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2011-2012 Regular Sessions

I N A S S E M B L Y

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Introduced by M. of A. SCHROEDER, JAFFEE, PERRY, CLARK, MAISEL, ARROYO, COOK, ROBINSON, SPANO, CASTRO -- Multi-Sponsored by -- M. of A. BOYLAND, BURLING, CALHOUN, CONTE, DUPREY, FINCH, JACOBS, MARKEY, McDO- NOUGH, McENENY, McKEVITT, MOLINARO, PHEFFER, RABBITT, SCHIMMINGER, TOBACCO -- read once and referred to the Committee on Health

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 FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, THE
6 OFFICE OF MENTAL HEALTH, THE DEPARTMENT OF HEALTH AND OTHER FUNDING
7 STREAMS FOR THERAPEUTIC CARE AT THE FAMILY LEVEL CAN MOVE CHILDREN AND
8 ADOLESCENTS THROUGH THE SYSTEM EFFICIENTLY TO OPTIMAL TREATMENTS, AND
9 WILL MOVE CHILDREN AND FAMILIES FROM CRISIS OR HIGH RISK OF CRISIS TO
10 NORMALIZATION BY PROVIDING THE RIGHT SERVICE AT THE RIGHT TIME AND IN
11 THE RIGHT AMOUNT. THE LEGISLATURE FURTHER FINDS THAT THROUGH TARGETED
12 INTERVENTIONS THE CARE OF THESE INDIVIDUALS CAN BE IMPROVED AND THE
13 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

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

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1 USED IN THIS SECTION, A "CRISIS INTERVENTION" MEANS CIRCUMSTANCES
2 INVOLVING:

3 A. THE UTILIZATION OF EMERGENCY DEPARTMENT SERVICES;

4 B. CRIMINAL JUSTICE INTERVENTION RELATED TO BEHAVIORAL ISSUES;

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

7 D. COMMUNITY CRISIS RESPONSE; OR

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

11 3. DEMONSTRATION PROJECTS ESTABLISHED PURSUANT TO THIS SECTION MAY
12 TEST MODELS OF CARE AND MODELS OF REIMBURSEMENT, INCLUDING SHARED
13 SAVINGS, THAT ARE INTENDED TO ADVANCE THE GOALS DESCRIBED IN SUBDIVISION
14 TWO OF THIS SECTION.

15 4. SERVICE PROVIDERS ELIGIBLE TO APPLY FOR ROLES AS DEMONSTRATION
16 SERVICE COORDINATORS INCLUDE: HOSPITALS, DIAGNOSTIC AND TREATMENT
17 CENTERS, MANAGED CARE PLANS, MEDICAL SCHOOLS AND PROVIDERS LICENSED BY
18 OR FUNDED BY THE OFFICE OF MENTAL HEALTH OR THE OFFICE FOR PEOPLE WITH
19 DEVELOPMENTAL DISABILITIES AND THE DEPARTMENT OF HEALTH. THE COMMISSION-
20 ER OF HEALTH SHALL APPROVE DEMONSTRATION PROGRAMS WHICH ARE GEOGRAPH-
21 ICALLY DIVERSE. A PARTICIPATING SERVICE PROVIDER MUST ESTABLISH, TO THE
22 SATISFACTION OF THE COMMISSIONER OF HEALTH, ITS CAPACITY TO ENROLL AND
23 SERVE SUFFICIENT NUMBERS OF ENROLLEES TO DEMONSTRATE THE COST-EFFECTIVE-
24 NESS OF THE DEMONSTRATION PROGRAM.

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

31 6. PRIOR TO ESTABLISHING ANY DEMONSTRATION PROJECT AUTHORIZED BY THIS
32 SECTION, THE COMMISSIONER OF HEALTH SHALL CONSULT WITH THE COMMISSIONERS
33 OF THE OFFICE OF MENTAL HEALTH AND THE OFFICE FOR PEOPLE WITH DEVELOP-
34 MENTAL DISABILITIES.

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

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

49 S 2. This act shall take effect immediately.