

6200

2009-2010 Regular Sessions

I N   S E N A T E

October 2, 2009

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Introduced by Sen. STACHOWSKI -- read twice and ordered printed, and  
when printed to be committed to the Committee on Rules

AN ACT to amend the social services law, in relation to providing for  
behavioral health wraparound demonstration projects

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1     Section 1. The social services law is amended by adding a new section  
2     364-n to read as follows:  
3     S 364-N. BEHAVIORAL HEALTH WRAPAROUND DEMONSTRATION PROJECTS. 1. THE  
4     LEGISLATURE FINDS THAT DEMONSTRATION PROJECTS THAT INTEGRATE SERVICES  
5     PROVIDED BY THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILI-  
6     TIES, THE OFFICE OF MENTAL HEALTH, THE DEPARTMENT OF HEALTH AND OTHER  
7     FUNDING STREAMS FOR THERAPEUTIC CARE AT THE FAMILY LEVEL CAN MOVE CHIL-  
8     DREN AND ADOLESCENTS THROUGH THE SYSTEM EFFICIENTLY TO OPTIMAL TREAT-  
9     MENTS, AND WILL MOVE CHILDREN AND FAMILIES FROM CRISIS OR HIGH RISK OF  
10    CRISIS TO NORMALIZATION BY PROVIDING THE RIGHT SERVICE AT THE RIGHT TIME  
11    AND IN THE RIGHT AMOUNT. THE LEGISLATURE FURTHER FINDS THAT THROUGH  
12    TARGETED INTERVENTIONS THE CARE OF THESE INDIVIDUALS CAN BE IMPROVED AND  
13    THE COSTS OF THAT CARE REDUCED.  
14    2. TO THE EXTENT OF FUNDS APPROPRIATED FOR THIS PURPOSE, THE COMMIS-  
15    SIONER OF HEALTH IS AUTHORIZED TO FUND DEMONSTRATION PROJECTS THAT  
16    DEVELOP AND EVALUATE INTERVENTIONS TARGETED AT MEDICAID BENEFICIARIES  
17    UNDER THE AGE OF TWENTY-ONE WHO HAVE ONE OR MORE CRISIS INTERVENTIONS  
18    DURING THE PREVIOUS TWELVE MONTHS RELATED TO BEHAVIORAL ISSUES. SUCH  
19    INTERVENTIONS MAY BE VIEWED AS AN OPPORTUNITY TO INCREASE THE COORDI-  
20    NATION OF CARE, ENSURE THAT CARE IS DELIVERED IN THE MOST APPROPRIATE  
21    SETTING, IMPROVE HEALTH OUTCOMES AND REDUCE THE COST OF THAT CARE. AS  
22    USED IN THIS SECTION, A "CRISIS INTERVENTION" MEANS CIRCUMSTANCES  
23    INVOLVING:  
24    A. THE UTILIZATION OF EMERGENCY DEPARTMENT SERVICES;  
25    B. CRIMINAL JUSTICE INTERVENTION RELATED TO BEHAVIORAL ISSUES;

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

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1 C. PRIORITY LEVEL ONE CLASSIFICATION BY THE DEVELOPMENTAL DISABILITIES  
2 SERVICE OFFICE (DDSO);

3 D. COMMUNITY CRISIS RESPONSE; OR

4 E. WHERE THE INDIVIDUAL IS OTHERWISE IDENTIFIED AS HIGH RISK BY HIS OR  
5 HER MEDICAID SERVICE COORDINATOR, MANAGED CARE PROVIDER OR COUNTY SINGLE  
6 POINT OF ACCESS (SPOA).

7 3. DEMONSTRATION PROJECTS ESTABLISHED PURSUANT TO THIS SECTION MAY  
8 TEST MODELS OF CARE AND MODELS OF REIMBURSEMENT, INCLUDING SHARED  
9 SAVINGS, THAT ARE INTENDED TO ADVANCE THE GOALS DESCRIBED IN SUBDIVISION  
10 TWO OF THIS SECTION.

