients, on a person by person basis
- **Oppose elements of MRT Proposal 15E & 15H** to lift prescriber prevail protections and restrict access to antipsychotic medications through a prior authorization requirement

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- Consumers who are unable to access the most appropriate, clinically indicated psychiatric medication experience higher rates of emergency department visits, hospitalizations and other health services;
 - Antipsychotic medications are not clinically interchangeable. Prescribers must be able to select the most appropriate, clinically indicated medications for their patients;
 - Access to the full spectrum of antipsychotic medications is a critical component of community-based care
- **Support MRT Proposal 4647 that** expands Managed Addiction Treatment Services (MATS)—which coordinates care of high cost chemically dependent consumers, and reduces their use of expensive services

Residential Services

- Oppose the elimination of the Family Based Treatment (FBT) program (-\$6.6M)
 - Preserve funding for beds that are serving children with mental illness
 - Reduce funding for underutilized beds
- Restore funding for Supportive Housing for Families and Young Adults (SHFYA) (-\$6.3M)
 - SHFYA is the only statewide supportive housing program for formerly homeless families and at-risk youth
 - SHFYA provides for counseling, job placement and service linkages to over 2,000 households, including over 3,000 children and over 500 at-risk youth
- “Sober Homes” should be certified by OASAS to insure housing safety and appropriate client supports

Limit the Scope of the OMIG

- Treat documentation, billing and other technical errors differently than actual occurrences of fraud and abuse;
- Require that rules set by certifying and licensing agencies trump differing OMIG interpretations, at least retroactively; curb power of OMIG to make audit decisions based on their own definitions of medical necessity—interpretations of medical necessity are properly in the domain of the mental hygiene agencies;
- Require that data extrapolations be transparent, based on truly random samples and apply only in cases of proven intentional overbilling;
- Guarantee due process for service providers, including meaningful access to the right of hearing without financial penalty;
- Prohibit take-backs for billings that exceed the 90 day limit

SAGE (Spending and Government Efficiency) Commission

- Support consolidation of back office and related functional efficiencies (administration, IT services, legal etc) across like agencies;
- Support cooperative arrangements with other agencies that would help to overcome programmatic barriers to treatment and encourage interagency collaboration;
- Oppose the merger of behavioral health agencies into the Department of Health