

**Long Island Coalition of Behavioral Health Providers  
New York State Coalition for Children's Mental Health Services  
The Coalition of Behavioral Health Agencies  
UJA/Federation of New York**

September 20, 2010

Michael F. Hogan, Ph.D.  
Commissioner of Mental Health  
Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

Re: **Measure twice, cut once**

Dear Commissioner Hogan:

On behalf of the undersigned agencies, and the thousands of persons with mental disabilities and their families that rely upon their members, we are urging you to reschedule the implementation date of clinic restructuring until at least January 1, 2011 or until you reasonably believe that the necessary approvals from the Centers for Medicare and Medicaid Services (CMS) will be in place.

The words of a master carpenter, quoted above, are worth heeding: before launching a new project, it is prudent to be certain that we are actually fully prepared to undertake the project before doing so. Otherwise, our stubborn impatience could prove, in the end, to be far more damaging to our efforts than a slight pause before implementation. The consequences to the agencies we represent could be extremely serious; the consequences to the vulnerable clients we serve could prove catastrophic and irreparable.

You know of our concerns over the new payment system and we will not reiterate them here. Our request for a modest pause is not premised on the wisdom of these reforms, but on our mutual readiness to implement them. Because of factors outside of your control, neither the State of New York nor the behavioral health field is in a position to implement these fundamental reforms in the number of days that remain. Consider the following:

- CMS has still not issued an approval of the APG reimbursement system for mental health services and, as you know, the absence of that approval creates an enormous administrative and compliance challenge for our membership in the meantime;
- In the absence of CMS approval, OMH has proposed a dual track billing approach until the approvals are in place, which will not only compound the administrative burdens faced by our agencies, but will subject them to a potential cash-flow nightmare as their billings from one reimbursement system are reconciled with the other and will make them sitting ducks for subsequent audit, particularly the OMIG reviews of their compliance with the new methodology and other audit bodies;
- Even though trainings have been undertaken by OMH across the state, we just received last Friday the interim billing and claiming guidance that will somehow have to be comprehended and implemented in the nine business days between its receipt and the October 1st start date;

- CMS has also not yet approved the essential components on which the reforms fundamentally rely, including supplementation of Medicaid managed care rates and an indigent care pool;
- We still have no clear solution to providing essential off-site services to some of our most vulnerable clients, particularly the elderly—who will, as a result, be without necessary behavioral health support on October 1st.

We know that you and your staff have done all that you can do to meet your self-imposed deadline and we fully recognize that the fault for the factors noted above chiefly resides with CMS. Nevertheless, an insistence on proceeding under these circumstances risks all of the benefits you sought to achieve by these reforms when the inevitable chaos and confusion compromises access by our consumers to these services. Essential safety net providers have a difficult enough of a time billing under the current system in a correct and timely fashion: one can only imagine how challenging it will be for agencies with already insufficient administrative staff to perform the two track billing that the belated guidance requires, with less than two weeks to prepare for it.

We acknowledge, again, the efforts you and others at OMH have undertaken to try to make certain that these reforms will ultimately benefit the clients we serve and we have long ago accepted the notion that clinic restructuring and payment reforms will take place. All we ask is that we implement the reforms when both the State of New York and our providers have a reasonable chance of implementing those reforms successfully.

Sincerely yours,

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