

# ARTICLE 31 VITAL ACCESS PROVIDER PROGRAM

What's in Your Mini-bid Application?

- ▶ The 2014-15 Budget includes VAP funding to preserve the stability and geographic distribution of mental health clinic services. VAP proposals will be accepted from Article 31 free-standing mental health clinics only. OMH is seeking initial proposals from clinic providers who have documented fiscal losses that threaten the continued viability of their agency and/or clinic programs - \$30 million Year 1/ \$15 million in both Year 2 and 3

HOW DID WE GET \$60 MILLION?

- ▶ From the Coalition's 2014 Budget Requests: “  
Preserve Children's Mental Health Clinics –  
Article 31 clinics are not eligible for Vital  
Access Providers status; . . . .”

**WE ASKED FOR IT!!!!**

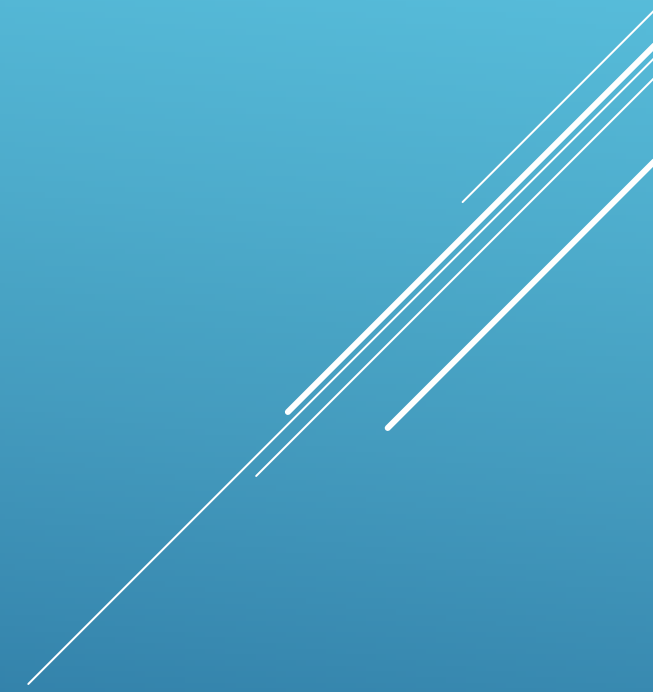
- ▶ We also asked for Child Health Plus government rate parity and called for APG rates to adequately reflect the cost and productivity assumptions that are realistic for children's outpatient services

WE GOT APPOINTED TO THE APG  
RESTRUCTURING WORKGROUP

- ❖ Revised complex care management guidelines
- ❖ Modest adjustments to base rates
- ❖ 5% enhancements for kids 30 and 45 minute psychotherapy visits
- ❖ Revised definition of 45 min visit (kids don't have to be in room)
- ❖ Allow for partial billing of 20 minute visits

**\$8.75 MILLION MORE FOR ART 31  
CLINICS BEGINNING JAN 2015**

# VAP MINI-BID APPLICATIONS



- ❖ 5 Page Mini-Application due December 12
- ❖ 1/19/15 - OMH Selection and Notification
- ❖ Jan-Feb 2015 - Assignment of Strategic Planner
- ❖ 2/11/2015 – Submission of Final Plan
- ❖ Year 1 Implementation- SFY 14-15 (ends 3/31/15)
- ❖ Year 2 Implementation-SFY15-16 (begins 4/1/15)
- ❖ Year 3 Implementation- SFY 16-17 –(begins 4/16)

## KEY DATES

- ❖ Agency Risk OR Clinic Risk
- ❖ Does not have to be both
- ❖ 3 year history (2011, '12 and '13)
- ❖ CFR Data and Audited Financial Statements

FINANCIAL RISK





- ❖ Collaboration with LGUs or other behavioral health providers to determine and satisfy unmet needs
- ❖ Preserve services in geographically underserved areas
- ❖ Preserve services to populations that challenge traditional svc provision (language, culture – add: DD?)
- ❖ Preserve Child & Adolescent Services
- ❖ Preserve services for criminal justice system post-discharge population

## COMMUNITY SERVICE NEEDS

- ❖ Interagency Mergers
- ❖ Cross Agency Admin Consolidation
- ❖ \*\*\*\* Willingness to engage in the activities\*\*\*\*

AN OMH PRIORITY

- ❖ Increase productivity to the 1100 visit standard
- ❖ Increase ratio of direct service time to available billing time
- ❖ Increase Open Access
- ❖ Decrease no-show rates
- ❖ Enhance billing systems to allow you to analyze the productivity of your own operations

- **PRODUCTIVITY ACTIONS**

- ❖ Increase claims collection rates
- ❖ Implement strategies to address denials
- ❖ Decrease rate of denials

COLLECTABILITY AND OPERATIONAL  
PRODUCTIVITY

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- ❖ Increase census
- ❖ Increase number of Medicaid patients served
- ❖ Increase number of Medicaid Managed Care patients served

## OTHER ACTIONABLE GOALS

- ❖ Cross agency collaboration, even for admin has to involve two Art 31 sponsoring agencies
- ❖ Collaboration with other licensed outpatient services can be considered, but must demonstrate financial stability
- ❖ Clinics with less than 3 years of operation can apply, but must demonstrate extenuating circumstances that are creating losses (fewer Medicaid eligible kids than projected . . . )
- ❖ Contracts with outside entities to help negotiate with MCOs allowed

QUICK Q&A REVIEW; DISCUSSION