11 4. SERVICE PROVIDERS ELIGIBLE TO APPLY FOR ROLES AS DEMONSTRATION  
12 SERVICE COORDINATORS INCLUDE: HOSPITALS, DIAGNOSTIC AND TREATMENT  
13 CENTERS, MANAGED CARE PLANS, MEDICAL SCHOOLS AND PROVIDERS LICENSED BY  
14 OR FUNDED BY THE OFFICE OF MENTAL HEALTH OR THE OFFICE OF MENTAL RETAR-  
15 DATION AND DEVELOPMENTAL DISABILITIES AND THE DEPARTMENT OF HEALTH. THE  
16 COMMISSIONER OF HEALTH SHALL APPROVE DEMONSTRATION PROGRAMS WHICH ARE  
17 GEOGRAPHICALLY DIVERSE. A PARTICIPATING SERVICE PROVIDER MUST ESTABLISH,  
18 TO THE SATISFACTION OF THE COMMISSIONER OF HEALTH, ITS CAPACITY TO  
19 ENROLL AND SERVE SUFFICIENT NUMBERS OF ENROLLEES TO DEMONSTRATE THE  
20 COST-EFFECTIVENESS OF THE DEMONSTRATION PROGRAM.

21 5. NOTHING IN THIS SECTION SHALL BE CONSTRUED AS REQUIRING ANY MEDI-  
22 CAID BENEFICIARY TO PARTICIPATE IN A DEMONSTRATION PROJECT ESTABLISHED  
23 PURSUANT TO THIS SECTION; PARTICIPATION SHALL BE VOLUNTARY. PARTIC-  
24 IPATION IN A DEMONSTRATION PROJECT PURSUANT TO THIS SECTION SHALL NOT  
25 DIMINISH OR IMPAIR THE SERVICES TO WHICH A PARTICIPANT IS OTHERWISE  
26 ENTITLED UNDER THIS CHAPTER.

27 6. PRIOR TO ESTABLISHING ANY DEMONSTRATION PROJECT AUTHORIZED BY THIS  
28 SECTION, THE COMMISSIONER OF HEALTH SHALL CONSULT WITH THE COMMISSIONERS  
29 OF THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF MENTAL RETARDATION AND  
30 DEVELOPMENTAL DISABILITIES.

31 7. THIS SECTION SHALL NOT APPLY UNLESS ALL NECESSARY APPROVALS UNDER  
32 FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE FEDERAL FINAN-  
33 CIAL PARTICIPATION IN THE COSTS OF HEALTH CARE SERVICES PROVIDED PURSU-  
34 ANT TO THIS SECTION. THE COMMISSIONER OF HEALTH IS AUTHORIZED TO SUBMIT  
35 ONE OR MORE APPLICATIONS FOR WAIVERS OF THE FEDERAL SOCIAL SECURITY ACT  
36 AS MAY BE NECESSARY TO OBTAIN SUCH FEDERAL FINANCIAL PARTICIPATION.

37 8. THE COMMISSIONER OF HEALTH SHALL PROVIDE A REPORT TO THE GOVERNOR  
38 AND THE LEGISLATURE NO LATER THAN JANUARY FIRST, TWO THOUSAND TWELVE.  
39 THE REPORT SHALL INCLUDE FINDINGS AS TO THE DEMONSTRATION PROJECTS'  
40 EFFECTIVENESS IN MANAGING THE CARE NEEDS AND IMPROVING THE HEALTH OF  
41 PROGRAM PARTICIPANTS, AN EVALUATION AS TO THE PROGRAMS' COST-EFFECTIVE-  
42 NESS AS MEASURED AGAINST TRADITIONAL MEDICAID CARE MODELS, AND RECOMMEN-  
43 DATIONS AS TO WHETHER THE PROGRAMS SHOULD BE EXTENDED, MODIFIED, ELIMI-  
44 NATED, OR MADE PERMANENT.

45 S 2. This act shall take effect immediately.