

**Issue:**MH Workforce 5.4% COLA for Human Services

**Section of Budget:**HMH, Article VII, Part DD

**NYS Council Position:**
Supports

**Talking Points:**

* Applies to OMH, OASAS, OPWDD, OTDA, OCFS, SOFA, and certain DOH programs.
* SFY 2022-23 5.4% cost of living adjustment (COLA), effective April 1, 2022 – March 21, 2023.
* The COLA will be inclusive of all other cost of living type increases, inflation factors, or trend factors that are newly applied effective April 1, 2022.
* This does not include payments made pursuant to the American Rescue Plan Act or other federal relief programs related to the Coronavirus Disease 2019 (COVID-19) pandemic Public Health Emergency.

**WE REQUEST THAT THE LEGISLATURE INCLUDE THESE NEW REQUESTS IN THE FINAL ENACTED SFY 2023 BUDGET:**

1. Amend the Governor’s proposed 5.4% COLA language to include Health Home Care Management (HHCM) in the Part DD Amendment.
2. Amend the Governor’s proposed 5.4% COLA language to include the Office of Temporary and Disability Assistance (OTDA) NYS Supportive Housing Program in the Part DD Amendment.
3. Remove the “sunset” provision in the Part DD Amendment as included in the Executive’s proposed SFY budget and include HHCM and OTDA Supportive Housing, to help ensure that COLAs will be included in all future budgets.



**Issue:**Healthcare Workforce Bonuses to Health and Mental Hygiene employees

**Section of Budget:**HMH Article VII, Executive, Part D

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal will provide eligible healthcare workers, including those who work in mental health and substance use disorder/addiction programs and services, a one-time bonus of up to $3,000/employee based on hours worked and time on the job.
* It will assist community-based organizations that are currently struggling to recruit and retain workers who have left agencies.
* The emotional toll associated with working with very challenging clients in combination with low salaries has left the behavioral health workforce depleted.
* This would have a direct impact on access to care throughout the mental health and substance use disorder systems of care at precisely the moment when demand for care has never been higher.



**Issue:**Regulatory Requirements under DSRIP

**Section of Budget:**HMH, Article VII, Part GG

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal would extend the ability of DOH and OMH, OASAS, OPWDD to waiver regulatory requirements under DSRIP through 4/1/25.



**Issue:**Appropriation of $1.5 M to OASAS from Behavioral Health Parity Compliance Enforcement Fund

**Section of Budget:**Aid to Localities OASAS SFY 2022-23 Executive budget bill

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal would direct a portion of parity compliance enforcement funds to OASAS for purposes of expanding the Mental Health and Addiction Ombudsman Program (CHAMP).
* An expansion of the CHAMP Program would provide more in-person coverage in counties and regions across the state where community members can receive assistance with accessing their health insurance benefits, and to find treatment options to address their behavioral health needs.
* Demand across New York for mental health and/or substance use disorder services has never been higher, with waiting lists across much of the state, and the ability of most New Yorkers to understand the benefits that are included in their insurance plan remain deeply complicated.
* Specifically, CHAMP:
	+ Provides a hotline for New Yorkers to receive assistance in understanding their benefits and how to utilize them,
	+ Helps to identify services and find treatment options, and
	+ Assists New Yorkers who want to file complaints or seek legal assistance to file a grievance or appeal against an insurer that has issued a determination that has the effect of denying care to an individual in need.



**Issue:**OASAS Capital Projects

**Section of Budget:**HMH, Article VII, KK

**NYS Council Position:**
Supports

**Talking Points:**

* Expedites the development of capital projects to support voluntary operated addiction services programs under OASAS and DASNY.



**Issue:**Proposal to Extend APG Government Rates through 2027

**Section of Budget:**HMH, Article VII, Part LL

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal would extend the APG government rates through 2027.
* APG government rates are the result of NYS Council advocacy in 2010 to address the reimbursement crisis facing mental health and substance use disorder providers whose rates were going to change as the result of the carve-in of behavioral health services to Medicaid managed care.
* Outpatient Clinic reimbursement rates were deeply insufficient and had been for over a decade. The carve-in of services to Medicaid managed care would have resulted in rates for critical programs and services across the behavioral health system of care falling off a cliff had we been left to negotiate all rates with MCOs.
* In 2010, a continuous rate for the carve-in services was established thereby stabilizing the programs and services that were in severe fiscal distress.
* This year, many of the programs and services that currently receive an APG government rate will be getting rate increases in large part due to federal enhanced FMAP funds made available as result of COVID Relief funds. But these increases are only meaningful if the APG government rate is continued.



