



NYS Council Member Agency Survey

The NYS Council has devised a survey requesting specific information from our members that we believe will enhance the data and information we have at our disposal to support our SFY 25 State Budget and Legislative requests. Your participation is very important to this process.

If you have questions regarding any of the questions (below) please contact Cindy Levernois at: cindy@nyscouncil.org or Lauri Cole at: lauri@nyscouncil.org.

We appreciate your participation and we look forward to receiving your responses by close of business on September 25.

Thank you!!

* 1. Name of Agency

* 2. Person Responsible for Coordinating Survey Responses

Name

Phone #

Section 1: ACCESS TO CARE - OASAS PART 822 OUTPATIENT CLINIC

3. Please indicate whether your responses to the next section of questions include a clinic/s that is part of either the CCBHC Demo Program or the CCBHC Expansion Grant Program.

Yes

No

4. If you operate an **OASAS Part 822 Outpatient Clinic/s**, do you currently have a waiting list for services in one or more of the clinics or (if you don't keep waiting lists) is there a delay of more than two weeks for an initial assessment appointment?

Yes

No

Not Applicable

5. If yes, during the last year have you had to **pause new intakes** in any of your 822 clinics?

- Yes
- No
- Not Applicable

6. If yes, where are the clinics with waiting lists / delays / pauses located (check all regions that apply)?

- Central New York
- Finger Lakes
- Hudson River
- Long Island
- New York City
- Northern New York
- Western New York

7. From the date of first contact with the program/agency, on average, how long does it take a new client to get an initial assessment (please mark N/A if it does not apply)?

8. From the date of the initial assessment appointment, on average, how long does it take for a client to be assigned to a therapist for ongoing care (please mark N/A if it does not apply)?

9. On average, how long does it take for a client, who has had an initial assessment and may benefit from MAT, to get an appointment with a prescriber (please mark N/A if it does not apply)?

10. Over the past year, did you reduce overall access to OASAS Part 822 Outpatient Clinic treatment services provided by your agency?

- Yes
- No
- Not Applicable

11. If you reduced overall access to your OASAS 822 services, why was this necessary (check all that apply)?

- Inability to recruit and retain staff
- Rate inadequacy
- We are over-regulated and couldn't make it work
- Caseloads were too high, and quality of care was suffering
- Other (please specify)

- Not Applicable

12. Over the past year did you consolidate care (for example, combining two freestanding clinics into one location)?

- Yes
- No
- Not Applicable

13. Do you have a system in place to allow for urgent requests (by an established client) for an appointment with a **therapist**?

- Yes
- No
- Not Applicable

14. Do you have a system in place to allow for urgent requests (by an established client) for an appointment with a **prescriber**?

- Yes
- No
- Not Applicable



NYS Council Member Agency Survey

Section 2: ACCESS TO CARE - OMH ARTICLE 31 OUTPATIENT CLINIC

15. Please indicate whether your responses to the next section of questions include a clinic/s that is part of either the CCBHC Demo Program or the CCBHC Expansion Grant Program.

Yes

No

16. If you operate an **OMH Article 31 Outpatient Clinic/s**, do you currently have a waiting list for services in one or more of your clinics, or if you don't keep waiting lists, is there a delay of more than two weeks for an initial assessment appointment?

Yes

No

Not Applicable

17. If yes, have you had to pause new intakes in any of the Article 31 clinics you operate?

Yes

No

Not Applicable

18. If yes, where are the clinics with waiting lists / delays / pauses located (check all regions that apply)?

Central New York

Finger Lakes

Hudson River

Long Island

New York City

Northern New York

Western New York

19. From the date of first contact with the program/agency, on average, how long does it take a new client to get an initial assessment (please mark N/A if it does not apply)?

20. From the date of the initial assessment appointment, on average, how long does it take for a client to be assigned to a therapist for ongoing care (please mark N/A if it does not apply)?

21. On average, how long does it take for a client, who has had an initial assessment and may benefit from medication to get an appointment with a prescriber (please mark N/A if it does not apply)?

22. Over the past year, did you reduce access to OMH Outpatient Clinic services provided by your agency?

- Yes
- No
- Not Applicable

23. Over the past year did you consolidate care (for example, combining two freestanding clinics, or adding what OMH refers to as 'satellite clinics')?

- Yes
- No
- Not Applicable

24. If you reduced overall access to your OMH Article 31 services, why was this necessary? (check all that apply)

- Inability to recruit and retain staff
- Rate inadequacy
- We are over-regulated and couldn't make it work
- Caseloads were too high, and quality of care was suffering
- Other (please specify)

- Not Applicable

25. Do you have a system in place to allow for urgent requests (by an established client) for an appointment with a **therapist**?

