



July 20, 2018

*Re: Children's Medicaid System Transformation – SPA Rate Revisions*

To Whom It May Concern:

The NYS Council for Community Behavioral Healthcare (NYS Council) welcomes the opportunity to submit our final thoughts 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 our final thoughts regarding the proposed State Plan Amendment (SPA) Rate Revisions. We previously submitted comments on May 30 and our final comments reflect the changes that have been made since then.*

Overall, we continue to urge the state to set reimbursement rates at a level that supports all of the new services that will be available as part of this Children's transformation. We understand the challenges in bringing new services online but if reimbursement rates are insufficient and the onboarding/eligibility process is overly complex, the inflow of patients will not be sufficient to support the ongoing availability of new services and will result in gaps and potential disruption in care.

While we are appreciative of the changes that have already been we are still particularly concerned with the rate attributed to CPST. Previously this was reimbursed as IIH, and the current revised rates represent a significant reduction as compared to the 30 minute IIH rate.

We also note that there is no reimbursement available for coordinating services or treatment planning. Coordination with the multidisciplinary team is not a reimbursable activity and may be difficult to achieve without an increase in reimbursement rates or a coordination rate in order to make this activity a part of the regular practice for all CFTS workers.

The new group of services seems to be more expensive to operate than Programs we are used to operating. The amount of staff required to provide an hour of service along with the additional staff needed to collect data, track, and submit bills appears to have increased despite the fact that we are implementing a new array of services rather than a new Program. Therefore, while some of the rates have improved, it doesn't seem to be enough to match the work involved with implementing the new service array.

We also continue to have questions about the program such as: How many children will we be serving? What can we count on? How do we budget staff time and other expenses without an understanding of referral flow?

Finally, we remain unclear regarding the issue of transportation reimbursement for clients and staff. There is some confusion on our side regarding whether there will be a mileage reimbursement for 'no-show' visits. Apparently, this topic came up during a recent training for providers in NYC and the members of our group that were in the audience felt the question was not answered directly. We would argue that mileage to the site should be reimbursed – even if it turns out the client is not available. We also wonder about reimbursement when transporting a client from place to place and whether the mileage reimbursement is per client per day or some other methodology.

We recommend the Department and other agencies continue to (1) review and revise the rates to ensure adequate funding for all services so organizations have support to adequately build new high-quality services for the community with appropriate staffing and (2) ensure parity across rates based on the education level, training, and experience of individuals providing the service and compared with other similar services. We urge the Department to continue to examine what the 'on the ground' experience of providers offering these services will be and to consider the various workforce constraints that already exist in these agencies.

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](mailto:lauri@nyscouncil.org).

Respectfully,

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New York State Council for Community Behavioral Healthcare