**Issue:**Requirement to reinvest $111 million (state share) in savings from BH carve-in to Medicaid managed care with OASAS and OMH

**Section of Budget:**HMH Article VII, Part FF

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal will recoup premiums paid to MCOs that failed to meet expenditure targets including Medical Loss Ratios and Behavioral Health Expenditure Targets.
* The state has not enforced expenditure targets and failed to promulgate a regulation that was required to describe the methodology the state would use to calculate savings associated with the carve in of behavioral health services – savings that are required to be reinvested with OMH and OASAS.
* This proposal will recover scarce resources that were due to be reinvested with the state agencies that are ultimately responsible for assuring adequate access to care for New Yorkers living with serious mental health and substance use disorder conditions.



**Issue:**Require use of a competitive bid process for the identification of Managed Care entities to participate in Medicaid Managed Care for Behavioral Health

**Section of Budget:**HMH Executive, Part P

**NYS Council Position:**
Supports, with additional suggestions for criteria the state should consider when identifying companies

**Talking Points:**

* Behavioral health services for Medicaid recipients with serious mental health and/or substance use conditions have been carved into Medicaid managed care since 2015.
* Many MCOs participating in the carve-in have received citations for a variety of deficiencies but practices have rarely changed. And, in fact, MCOs see these citations as trivial.
* Of the 40 states across the country that operate Medicaid managed care programs, only 3 continue to utilize an ‘application’ process to identify MCOs, with New York being one of these.
* Most states select vendors using a competitive bid process that, if employed here in New York, would allow stakeholders to contribute to the discussion of the competencies and attributes they want in a managed care company while simultaneously weeding out those companies that should not be managing care for some of our most vulnerable citizens.
* Use of a competitive procurement process will have the effect of forcing interested vendors to intensify their commitments and increase their quality outcomes so they can participate and remain in the carve in. Companies with a poor track record or an obvious indifference to the task of managing benefits for vulnerable populations will be removed.
* New York should utilize a competitive procurement process and then commit to a schedule that requires these companies to re-bid for inclusion on a regular basis. This will raise the bar for those who want to partner with the state in this endeavor.



**Issue:**Establish Telehealth Payment Parity for Medicaid and commercial insurance

**Section of Budget:**HMH, Article VII, Part V

**NYS Council Position:**
Supports

**Talking Points:**

* The availability of telehealth services for New Yorkers with mental health and/or substance use disorder challenges has opened the door to services for thousands of New Yorkers who would otherwise have been unable to receive assistance through the public mental hygiene system.
* Telehealth allows providers to meet the client where he/she is at, and to provide services on demand so that more individuals in their care have choices about what is best for the client, rather than a requirement to visit a bricks and mortar facility for treatment.
* Reimbursement of all telehealth services, including but not limited to audio-only services, need to be reimbursed on par with face-to-face care.
* Operational costs associated with providing telehealth care are considerable and are not ‘one-time’ expenses. The expenses associated with providing care through a qualified practitioner do not change when the client is being seen outside of the clinic.



**Issue:**Improve access to children’s mental & behavioral health services by aligning Child Health Plus benefits with other Medicaid benefits

**Section of Budget:**HMH, Article VII, Part U

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal would allow children and youth covered by Child Health Plus insurance to have the same opportunities to access the range of services that are currently available to those with Medicaid insurance.
* The children’s mental health system is under extreme pressure due to a lack of adequate access to care for children and youth in need of mental health and/or substance use services.
* CFTSS and HCBS services that are not currently available to children with Child Health Plus insurance should be made available to them immediately to help address complex trauma, grief and loss issues associated with the COVID-19 pandemic.
* Aligning Child Plus benefits with other Medicaid benefits and bringing the reimbursement rates for CHP on par with Medicaid reimbursement will make it possible for providers to serve more children and youth and provide badly needed access to and continuity of care to New York’s most vulnerable population.



**Issue:**Expand Access to Naloxone and Buprenorphine in Pharmacies

**Section of Budget:**HMH, Article VII, Part HH

**NYS Council Position:**
Supports

**Talking Points:**

* This proposal would require pharmacies to carry a 30-day supply of two lifesaving overdose reversal medications and making both medications as easy for any New Yorker to acquire as possible.
* Over 100,000 Americans have died as the result of an opioid overdose. Here in New York, this public health emergency must be met with the same level of resources and smart strategies as we would devote to any other public health crisis.
* The disease of addiction is a chronic and relapsing condition. Expanding access will likely result in countless overdose reversals that give the impacted individual an opportunity to address his/her addiction and recover.