- Yes
- No
- Not Applicable

26. Do you have a system in place to allow for urgent requests (by an established client) for an appointment with a **prescriber**?

- Yes
- No
- Not Applicable



NYS Council Member Agency Survey

Section 3: ACCESS TO CARE - OASAS PART 820 PROGRAM

27. If you operate an **OASAS Part 820 Program/s**, do you currently have a waiting list or is there a delay for admission to the Program?

- Yes
 No
 Not Applicable

28. What region of the state is the program with the waiting list/delay of new intakes? (check all regions that apply)

- Central New York
 Finger Lakes
 Hudson River
 Long Island
 New York City
 Northern New York
 Western New York

29. For which level of care is there a delay or waiting list? (check all that apply)

- Stabilization
 Rehab
 Reintegration
 Not Applicable

30. If you indicated there is a delay or waiting list for **Stabilization level services**, please indicate how long of a delay before the individual is admitted to the program (please mark N/A if it does not apply)?

31. If you indicated there is a delay or waiting list for **Rehab level services**, please indicate how long of a delay before the individual is admitted to the program (please mark N/A if it does not apply)?

32. If you indicated there is a delay or waiting list for **Reintegration level services**, please indicate how long of a delay before the individual is admitted to the program (please mark N/A if it does not apply)?



NYS Council Member Agency Survey

Section 4: MEDICAID MANAGED CARE

33. How many MCOs do you have contracts with at this time (if an MCO utilizes a BHO, please only count the MCOs) (please mark N/A if it does not apply)?

34. Does one or more MCOs owe you more than \$25,000 for services rendered where you are at 90 days or longer without payment (from the MCO) on clean claims?

- Yes
- No
- Not Applicable

35. If 'yes' how much are you owed in total across all MCOs **more than 90 days** (please mark N/A if it does not apply)?

36. On average, what percentage of claims filed with an MCO are denied (please mark N/A if it does not apply)?

37. In the last two years, have you filed a formal complaint regarding a problem with an MCO with a state regulatory authority (OMH, OASAS, DoH, DFS)?

- Yes
- No
- Not Applicable

38. If yes, was the matter resolved by the regulatory body in a timely fashion (use 1 month as a benchmark for timely resolution of the issue)?

- Yes
- No
- Not Applicable

39. Were you satisfied with the outcome of the complaint process?

- Yes
- No
- Not Applicable

40. In your agency, how many FTEs are devoted to transacting business with and addressing issues associated with the carve-in of mental health and substance use disorder services to Medicaid managed care (please mark N/A if it does not apply)?

41. Please estimate your **annual costs** associated with participation in Medicaid managed care (please mark N/A if it does not apply)?

Note: This should include (at a minimum) your efforts with:

- securing reimbursement
- coding
- billing
- revenue cycle management
- use of outside billing services
- clearinghouse fees
- credentialing staff
- contract negotiations
- legal disputes with MCOs
- time spent by staff meeting with MCO representatives
- technology to transact business with MCOs

