May 30, 2018

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 two documents recently shared by the collective agencies:

1. Draft Home and Community Based Services (HCBS) Work Flow and
2. Proposed State Plan Amendment (SPA) Rate Revisions

Overall, we continue to have several overarching concerns related to the Children's Transformation:

- While we understand that some delays have been beyond the state's control, it is also true that repeated delays and changes in the state's timeline related to this transition has caused disruption and confusion in the provider community and the populations they serve. Providers have invested time and resources training staff and readying their agencies for this transition. Every delay has resulted in the diversion of vital and valuable resources away from patient care and increased frustration amongst staff and the individuals and families they serve. The industry and the population they serve are in need of clear and simple guidance from the State, including assurances that there will not be further delays in the transition of these services.

- Updated and modified processes that are adopted by the State and effectuated by Managed Care Organizations (MCOs) as part of this transition must be seamless and ensure no disruption in access to services for this particularly vulnerable population. While the State has echoed this sentiment, many of systems that are being adopted or revised to accommodate this transition, including the draft HCBS work flow, are extremely complex and will take tremendous time and effort to educate staff and families and require time to fully implement. These resources come at the cost of provider organizations that are already functioning on extremely tight margins. We recommend simplifying these processes wherever possible and promoting policies that enhance access to these services and do not unintentionally limit access and continuity of care due to its complexity.

- As we have learned and noted from prior Medicaid Managed Care transitions, the State must actively oversee and monitor the transition to ensure children and their families are supported, receive necessary services, and do not experience disruption in care. The State must aggressively surveil MCOs so that changes that accompany this type of transition, including but not limited to authorization requirements, credentialing processes, utilization management, and appeals processes, do not create administrative barriers to individuals receiving timely and necessary services. Many children who receive services are in need of ongoing services and supports over a long period of time. MCOs must ensure that administrative processes and procedures are intended to support the goals of these children and families and are not intended to simply manage cost by restricting access and reimbursement of services.

- Finally, reimbursement rates must be set at a level that supports the new array of services that will be available as part of this Children's transformation. Rates must allow for "bridge funding" or enhanced funding during the initial transition to ensure new services are viable as individuals are brought into the system to receive such services. 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.

Comments Regarding the Draft HCBS Work Flow:

- <u>Length of Initial Authorization</u>: Under the current work flow, the initial automatic authorization begins a 60-day time clock which permits up to 96 units or a total of 24 hours of service not to exceed 60 calendar days in duration. This timeframe is insufficient and inconsistent with guidance received to date by the industry. Providers who have experience working with this population have stated that 60 days does not constitute enough time to bring individuals into a new program and often is not long enough to properly orient staff to an individual's needs.

  When providers first learned of the transition, they were assured that children would receive a year of initial eligibility. While we understand, MCOs have authorization requirements for services, it is time consuming and costly for providers to have to renew authorization at the initial 60-day period and it is concerning that it appears that subsequent timeframes for service allowances will be left to the sole discretion of the MCOs with no minimum timeframe in place.

This appears to be in direct conflict with our initial understanding that individuals would be assured a year of eligibility. Eligibility is not meaningful if there is no assurance that they can receive service for that same period.

Delays in providers receiving authorization that we know exist in the adult transition (including authorization requests submitted after business hours, over weekends, and during holidays) cause disruptions and delays in care. Also, this shortened authorization timeframe may result in gaps in service, affect the intensity of treatment, and may alter what services may be available or offered. Individuals who do not receive timely care may be at greater risk of hospitalization, which would increase the cost of care of for this population.

When the NYS Council surveyed its members, we learned that appropriate orientation and onboarding of an individual necessitates an initial authorization of no less than 180 days which permits up to 288 units or a total of 72 hours of service. Any subsequent authorization request should be for a minimum of 90 days, preferably with no limitation on services or hours.

It is critical that the nature, duration, and frequency of services be viewed holistically by the entity doing care management and compared to the cost (including potential inpatient costs) that would be incurred if an individual receiving services is unable to maintain a necessary course of treatment on a continued frequency.

- Wait List and Capacity for HCBS Services: The proposed workflow raises several concerns over the ability to triage individuals in need of HCBS services, including those that are already in queue for services and how these eligibility determinations will support adequate staffing and organizational capacity for the delivery of services. Members of the NYS Council are concerned that the workflow may result in delays in determinations and increased wait times in individuals receiving HCBS services. The process as presented is extremely complex and will result in organizations investing in infrastructure to support administrative processes rather than direct care personnel. Relatedly, as processes may slow the entry and volume of individuals receiving services this will weaken the ability for organizations to adequately staff programs with full time staff. As a result, organizations may shift to hiring part time or per diem staff, which can be harder to supervise and maintain the same quality of care provided under a full-time program.

