



Access to Mental Health and Developmental Disability Services and Supports

December 6, 2018

Introduction

Good morning Chairperson Gunther and distinguished members of the committee. On behalf of The Coalition for Behavioral Health, I thank you for the opportunity to testify at today's hearing on "Access to mental health and developmental disability services and supports". My name is Jason Lippman, and I am the Executive Vice President at The Coalition for Behavioral Health.

The Coalition is a true partner with the state as we continue to move forward with the various transformations to the community behavioral health under Medicaid, including the transition to managed care, the move to value-based payments (VBP) and efforts to integrate physical and behavioral health services. As we work together to create innovative models of care to improve health outcomes that are at the same time cost-effective, the community-based behavioral health sector must be sufficiently provided with the resources and funding necessary to meet these requirements and ensure access to timely, high quality services and supports.

Continued system transformation depends on fully utilizing the expertise and strength of behavioral health providers to implement VBP systems, employ data collection practices aligned with behavioral health outcome metrics, address the determinants of health, integrate care and steer enrollment of behavioral Health and

Recovery Plan (HARP) members into Home and Community Based Services (HCBS), among other endeavors.

Ensure Successful Children's Transition

Starting in January of 2019, New York State will finally begin implementation of a broad reform of the children's behavioral health system after 8 years of discussions on design and development. This transition involves the addition of 6 new children's mental health services to the Medicaid state plan, as recommended by the Children's Subcommittee of the Medicaid Redesign Team (MRT). The new services are intended to improve access for children and their families, streamlining the evaluation and diagnosis process, so that more children and families can get the services they need, at the right time, before they escalate. It also includes moving exempt Medicaid services and populations to Medicaid managed care, consolidating 5 different children's Home and Community Based Waiver Programs into a single Home and Community Based Service (HCBS) program with a uniform array of 11 services, and transitioning care coordination that was previously included as an HCBS services to the Health Home Serving Children care management program.

We are thankful to the Legislature for restoring \$15 million in transitional funding to support the provider community in the 2018-19 state budget. In addition, \$10 million in enhanced services rates to ease the transition is being put to good use by providers. However, while the enhanced rates cover the cost of providing services, they do not offset the expenses incurred by providers from delays to the transition and required health information technology (HIT) needs. In addition, enhanced rates are only available for the first 6 months of implementation, producing cliff once they run out. We

therefore ask the Legislature to support investment of an additional \$10 million to support the highest enhanced start-up rates for 1 year rather than 6 months.

Support Aging in Place

Aging in place means living in one's preferred place in the community. The system of care and services needs to adapt to meet the needs of older adults who are living longer and with less family caregiver support available. Currently, too many services for older adults are tied to place and time, with not enough capacity for outreach, in-home services, access to services outside of standard office hours and adequate responsiveness to crisis episodes. In addition, funding models need to be adapted to all for greater use of home and community-based services. Dually eligible adults (Medicaid and Medicare) are excluded from many programs and services, such as in their own home services or even telepsychiatry, simply because a reimbursement mechanism does not exist for individuals that are dually eligible for Medicaid and Medicare.

Medicaid does not pay for home visits, but Medicare does. Though Medicaid will begin paying for telepsychiatry services, dually eligible seniors will not be able to access them, because Medicare does not cover this service. We urge the state to work with the federal government if necessary to find a mechanism to break through these type of payment barriers that exclude people in need from accessing services in the community.

In addition to the need to change funding models to fit older adult service needs, consumers need to be provided with the tools necessary to seek out care and services in the community that are better alternatives to costly emergency room services. There

is currently a reliance on primary care physicians and medication, and too little use of coordinated care management in primary care and too few clinically, culturally and generationally competent mental health professionals. Structural changes are required to the behavioral health system to better address needs like chronic physical and behavioral health conditions, isolation and inactivity.

Grow the Geriatric Mental Health Demonstration Project

Funding for the Office of Mental Health's (OMH) geriatric mental health demonstration projects first became available in 2007 at \$2 million. Despite their success, funding has not increased in more than a decade. The Coalition is requesting an enhancement of \$2 million to the geriatric mental health demonstration projects in the 2019-20 budget, to bring total funding up to \$4 million.

Demonstration projects have been funded through several cycles. Phases 1, 2, and 3 focused primarily on integration of physical and behavioral health services in both physical and behavioral health care settings. These demonstrations have resulted both in useful lessons in the implementation of new programmatic concepts and in improved physical and behavioral health outcomes. Findings have been translated into ongoing services after the initial funding, despite structural barriers.

Phase 4, which began in 2017 and will continue until 2021, is an ambitious effort to develop "triple partnerships," collaborations among local mental health, substance use and aging service providers. While these projects unfold, there is an opportunity to establish new demonstration projects to help older adults with serious behavioral health problems to live and age in place and as part of the community.

Promote Workforce Recruitment and Retention

Behavioral health providers continue to face workforce recruitment and retention challenges, including high turnover rates. To ensure greater continuity of care, The Coalition strongly supports inclusion in the FY 2019-20 Executive Budget, existing law, without modification, that provides for an annual Cost of Living Adjustment (COLA) for the human service workforce. The COLA was enacted as permanent statute in the FY 2006-07 Executive Budget. Unfortunately, in the past twelve years, the COLA was granted only one year. The COLA is based on the CPI index which is currently at 2.9%. This funding will help implement a long overdue living wage for the hundreds of thousands of New Yorkers working in the not for profit sector and providing critical services to people living with mental health issues and substance disorders.

Conclusion

With behavioral health care needs growing across the entire spectrum of life (from children, adolescents and young adults, to middle age, baby boomers and older adults), greater treatment and care will be required to meet the physical and behavioral health needs of individuals receiving services through Medicaid and Medicare programs. To achieve New York's long-term Medicaid redesign goals, community-based behavioral health providers need to be supported with the tools necessary to make these changes, while continuing to deliver high-quality services to the individuals that need them. I thank you for your time and interest.

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About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing nearly 150 non-profit behavioral health agencies. Taken together, these agencies serve more than 500,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City and surrounding areas.

Founded in 1972, the mission of The Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community-based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including older adults, people who are homeless, those who living with HIV/AIDS and other co-occurring health conditions, violence and other special needs. Coalition members help people with mental health conditions and substance use disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.