NYS Council for Community Behavioral Healthcare

July 20, 2018

Re: Children's Medicaid System Transformation – CFTS Provider Manual

To Whom It May Concern:

The NYS Council for Community Behavioral Healthcare (NYS Council) welcomes the opportunity to submit feedback to the New York State Department of Health (DOH), Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS), and Office for People with Developmental Disabilities (OPWDD) regarding the Children's Medicaid System Transformation.

The NYS Council is a statewide non-profit membership association representing the interests of nearly 100 behavioral health (mental health and substance use) prevention, treatment and recovery organizations across New York. Our members include free standing community-based agencies, general hospitals, and counties that provide direct services.

On behalf of our members, we are submitting comments and feedback on the **Children and Family Treatment and Support Services (CFTS) Provider Manual.**

Overall, we are very concerned about the breadth, scope, and specificity of the standards being put forth. The transformed Children's Medicaid system of care is a service-based construct and reimbursement structure however, the expectations and standards required of providers are more closely aligned with implementation of a new Program rather than a set of new services. Many providers will employ a fee-for-service/per diem staffing model in order for this implementation to be fiscally and operationally feasible however the requirements outlined throughout the Manual are designed for full-time professional staff. The disconnect between the expectations and the workforce that will be available is significant. Many providers will be unable to adhere to these heightened expectations and requirements.

Specific Examples of Unrealistic Expectations

- "Policies and procedures include a written staffing plan that addresses the types, roles, and numbers of staff available to provide the services offered and coverage plan for staff absences or vacancies."

Our comment: An up to date "staffing plan" inclusive of number of staff and a coverage plan will be difficult to achieve based on anticipated turnover and use of per diem staff.

- "Provider maintains documentation that staff has current NYS licensure, certification, or registration, as appropriate, and are appropriately qualified to deliver SPA services within the scope of their practice (including but not limited to first aid, CPR, AED, Narcan training).

Our Comments: The training requirements for the role itself, is too prescriptive and will pose serious time and financial burdens for agencies. AED is not a practical requirement for field workers, and all of these auxiliary trainings will delay the delivery of services by staff with limited availability.

- "The provider has a plan that monitors the time from first call for appointment to first service appointment. That plan not only exists on paper but the provider has documented the use of that plan as part of their quality improvement plan."

Our Comment: As we anticipate staffing based on referrals received, a Quality Improvement Plan surrounding reduction in wait time may not be possible to achieve.

- "The child/youth, family/caregiver and collaterals are provided with the information necessary to contact the appropriate service provider for both routine follow-up and immediate access in times of crisis."

Our Comment: This mandate is only feasible for Crisis Intervention.

- "Quality Management: Policy and procedures are in place to monitor the quality and evaluate the effectiveness of services on a systematic basis, and to implement quality improvements when indicated."

Our Comment: In order to accomplish this task and have all providers collecting and measuring the same metrics, we would suggest that the State provide the necessary policies, procedures and measurement tools.

Final Comment: We are concerned about the absence of detail regarding the treatment planning process. We would urge the State not to prescribe the previously proposed structure wherein a youth's treatment plan would have to be completed by an LPHA. In that circumstance, the burden will fall largely on the Program Manager to complete the plan whenever an OLP or trained agency clinician is not assigned. The managers' focus

must remain on the consumers, staffing, and program operations and standards. We would recommend that the planning be done by the direct care staff providing the service, regardless of license or degree, or remain with the care coordinator in the form of a service plan.

Questions

In addition to our comments above, we also have several questions we hope to receive clarification on.

1. Are we allowed to provide multiple SPA services in a day?
2. Scope of practice under supervision – need additional clarification on background levels, who can supervise, Licensed Practitioner of Healing Arts (LPHA) will provide supervision of the majority of services
3. Is it necessary to have an operating certificate for each service?
4. Is it necessary to have an NPI number for each individual provider? Currently, 163s do not have NPI numbers.

To the extent that the state agencies working together to facilitate changes to the Children's System can continue to clarify the vision for how these changes will operate together on the ground for the clients and families seeking assistance, we would appreciate this clarification.

We thank you for the opportunity to comment once again. As always, we look forward to supporting the continued improvement of the Medicaid delivery system to better meet the needs of the state's vulnerable children, youth, and families. If you have any questions regarding our comments, please contact me at lauri@nyscouncil.org.

Respectfully,

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New York State Council for Community Behavioral Healthcare