**Issue:**Opioid Settlement

**Section of Budget:**

**NYS Council Position:**
Supports

**Talking Points:**

* Allocates $265.9M from Opioid Settlement in OASAS budget and includes $200M for services & expenses for public health mitigation strategy for opioid addictions.



**Issue:**988 Crisis Prevention and Behavioral Health Crisis Act

**Section of Budget:**HMH, Article VII, Part EE

**NYS Council Position:**
Supports

**Talking Points:**

* Establishes the infrastructure for the 988-suicide prevention and behavioral health crisis hotline system.

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**Issue:**Alcohol Awareness Programs

**Section of Budget:**HMH, Article VII, Part JJ

**NYS Council Position:**
Supports

**Talking Points:**

* Expands alcohol awareness programs to include other forms of addiction and recreational cannabis.



**Issue:**Interstate Medical and Nursing Licensure Compacts

**Section of Budget:**HMH, Article VII, Part B

**NYS Council Position:**
Supports w/Concerns/Questions

**Talking Points:**

* Establishes that New York State will join the interstate medical licensure compact and interstate nursing licensure compact with other states in the compact for a streamlined licensure process with one application.

**NYS Council Concern:**

* The proposal does not go far enough to ensure this change will impact behavioral health workforce shortages.



**Issue:**Nurse Practitioner Collaborative Relationship with Physicians

**Section of Budget:**HMH, Article VII, Part C

**NYS Council Position:**
Supports w/Concerns/Questions

**Talking Points:**

* This proposal would remove a barrier that currently prevents some Nurse Practitioners in primary care from practicing at the top of their scope without having to secure a formal collaborative agreement with a physician.
* Practitioners that possess this level of experience are needed now more than ever given current workforce shortages in all areas of healthcare.
* Workforce shortages in behavioral health settings are severe. The limited availability of individuals who are permitted to prescribe certain lifesaving medications has reduced access to care at a moment in time when demand for medication and other services has never been higher.

**NYS Council Concern:**

* This does not appear to include NPs practicing in behavioral health. Massive workforce shortages across the BH system demand flexibility for PNPs as well as NPs. Must include Psychiatric Nurse Practitioners.

**NYS Council Ask:**

* That this proposal be amended to include behavioral health as well as primary care settings, and that Psychiatric Nurse Practitioners be afforded the same flexibility as Nurse Practitioners discussed in this proposal.



**Issue:**Creates new $1.6B Statewide Health Transformation Grant Program IV

**Section of Budget:**HMH, Article VII, Part K

**NYS Council Position:**
Supports w/Concerns/Questions

**Talking Points:**

* This proposal creates the Statewide Healthcare Transformation Fund IV with $1.6B.
* Includes $450M for community-based providers including $25M for community providers, $25M for providers pursuant to articles 31, 32, 16, 36 and hospice, $50M for residential healthcare facilities/adult care facilities to be awarded by 12/31/22 from applications from round III.

**NYS Council Concern:**

* That most funds in this proposal would be appropriated to institutional and other settings. CBOs receive a tiny fraction of total funds available. Formula should be adjusted to be more balanced between institutional and CBO awards.



**Issue:**To eliminate Prescriber Prevails option in Medicaid Managed Care and Medicaid FFS programs

**Section of Budget:**HMH, Article VII, Part BB

**NYS Council Position:**
Oppose

**Talking Points:**

* Individuals served in the mental health system who take psychotropic or other medications to remediate the symptoms of their mental health and often related physical conditions often spend years working with their physicians to identify the appropriate regimen of medications that allows the individual to be a productive member of his community and maintain long periods of community tenure.
* Removing the ability of a trusted physician (in collaboration with the patient) to make the final decision as to which medication/s will give the client the best opportunity to remain stable, extend his/her recovery and avoid hospitalizations and use of other acute care services may save New York State money. However, medication management that is solely based on cost is dangerous and flies in the face of a person-centered approach to care.
* New York would be wise to accept the fact that when a client is taking a cocktail of medications and he/she has found the right combination of medications that results in long periods of time without need for more acute or emergency services, this is worth the cost associated with paying for a medication identified by a practitioner who understands how these medications work alone and in combination better than a finance person or a gatekeeper at an insurance company.

**NYS Council Ask:**

* We request that the Legislature reject this proposal.



**Issue:**Tax Credit for Direct Support Professionals and Direct Care Workers

**Legislative Bill:**A9200A Jean-Pierre, Same as S 7643-A MANNION

**NYS Council Position:**
Support

**Talking Points:**

* This bill would establish a tax credit for individuals who serve or are employed as a direct support professional, or direct care worker.
* Up to $5,000 would be available to such taxpayers who make less than $50,000 and phased out for individuals who make over $100,000.