



February 13, 2008

To: Commissioner Michael Starkowski
From: Terry Edelstein, President/CEO
Re: Status of Issuing Delayed BHP and Outpatient Clinic Rates?

We were in communication with you, Mr. Parrella and Dr. Schaefer throughout the fall urging the Department to issue the Medicaid rate increases for Freestanding Outpatient Behavioral Health Clinics as authorized by the Legislature during the 2007 session.

Once again, I am urging you to promulgate those rates as well as adjusted rates for the Behavioral Health Partnership. This issue is extremely timely with today's meeting of the Behavioral Health Partnership Oversight Council and Friday's public hearings on the DSS budget.

BHP Rate Adjustments

Members of the Behavioral Health Partnership Oversight Council recommended a list of rate increases on January 16, 2008. I have attached that list.

These strategic rate increases are extremely important to the continued viability of the BHP and timely promulgation is crucial.

Medicaid rate increases for Freestanding Outpatient Behavioral Health Clinics

We had an opportunity to meet with Dr. Schaefer at the end of December to review the proposed rate methodology that affects freestanding outpatient mental health, substance abuse and methadone clinics. Following that meeting we made a four point recommendation to Dr. Schaefer on January 8, 2008. We have not heard from DSS since we sent our recommendations.

As with the BHP rates, we urge you to issue this rate adjustments now, retroactively to July 1, 2007, so that we can provide enhanced access to services. Indexing these rates to Medicare rate increases going forward is extremely important as well, or rates for community-based services will constantly fall behind.

These are our January 8, 2008 recommendations:

1. **Retroactivity:** It is our position that these increased rates should be retroactive to July 1, 2007 as indicated in the legislation. We feel that this is both equitable and feasible given that the hospital outpatient rate increases will be retroactive to July 1, 2007.
2. **Enhanced Care Clinic Application Opportunities:** Given the fact that Enhanced Care Clinics will receive a higher rate increase than non-ECCs, we feel it is essential that there will be regular opportunities in the near future for providers to apply for ECC status. We also that a regular schedule/system for ECC applications be established going forward.
3. **Extended Day Treatment:** As this service is new to fee-for-service reimbursement, we ask that great consideration be paid to the costs of providing escorts. Transportation is a significant cost for EDT providers which is not adequately addressed at this rate.
4. **Medicare Status:** The rate increases outlined by DSS are based on a percentage of the Medicare “Non-facility” rate. Will the rate be adjusted if the Medicare rates change?

GA Rate Increases

Please clarify – is the Department authorized to increase GA rates concurrently with the other clinic rates?

I would appreciate hearing from you about this matter.

Thank you.

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