

Regulatory Modernization Initiative

Integration of Behavioral Health and Primary Care

Limited Integration License Response

Recommendation:

Common Ground Health supports the proposed Limited Integrated License with the caveat that the following be addressed *before* adoption:

- Clarification of reimbursement policies for integrated services is as important as regulatory reform. Payers must establish reimbursement rates for services in order for providers to move forward with integration.
- The regulations should identify *specifically* which licensed professionals will be recognized to provide care at these integrated sites.
- The regulations should identify *specifically* which behavioral health and primary care services/procedures will be authorized at these sites.
- The process should be detailed for amending licensure if utilization exceeds 50 percent.
- "Special provisions" as stated in the draft should be articulated.
- Utilization of telemedicine for provision of BH services should be clarified.

Comments from Finger Lakes Providers:

1. In Upstate NY, use of Licensed Mental Health Counselors is important to our staffing models and is recommended to be included in reimbursement and staffing recommendations. Some of the Mental Health models (Impact) use a BH care manager that are not "certified" for payment. Psychiatric-Mental Health Nurse Practitioner's should be included as a behavioral health specialist in each category (Physical, Mental and SUD). Payers should provide flexibility in credentialing.
2. As this licensure is implemented, flexibility will be key, particularly in Upstate where there are acute shortages of providers in behavioral health/SUD and rural communities have very limited access to services.
3. Monroe County and rural communities in the region have had several successful pilot programs integrating Behavioral Health and Primary Care. In further refining a limited integrated licensure, reviewing lessons learned from these demonstrations would prove valuable.
4. We currently do not know who we are **not** serving. Careful review of existing data and tracking impact of integration of services is critical.
5. Many suffering from SUD have complex medical issues. Access to specialty care (i.e. nephrology, ID. Etc.) is critical. Partnerships with health systems providing a full range of specialties is essential.

6. Some PPS have been successful in bringing integrated services to outlying communities by partnering with the larger health systems. Lessons learned and with VBP should be studied.
7. Telehealth is critical for provision of some specialty services especially in outlying communities. Use of telehealth services and how they are reimbursed should be addressed in any revised licensure.

Institutions Providing Input to Common Ground Health Recommendations:

Common Ground Health

Finger Lakes Performing Provider System

Huther Doyle

Monroe County Office of Mental Health

Regional Commission on Community Health Improvement

Regional Planning Consortium of the Finger Lakes

Rochester Regional Health System

St. John Fisher School of Nursing (Kathy Plum, former Monroe County Mental Health Director)

St. Joseph's Neighborhood Center

University of Rochester Medical Center