42. Would you say your agency was in **better fiscal health** before the carve-in of BH services?

- Yes
- No
- Not Applicable

43. Have the investments you were required to make in order to participate in Medicaid managed care paid for themselves?

- Yes
- No
- Not Applicable



NYS Council Member Agency Survey

Section 5: REIMBURSEMENT

44. Do you provide care to New Yorkers with commercial/private health insurance?

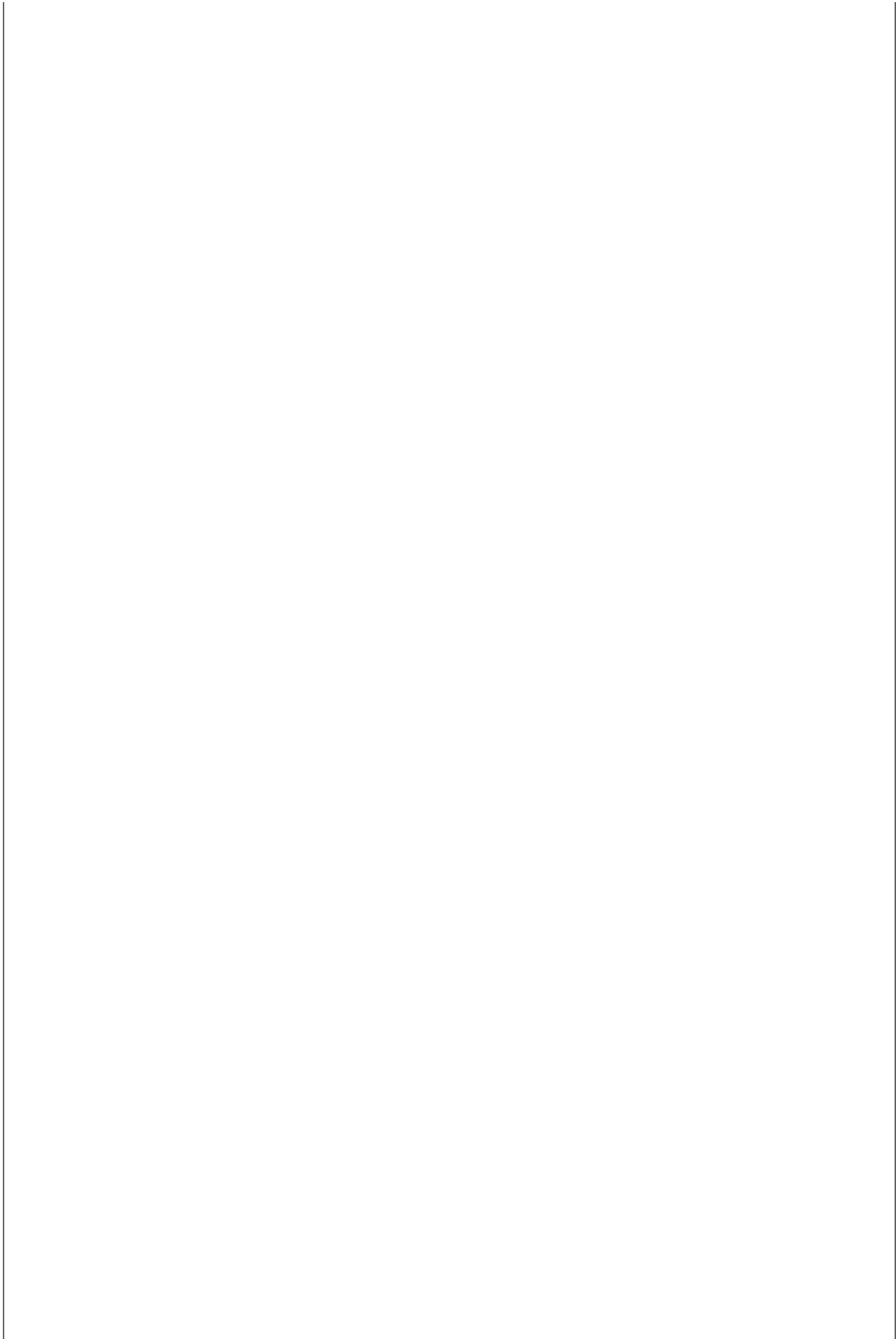
- Yes
- No
- Sometimes, depending on your current case mix

45. If you are contracted with one or more commercial plans, approximately (and on average) what percentage of the current APG government rate do you receive for the same service reimbursed by the commercial insurer/s?

- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- Not Applicable

46. What percentage of the individuals you serve have the following insurance coverage?

MMC	<input type="text"/>
Medicare	<input type="text"/>
Dually Insured through Medicare and Medicaid	<input type="text"/>
Uncompensated	<input type="text"/>
Self-Pay	<input type="text"/>
Commercial Insurance	<input type="text"/>
Worker's Comp	<input type="text"/>
Child Health Plus	<input type="text"/>
Family Health Plus	<input type="text"/>





NYS Council Member Agency Survey

Section 6: WORKFORCE

47. Please tell us the current number of job vacancies in your mental health and substance use disorder programs (please use direct care and first line supervisor job titles)?

48. Does your workforce currently include the diversity of staff it requires to provide culturally competent treatment and/or recovery services to individuals/ families seeking your assistance?

- Yes
- No
- Sometimes

49. Do you have plans to close a Program/s due to the ongoing Workforce Crisis within the next 6 -12 months?

- Yes
- No
- We are considering having to do so

50. Over the past 3 years, have you seen an increase in the acuity of the individuals you serve?

- Yes
- No

51. Over the past 3 years and overall, have you seen an increase in reportable incidents?

- Yes
- No

52. Do you feel equipped to deal with the level of need and complexity of care required to serve the individuals seeking your care at the present time?

- Yes
- No

53. Thinking about staff turnover, please provide an estimate of the costs associated with training new staff on an annual basis?

THANK YOU FOR YOUR PARTICIPATION!