



# Coalition Briefs

A SEMI-MONTHLY UPDATE ON COMMUNITY MENTAL HEALTH IN NEW YORK



## NYWE Convenes State-wide Educational Advisory Board

The New York Work Exchange, in Collaboration with Cornell University, has been asked by OMH to develop a portfolio of educational curricula in the arena of employment services. As envisioned this initiative would make alterations in all levels of the delivery system (agency, program, and personnel) in communities throughout the State, by emphasizing and supporting the use of evidence-based practices.

There is a growing body of literature outlining proven strategies and interventions in the field that are concerned with how one can most effectively assist consumers to attain their vocational aspirations. They also look at how programs and agencies can be structured to support these ends. These evidence-based practices would form the foundation for this statewide educational initiative.

The State-Wide Educational Advisory Board draws its members from formal accredited universities, think tanks, selected state, city and federal agencies, and from private consultants with proven track records of organizational transformations. While this educational program is limited to the borders of NYS, a number of the Advisory Board members or contributors come from out of state.

A working committee, the group is charged with delivering some very specific products. In addition to the formal curriculum,

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## Pataki/OMH leave mental health out of budget

On Tuesday, Governor Pataki released his budget proposal for FY 2003. Sadly, it includes little in the way of increases for mental health. After weeks of laying the foundation for dramatic cuts across the budget, the reality everywhere was less severe than expected. For community mental health, however, the budget is abysmal: it robs the system of desperately needed funds, it fails to address the workforce crisis, and it authorizes renovations on hospitals that will eventually close. Here is the breakdown:

- **Reinvestment:** This landmark legislation used to capture savings from hospital bed run-down expired last year. The Governor did not propose reinstating it: in fact, he raided it. With a projected rundown of 395 beds (up by 155 from a Fall '01 prediction of 240) the savings of up to \$40m (Assembly's estimate) appear replace HCRA funds. The bed run-down will necessitate the elimination of 553 positions.
- **Kendra's Law:** \$32m for ongoing programs including \$15m for a Medication Grants Program that is sorely underutilized.
- **Community Housing:** Ongoing development of 800 beds in FY '03, down from an expected development of 2700 from the FY '02 budget.

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## 'Buy-In' breakthrough!

The Pataki-Rivera deal signed last week, will do little in the way of helping mental health. The notable exception, however, was the passage of Medicaid Buy-In. This program will allow people with disabilities to 'buy-in' to Medicaid. Without it, they stand to lose benefits if they exceed strict income caps, thus de-incentivizing work.

Otherwise the new law amends HCRA 2000, Medicaid and Public Health law and channels \$3 billion to the State, with 1.8 billion as a set aside for specific programs. Parts of the bill enable State revenue increases without passing it on to providers.

Funding for this whopper is generated by the conversion of Blue Cross/Blue Shield to a for-profit corporation, an increase in the Cigarette Tax, an assessment on residential health care facilities and a hoped-for, but not approved, Federal Medicaid percentage increase. ▣

## HIPAA update

On January 10, SOMH and IBM held a workshop on HIPAA, focusing on Business Associate relationships. The event was attended by over 60 people, most of whom represented agencies with contractual relationships with SOMH. Besides providing background on the Business Associate classification, and HIPAA in general, the workshop presented case studies of hypothetical privacy and security breaches, and how they might be treated under the HIPAA regulations.

In other HIPAA news, President Bush signed into law H.R. 3323 which delays the implementation of the transaction and code sets component of the HIPAA regulations. Healthcare organizations who were required to become compliant by October 16, 2002 can request a delay of one year, but they submit additional documentation.

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## DOH publishes transition plans for disaster MA

Last week the DOH announced that it is making plans to transfer Disaster Relief Medicaid (DRM) recipients to Medicaid and Family Health Plus (FHP). Since September 11th, over 200,000 families and single adults have signed up for DRM, a program providing four months of immediate health coverage for low-income New Yorkers. Unless otherwise extended, applicants for DRM will continue to be accepted until January 31, 2002 and will receive services for the full four months.

It was only last week that DOH made public its plans for providing coverage after the DRM term expires. This is particularly important for those who enrolled in the program in September, as they will lose coverage at the end of this month. If eligible, DRM recipients will be encouraged to enroll in regular Medicaid or Family Health Plus.

Importantly, and assuming they are eligible, DRM beneficiaries will be maintained on Medicaid until they are transitioned, their application is processed, and they are enrolled in regular Medicaid or FHP. Anticipating that beneficiaries whose coverage ends by January 31, 2002 may encounter some delays, recipients should expect to receive an extra letter within the week stating that coverage is continuing and additional details will follow.

Automatic recertification of Medicaid beneficiaries in NYC will continue until September 2002. This will allow HRA recertification to focus on the DRM transition.

It is likely that, as services return to normal in the coming months, there will be some changes in the application and recertification processes for Medicaid, Family Health Plus and Child Health Plus. Among the changes under consideration are the elimination of a face-to-face interview at recertification; an application process that utilizes one form for all three programs; self-reporting of resources; elimination of SS# documentation; elimination of proof-of-residence documentation at CHP recertification; and institution of a grace period at recertification for all CHP beneficiaries who appear to remain eligible.

The New York State Assembly's Committee on Health recently released a report on the DRM program. The report highlights the importance of the success of the program but also stresses the need to extend the program and implement a smooth transition of enrollees to regular Medicaid and FHP coverage. See the Coalition's web page at [www.cvmha.org](http://www.cvmha.org) to review a copy of the report. For more information contact Ed Smith at x103.▣

## HIPAA

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This 'compliance plan' should detail thereasons they are not compliant by the original 2002 date, how much compliance they have accomplished, a budget, schedule, and plan for achieving full compliance, whether they intend to use a contractor or vendor to assist them, and a timeframe for testing that begins no later than April 16, 2003.

This legislation does *not* affect the April 2003 compliance date of the privacy component of HIPAA which will go ahead as scheduled. H.R. 3323 also allows \$44 million to be appropriated to HHS for technical assistance, education, and outreach related to HIPAA.▣

## Work Exchange

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members will be asked to set out measurable educational objectives, along with the tools to assess educational outcomes. And finally the committee will design a framework for implementing their recommendations.

The first meeting of this group was at the offices of NYWE on January 17. This first meeting established sub-committees, identified assignments, and mapped out a plan of action. The goal will be to deliver the final portfolio by Fall 2002, with educational offerings to begin soon thereafter.▣

## MH budget woes

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- Enhanced Community Services: Restoration of \$26.2m of HCRA (tobacco settlement) funds. This will expand case management, family support services for children, and home and community-based waivers.
- Last year's Reinvestment II proposal closed four state hospitals partially to avoid costly renovations required to bring them up to JCAHO and other standards. This year, no closures means the state is shelling out the \$36m for renovations on hospitals that will likely close.
- State workers will receive contractually obligated increases of 3.5% for a total of \$38-\$39m.

On the whole, community mental health got ignored. For more information call David at x102.▣

## Calendar of Events

January 29

Anasazi Demonstration Day

January 30

Housing Committee Meeting

**February 4**

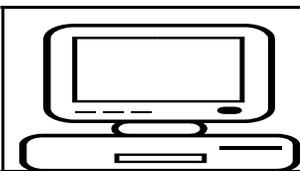
**Coalition ALBANY day**

February 13

Corporate Compliance Training

February 14

Board Meeting



*The Coalition Web Site: Your one-stop shop for mental health news, advocacy and information. Visit today!*

**[www.cvmha.org](http://www.cvmha.org)**