THE COALITION OF BEHAVIORAL HEALTH AGENCIES, INC.

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A non-profit tax-exempt organization representing New York City's community-based behavioral health sector

2015-2016

The Coalition's Agenda Items That Concern The Transition to Managed Care

I. Ensure Continued Access to Safety Net Behavioral Health Services for Adults and for Children in a Medicaid Managed Care Environment through Robust NYS Oversight of Medicaid Managed Care Organizations. Ensure that the Transition of the Children's Behavioral Health System into Medicaid Managed Care Results in Timely Access to Appropriate Levels of Care

A. DOH, OMH and OASAS should develop contract templates to explicitly delineate a broad scope of services that are available in the benefit packages offered by MMCOs.
B. Contract templates should also be used to implement standardized billing, authorizations, claims procedures, documentation requirements and appeals processes.
C. Allow no Medicaid Managed Care Organizations (MMCO) authorizations for access to behavioral health clinic treatment services on parity with primary care services
D. Strict NYS enforcement of APG rates for behavioral health clinic treatment services
E. All MMCO billing and staffing guidelines for clinic treatment services should strictly adhere to all applicable regulations
F. NYS must stringently enforce prompt payment rules
G. The Office of Mental Health (OMH),and The Office of Alcoholism and Substance Abuse Services (OASAS) should be given oversight and monitoring authority for MCO compliance, network adequacy and evidenced based behavioral health outcomes.
H. As the very complex system of care for children, adolescents and families moves toward managed care, the State should adopt rigorous, senior, adult, child and youth-focused behavioral health metrics that monitor plan and network access and performance, ensure high quality care, and gauge short and long-term outcomes; commit to periodically convening plans, networks and providers to work with State and local government to publicly issue reports on utilization, capacity and other quality and performance measures.

II. APG rates with an inflation adjuster should be continued until 2020, unless and until the Commissioners of the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services and the Department of Health together develop and certify an alternative value-based payment methodology that is actuarially sound and will provide reimbursement to providers at rates that are at least comparable to current Medicaid rates (APGs).

III. Add $100 million to the budget to create a pool of funds to address provider cash flow issues stemming from transition to Medicaid Managed Care

IV. Extend regulatory relief to non-DSRIP participants

V. Invest $20 Million in Proceeds from the 2014-2015 Budget Surplus in Behavioral Health Agencies to Upgrade Technology for Integrated Care

Funds can be used to purchase or mitigate the costs of:

A. New or upgraded software ensuring Electronic Health Records
B. Clinical Decision Support and Computerized Physician Order Entry Systems to support opiate treatment programs.
C. Upgraded billing software to set up systems to bill and track payments.
D. Hardware, e.g. computers, routers, printers, to function in the new Medicaid managed care environment.
E. Access to Regional Health Insurance Organizations.

VI. Invest $100 million for Behavioral Health Agencies to Upgrade Facilities for Integrated Care

Funds can be used to purchase or mitigate the costs of:

A. Remodeling of existing buildings and purchase of new sites that will allow for integrated space
B. Locate primary care services into Article 31 and Part 822 clinics as well as Opiate Treatment Programs.
C. Integrated school-based behavioral health services administered by Article 31 & Part 822 agencies.
D. Complying with stringent Department of Health physical plant standards.

VII. Invest $50 Million to Develop Short Term Crisis Respite and Intensive Crisis Respite Facilities

A. Capital funding would be used for property acquisition and construction of short term crisis respite and intensive crisis respite facilities.

VIII. Expand the Home & Community-Based Services (HCBS) Model to Include Clubhouse Programs under HCBS Service Clusters

IX. Create a $10 Million Fund for Customized, On-Site Training for Behavioral Health Providers to assist with system transformation

X. Invest 25% of Medicaid Waiver Start-up Funds for Health and Mental Health Transformation Initiatives for the Children's Behavioral Health System

XI. Provide a specific allocation of funds in order to prepare for the enrollment of children into Health Homes and children and family's transition to Medicaid managed care.

A. Foster agencies are slated to receive over $20 million for the transition to Medicaid managed care and we believe there should parity for behavioral health providers.

2015-2016

Non-Medicaid Managed Care Agenda

I. Extend the Unlicensed Practice Exemption through 2020

II. Enact Legislation to Raise the Age of Criminal Responsibility in a Comprehensive Manner -- We support the Governor's recommendations regarding raising the age of criminal responsibility to age 18 and we want to ensure that appropriate behavioral health services are provided.

III. Create 30,000 Units of NY/NY IV Supportive Housing over the Next 10 Years

IV. Assure the Sustainability of the Continuum of OMH Licensed and Non-Licensed Supportive Housing

A. Add $29 million to the Supported Housing rate statewide in 2015 to make up for losses from inflation and to ensure that providers can adhere to the new OMH Supported Housing guidelines that place extra financial burdens.
B. Add $23.2 million for Community Residences-Single Room Occupancies (CR-SRO) to make up for losses from inflation.
C. Add $17 million for the CR program (includes both CRs and Treatment Apartments) to make-up for losses from inflation and to incentivize providers to admit the most challenging clients safely.
D. Add $12.7 million to SP-SROs, permanent housing with supports, to make up for losses from inflation and to better equip them to serve clients with more challenging service needs.

V. $40 Million for Mental Health, Substance Abuse Disorder Prevention, Treatment & Recovery Services for Court-Involved Youth and their Families

Funding should be provided that focuses on the following areas:
A. Implementing risk assessment tools for mental health and substance use disorder services.
B. Engaging families of court-involved youth through family counseling, respite services and other evidence-based practices.
C. Creating new and enhancing existing family support programs.
D. Connecting community-based behavioral health providers to other non-governmental organizations like Alternative to Detention programs.
E. Developing new children's mental health & substance abuse courts to divert children from the family court system.

VI. Restore the $600,000 for mobile crisis teams that was added by the legislature in FY' 2014-2015.

VII. Enact S.3229 (Golden)/A.828 (Cymbrowitz)

Provides for the reinvestment of funds generated by savings due to declines in the State prison census into community-based services for persons suffering from chemical dependence and for the establishment of the chemical dependence reinvestment fund. We strongly support this proposal.

VIII. Enact S.2586 (Hannon)/A.4274 (McDonald)

This bill delays for one year provisions adopted in 2012 which require e-prescribing of medications beginning March 27, 2015. Chapter 447 of the laws of 2012 requires that prescribers use electronic prescribing, effective two years from when the department regulations were adopted. Those regulations went into effect March 27, 2013 and, thus, the electronic prescription requirement in New York is set to go into effect on March 27, 2015. This bill delays the effective day to provide an additional year to March 27, 2016. Many providers have not been able be certified by the Drug Enforcement Agency (due to delays on the part of the Agency) and have not secured contracts for e-prescribing software. Moving the effective date will allow providers sufficient time to prepare for implementation.

IX. Enact A.1174 (Rodriguez)

This bill requires Medicaid managed care, Family Health Plus, and Child Health Plus plans to adopt the procedural protections of the Preferred Drug Program (PDP), including "prescriber prevails," for all drugs. If a Medicaid managed care plan chooses not to do so, prescription drugs will be carved out of that plan and covered on a fee-for-service basis. Plans may also contract with the Department of Health to use the Department's PDP to carry out these functions. We urge that this bill be enacted