



Downstate Public Comment Day for New York's 1115 Waiver Programs

November 29, 2018

Introduction

Good afternoon state Medicaid Director Donna Frescatore and members of the DSRIP Project Approval and Oversight Panel (PAOP). On behalf of The Coalition for Behavioral Health, I thank you for the opportunity to provide comments for the downstate public comment day for New York's 1115 waiver programs. My name is Jason Lippman, and I am the Executive Vice President at The Coalition for Behavioral Health.

The Coalition is committed to a true partnership with the state as we continue to move forward with the various transformations to the state Medicaid system, including the behavioral health transition to managed care, health care delivery system transformation, including the move to value-based payments (VBP) and efforts to integrate both physical and behavioral health services. 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.

Enable Real Community-Based Partnerships in DSRIP

Performing Provider Systems (PPSs) partnering with community-based providers to avoid hospitalizations is key to a successful DSRIP process. As DSRIP heads into its final phases, community-based providers have yet to realize the benefits of their participation in DSRIP planning. We therefore urge the Performing Provider Systems (PPSs) to use this opportunity to foster meaningful partnerships with community-based providers and allocate funding that has not been fully spent yet to CBOs. In addition, the state should continue to fund CBO planning grants across the state, and unspent DSRIP funds should be allocated to an Innovation Fund available to CBOs and other community-based entities for investment in community-oriented DSRIP-related activities, particularly with relation to pots of dollars intended for workforce sustainability.

Support Community-Based Provider Participation in Value-Based Payments

The transition to VBP must maintain stability for community-based organizations with sound behavioral health performance measures and rates that truly cover the costs of helping people to transform their lives. Providers should be held accountable to metrics that reflect the outcomes we want to attain under DSRIP, VBP and the overall vision of the MRT. That means strengthening communities and empowering people with greater access to health and behavioral health care, where they live and work; and developing real opportunities for true integration of care. People living with severe mental illness and substance use disorders need to be able to access physical health services in the same places where they already receive behavioral health care.

VBP arrangements at Level II or Level III must be held to the requirements that managed care companies contract with at least one CBO and employ at least one intervention to address a social determinant of health. CBOs will need support to enable and foster their

participation in VBP arrangements; the state and VBP lead entities must provide funding to CBOs for technical assistance, contracting for outside expertise, information technology resources and access to timely data to help us get to VBP in a deliberative way.

Medicaid Managed Care

As the state continues to implement its “Care Management for All” initiative to require most Medicaid beneficiaries and services to be in mandatory managed care, it must ensure access to true, meaningful care coordination. Home and Community Based Services (HCBS) are essential in contributing to the wellbeing of people living with behavioral health issues, who are served in managed Health and Recovery Plans (HARPs). Access to HCBS must be made more expeditiously for the people who need them. In addition, special attention must be paid to the transition to Medicaid managed care for children. While enhanced services rates to ease the transition of the children’s behavioral health system will cover the cost of services, they will not offset the expenses incurred by delays to the transition and required health information technology needs. We therefore ask the state to extend the provision of enhanced rates from 6 months to a full year into the children’s transition and provide the system with adequate resources to support it.

Conclusion

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.

Jason Lippman
Executive Vice President
The Coalition of Behavioral Health
123 William Street, Suite 1901
New York, NY 10038
212-742-1600 x115
jlippman@coalitionny.org

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.