



## **Council for Community Behavioral Healthcare**

### **NYS COUNCIL BUDGET PRIORITIES**

*Top Priority: Stabilize Mental Health & Substance Use Disorder / Addictions Workforce to preserve access to & continuity of care*

#### Our Context

Simultaneous Public Health Crises

- Opioid Epidemic
- Suicide

Catastrophic workforce shortages up and down the agency roster

Rates that do not cover actual costs and result in our inability to recruit or retain or to follow trends and expand access to care as needed

Regulatory barriers that severely limit integrated services, long term cost savings, etc.

Increased reliance on CBOs to divert from acute care / add additional capacity

#### **Budget / Legislative Requests**

***PRIORITY: INVESTMENT IN OUR WORKFORCE & BUILD IN FLEXIBILITY TO PERMIT PRACTITIONERS TO PRACTICE AT THE TOP OF THEIR LICENSES***

To achieve this, we respectfully request lawmakers amend the Governor's proposed Healthcare Transformation Fund language to include a set aside of 20% for community-based organizations.

Our needs:

- 2.9% (CPI) increase (statutory COLA often deferred)
- Rate adequacy and reimbursement for actual costs of care
- Allocation of currently unspent DSRIP Workforce funds to CBOs
- \$169 mil for a Workforce Recruitment and Retention Fund that includes loan forgiveness, scholarships, retention bonuses, etc. (25% of Centene windfall could have funded entire human services sector COLA @\$140M)

- Identify methodology for disbursement of revenues associated with legalization of adult use of marijuana BEFORE new revenue begins to flow
- Continue Statewide Healthcare Facilities Transformation Grant initiative and increase set-aside for community-based organizations (CBOs). Language requiring disbursement in timely manner and more transparency in the process.

***PRIORITY: INSURANCE REFORMS ARE NEEDED TO PRESERVE & ENHANCE ACCESS TO CARE & ENHANCE NYS COMMITMENT TO PARITY ENFORCEMENT***

*Parity enforcement is critical but New Yorkers are dying every day while we figure out how to make the Mental Health Parity and Addiction Equity Act real in NYS.*

- Commercial insurance rates must be brought on par with Medicaid Managed Care rates to resolve continued discrimination faced by these beneficiaries
- Continue timely and full payment of APG government rates until cost-based methodology is implemented. Immediately populate *Workgroup to Examine CCBHC and other Payment Models* → cost-based care. We support executive proposal to extend to 2022.
- Allocation of currently unspent DSRIP Workforce funds to CBOs with accompanying directive

***PRIORITY: MAJOR SYSTEM TRANSITIONS REQUIRE NEW INVESTMENTS, ENHANCED SURVEILLANCE & MONITORING and INCLUSIVE PRACTICES TO ENSURE SUCCESS OF REFORMS***

- Children's Transition: Ensure access to new CFTSS services by including in Child Health Plus benefit.
- Children's Transition: Enhance surveillance and monitoring of protective indicators that 'red flag' children/families that may be falling through the cracks during this major system transition. Invest new revenues of marijuana for OASAS prevention, treatment, recovery and Harm Reduction Programs and Services.
- In the event CCBHC Demo is not extended by the federal government, NYS must fully fund this ongoing initiative.
- Revise NY's definition of what constitutes a valid VBP Level 2&3 arrangement to require participation by one or more legal entities that have met criteria for funding as BHCC.
- Promulgate Network Adequacy criteria for entities entering into VBP 2 & 3 contracts to ensure Medicaid beneficiaries have access to BH care.
- Enable BHCC access to the Master Medicaid Data Warehouse.
- Include a data sharing requirement in future contracts with MMC plans and PPSs so that BHCCs can access necessary utilization, cost and other data at no cost.