- Crisis Intervention and Crisis Response Services: Under the proposed transition, the transformation would eliminate crisis response services as of January 2019 and replace them with new SPA crisis intervention services in January 2020. Our first and most immediate concern is that this timeline leaves a critical gap in service for a very high-risk population.

  Transitioning youth would only have access to these services through Community Psychiatric Supports and Treatment (CPST) and Other Licensed Professionals (OLP) during the transition, which are not comparable as they do not offer 24/7 coverage and have no coverage requirements resulting in limited availability. Crisis Response is currently available 24/7 in a telephonic or in-person capacity to divert individuals from psychiatric hospitalization and/or

address an imminent crisis. Without these services, families will not have necessary supports to remain in the community safely. This gap will come at a time when care coordination services and mandates of waiver services will convert to those of Health Home care management with less stringent requirements surrounding coordination of care, thereby putting this population at further risk.

Secondly, after the transition occurs, crisis response services are being replaced by crisis intervention services. Crisis response services today represents a comprehensive program, which allows 24/7 access. It is impossible to predict when a crisis may occur, which is why 24/7 access is critical. Currently this is supported by an on-call full-time intensive in-home (IIH) worker. With IIH converting to CPST (and the changes in associated qualifications and rates for this services), new staffing will likely require fee-for-service or per-diem staffing, which will jeopardize the ability to have service availability 24/7. This same concern exists regarding the ability to offer this and other transitioning services seamlessly to the waiver population on January 1, 2019.

Because crisis services are constructed as a "service" after the transformation, rather than a "program," agencies will be severely challenged in maintaining on-call staff, daytime coverage, and per-diem rates that will be dependent on actual service utilization rather than a standing support for families and children that are at high-risk in the community.

- Communication and Education: The proposed workflow is incredibly complex and represents tremendous change from the current way individuals qualify and receive HCBS services. DOH and related state agencies must provide clear and consistent instruction to individuals throughout the system *prior to the implementation of these changes* to ensure families are receiving correct information and have time to digest what has changed.

  As stated in the workflow, there are several interrelated, interdependent organizations that will handle eligibility determinations. There are also several stakeholders not listed who will be in a position to educate and inform families on how to access and qualify for services. The State must develop culturally sensitive, linguistically appropriate, and simple guidance for all stakeholders and family members impacted by the transition, including a description of this work flow and the transition overall. These materials must be distributed with ample time prior to the transition, no later than October 2018 in order to provide meaningful education to both staff and families.

Comments Regarding Revised SPA Rates:

On May 14, the State released its proposed revised SPA rates for review and comment prior to their submission to the Centers for Medicaid and Medicare Services. Our biggest concern, is that the revised SPA rates do not include any additional funding that contemplate the start-up of new programs. The State cannot provide bare bones rates to start up new programs and services when they do not currently have capacity or clients in queue to receive such services.

The current rates need to include an initial enhancement or "bridge" that allows organizations to build capacity for these programs, otherwise there are concerns that quality of care could be impacted due to insufficient funding or that gaps in care will exist because of the weakened financial viability of these new programs and services.

We also have concerns that some rate adjustments for certain services and professionals are not in parity with other services. We are concerned that certain supports, such as family supports and youth peer supports appear to have a reduced rate when compared against other professionals with similar qualifications and experience. These rates must be set at a level that provides adequate funding to support the program but also matches the education level, years of experience, and qualifications of individuals providing service on par with what those individuals may be reimbursed in other similar professional roles in an organization. In some instances, there are individuals who will see rates reduced by $10 compared to other professional roles and by $5 compared to the rates they are paid currently.

We are particularly concerned with the rate attributed to CPST. Previously this was reimbursed as IIH, and the current revised rates represents a significant reduction as compared to the 30 minute IIH rate.

Further, the OLP assessment rate is also undervalued. Under the current methodology, the rate supports a standard assessment occurring in one session when across the industry it is customary for the standard assessment to occur over three sessions.

We are concerned that as currently presented, these rates do not provide adequate financial support to organizations that are building and creating capacity in new services while also undervaluing and reducing reimbursement for existing comparable services. Organizations will not be able to sustain program offerings during this transition at the rates that are currently proposed.

We recommend the Department and other agencies (1) revise rates to include an enhancement for the first year of the program to ensure 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.

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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