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June 30, 2021

The Honorable Aileen Gunther
New York State Assembly Member
Legislative Office Building
188 State Street, Room 826
Albany, NY 12247

The Honorable Phillip Steck
New York State Assembly Member
Legislative Office Building
188 State Street, Room 627
Albany, NY 12247

Re: Integrating services offered by the Office of Addiction Services and Supports and the Office of Mental Health

Dear Assembly Members Gunther and Steck:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, appreciates the opportunity to comment on the integration of services offered by OASAS and OMH.

Our members provide services that span the behavioral health continuum, including outpatient, inpatient and community-based services. Many are also leaders in transforming mental health and substance use disorder care, from prevention and treatment to recovery.

HANYYS strongly supports the integration of MH and SUD services, and others such as primary care. The care system as designed has resulted in an artificial separation between mental health, SUD and other health conditions. This separation is resulting in missed opportunities to meet the needs of the most vulnerable New Yorkers, at an enormous, unnecessary cost to the healthcare system. Given the significant and long-term impact of the pandemic on mental health, the need to strengthen the behavioral health care system has never been more urgent.

Before the pandemic, every year, one in five New Yorkers experienced symptoms of a mental disorder and one in ten had symptoms that interfered with major daily life activities. People with any mental illness are more likely to live with chronic medical conditions. Many also have co-occurring disorders such as SUD, mental illness and/or a developmental disability.

Prevention, early detection and treatment of behavioral health disorders is critical to improving outcomes for these individuals. Service integration is a proven way to open doors for access to care while increasing the quality of care and reducing overall healthcare costs.

While New York has taken steps to integrate services through various models, including the integrated outpatient services regulations, which contain a Primary Care Host Model, Mental Health Behavioral Care Host Model and Substance Use Disorder Behavioral Care Host Model, persistent barriers remain. HANYS urges the state to create a cohesive framework that minimizes regulatory obstacles for service integration and provides adequate reimbursement for SUD and BH services. New York cannot sustain a health system that does not recognize the growing needs of individuals with multiple and complex care needs.

HANYS urges the state to eliminate duplicate and inconsistent requirements, and create a single set of operational rules that streamlines the approval and oversight process to advance efforts by healthcare providers to deliver the highest quality care to New Yorkers.

HANYS offers the following specific recommendations:

- **Alleviate Integrated Outpatient Services regulation restrictions.** Although the IOS regulations allow a provider to offer an array of cross-agency clinic services at a single site, the provider still has to possess licenses (within their network) from at least two of the three participating state agencies (Department of Health, Office of Addiction Services and Supports and/or OMH). As a result, participation is limited if a provider does not already have two licenses; e.g., a licensed Article 28 provider would still need to seek an Article 31 license before being able to apply for an integrated license.

HANYS strongly believes this limitation is restrictive and burdensome to providers who currently do not have a dual license, but are working toward integrated care. Furthermore, a provider that integrates services under the IOS regulations must follow the programmatic standards of the licensing agency that licensed the host site and follow supplemental requirements for added service(s) as outlined in the regulations.

- **Repeal the Article 28 social worker billing limitation.** Under current New York state law (Public Health Law 2807(2-a)(f)(ii)(c)) Medicaid reimbursement for individual psychotherapy services provided by licensed social workers in Article 28 licensed outpatient hospital clinics and freestanding diagnostic and treatment centers is limited to individuals under the age of 21 and to pregnant women up to 60 days postpartum (based on the date of delivery or end of pregnancy). To qualify as a billable Medicaid service, claims for services rendered to pregnant women are required to have a primary or secondary diagnosis of pregnancy and claims for services rendered to women post-pregnancy are required to have a primary or secondary diagnosis of postpartum depression. The state's ongoing efforts to increase access to mental health services, coupled with the growing need for services as a result of the COVID-19 pandemic, is placing a heightened demand for these services on providers in all healthcare settings. Medicaid policy should support the provision of psychotherapy services by licensed social workers in hospital outpatient settings to ensure patients receive needed care by an appropriate provider at the most effective cost to the state.
- **Expand financing and reimbursement options for integrated care.** Behavioral health providers (and many primary care providers) have been historically underfunded. It is important that funding and reimbursement mechanisms enable providers to adopt integrated care models.

- **Simplify provider licensing/certification requirements.** Unlike many other states, New York has distinct facility licenses and building requirements for providers to receive Medicaid reimbursement. It is also important that integration be bi-directional — integrating primary care services into a behavioral health setting or behavioral health services into a primary care setting. Regulatory and licensing requirements are complex and burdensome for providers, often deterring expansion of facilities to implement behavioral health integration. We urge the state to simplify these requirements and reduce these detrimental barriers.
- **Support workforce education.** Increase training opportunities and resources to ensure providers and staff can effectively work in an integrated setting and meet the needs of their patients.
- **Create greater flexibility to offer services in the community and through telehealth.** Currently, OMH and OASAS have different rules, regulations and flexibility around offering services in the community. Individuals must be able to receive equal and comprehensive access to care, regardless of the licensure of the clinic. In addition, all OMH and OASAS staff, regardless of their professional licensure or lack thereof, must be able to provide telehealth (through video and audio-only) services and receive the same reimbursement rate as in-person services.
- **Expand services for individuals with dual-diagnoses.** Approximately 20% to 50% of individuals with a mental health diagnosis have a co-occurring substance use diagnosis, and 50% to 75% of individuals with a substance use diagnosis have a mental health diagnosis. However, there are few integrated services available for those with a dual-diagnosis. Services for people with co-occurring conditions should be the expectation, not the exception.
- **Develop a fully integrated license to allow for the treatment of individuals with single or multiple diagnoses and remove the classification of primary diagnosis.** New York needs to establish a single regulatory structure that allows primary care, mental health and substance use disorder services to be provided under a single license, through a single application process, supported by a single set of rate codes in an integrated setting without duplicative oversight from multiple agencies.
- **Establish unified and streamlined telehealth applications, regulations and oversight.** As OMH and OASAS develop new streamlined processes for making permanent key COVID-19 telehealth flexibilities, it is important that they create one set of telehealth applications, regulations and oversight to reduce provider burdens.
- **Expand the Certified Community Behavioral Health Clinic model in New York state.** The CCBHC model has allowed several providers in the state to offer integrated services in the community that are financially sustainable through the prospective payment system methodology. However, the CCBHC model is currently a demonstration program only and should be expanded.

HANYS appreciates the opportunity to provide feedback and is here to support OMH through these deliberations. If you have questions regarding our comments, please contact me at (518) 431-7730 or jgold@hanys.org; or Sarah DuVall, director, behavioral health, at (518) 431-7769 or sduvall@hanys.org.

Sincerely,



Jeff Gold, Esq.
Senior Vice President and Special Counsel, Managed Care and Insurance