FY 19 Budget Signed

In response to recently released Fiscal Year 2019 Conference Committee Budget, the Baker administration has released its vetoes and proposed amendments. By taking veto action on 48 line items, the administration reduced spending by $49 million, leaving total spending at $41.7 billion. As it stands presently, the budget will also deposit $368 million into the Commonwealth’s reserves. In addition to line item spending, the administration reviewed 110 outside sections to the Conference Committee budget. Governor Baker returned 19 such sections to the Legislature for amendment.

The FY19 budget includes the following highlights:

- Conference budget for DMH fully funds the historic increase in community funding requested by Governor Baker, including $94.7 million in increases in the adult community services line item;
- An increase in funding for DPH/BSAS beyond levels recommended by the Governor including expanded funding for the Massachusetts Access to Recovery Program (MA-ATR), funding for five new recovery centers, and $5 million for jail diversion;
- $6.7 million in funding for the DCF lead agencies and an increase of $5.3 million for the family resource centers over FY18;
- Approximately $38 million in funding in the Chapter 257 rate reserve for rates adjusted in the upcoming year;
- Conference budget did not recommend adopting the Governor’s proposal to move 140,000 individuals from MassHealth to the Connector; and
- Significant proposals made with regard to TAFDC eligibility and grant structure including repeal of the family cap, and changes to eligibility and benefits determinations.

Please contact Mandy Gilman at AGilman@ABHmass.org or Stuart Figueroa at sfigueroa@abhmass.org if you have any questions about the budget. As always, thank you for all of your budget advocacy!
ABH Personnel Update: Meet Stuart Figueroa

We are pleased to inform you that Stuart Figueroa has joined ABH as our Public Policy and Research Specialist. Stuart graduated in May from the Boston College School of Social Work where he earned his MSW in Macro-Practice.

Prior to joining ABH, Stuart worked as an Employment Specialist for Partners for Youth with Disabilities. He was also a Graduate Intern in 2017-18 for ABH member organization The Home for Little Wanderers.

We are very excited to have Stuart join the ABH team. Stuart’s primary role will be to research and track legislative, budgetary and regulatory issues impacting ABH members. He will also work closely with other ABH staff in serving a number of ABH's member committees.

Stuart’s email address is sfigueroa@abhmass.org and his phone number is 508-647-8385, x-17. Please join us in welcoming Stuart to ABH! Thank you.

Rate Updates

Enhanced Residential Recovery Service: The final rate for the new Enhanced Residential Recovery Service (RRS/co-occurring) model, under Chapter 257, has been posted. 101 CMR 346.00 Rates For Certain Substance-Related & Addictive Disorders Programs is available here: https://www.mass.gov/regulations/101-CMR-3-4600-rates-for-certain-substance-related-and-addictive-disorders-program.

Flexible Support Services: The final rates for Flexible Supports Services have been posted by EOHHS. These rates will be effective as of October 1, 2018. Please find the rate regulation 101 CMR 414: Rates for Family Stabilization Services here: https://www.mass.gov/regulations/101-CMR-41400-rates-for-family-stabilization-services.

CSA APM and In-Home Therapy: The proposed rate regulations for the CSA APM and In-Home Therapy (101 CMR 352.00: Rates of Payment For Certain Children’s Behavioral Health Services) were published recently and can be found here: https://www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings.

Medicare coverage of OTPs Passes U.S. House

Legislation (H.R. 5776) sponsored by U.S. Representative Richard Neal (D-Springfield) that requires Medicare coverage of OTP services was included in the larger omnibus opioid package that passed the U.S. House in July. Currently, Medicare does not recognize OTPs as providers. As you know, the opioid epidemic is a significant and growing problem for the Medicare population.

Register for ABH’s Salute to Excellence

Please join us in celebrating the outstanding contributions and accomplishments of community-based behavioral healthcare providers from across the Commonwealth at our Annual Salute to Excellence. This year’s celebration will be held on Friday, October 19 from 8 a.m. to 2 p.m. at the Boston Marriott Newton. Gary Mendell, Founder and CEO of Shatterproof will be our keynote. Click here to register for this inspiring event.
Substance Use Disorder Workforce Loan Repayment Act Passes U.S. House

H.R.5102 the Substance Use Disorder Workforce Loan Repayment Act, a bipartisan bill introduced by Congresswoman Katherine Clark (D-Massachusetts) and Congressman Hal Rogers (R-Kentucky), unanimously passed the U.S. House of Representatives in June.

This legislation was developed as a direct result of conversations that Congresswoman Clark has had with ABH and our member organizations about your work to combat the scourge of the opioid epidemic. These discussions underscored how the shortage of workers in the substance use disorder field has exacerbated the massive treatment gap for the millions of Americans living with a substance use disorder. Full text of the bill can be found here.

Indications are that the U.S. Senate will debate their package of opioid bills later this summer or early fall. The bills must then be reconciled before they can head to the President’s desk for his consideration.

MATs in Correctional Settings

The 2017-2018 formal legislative session ended on July 31, and we are pleased to report that ABH priority legislation to expand access to MATs in correctional settings was included in Governor Baker’s CARE Act. It passed the Legislature and awaits the Governor’s actions.

The opioid legislation includes the following provisions relative to access to Medication-Assisted Treatment in Jails & Prisons:

- Requires Houses of Correction in Middlesex, Norfolk, Franklin, Hampden and Hampshire counties to participate in a one year pilot program beginning September 1, 2019, to maintain treatment for individuals who enter jail on MATs, and to evaluate and induce inmates on MATs pre-release;
- Requires the Department of Corrections (DOC) to implement access to MAT for all individuals civilly committed through the Section 35 process and for individuals incarcerated at MCI Framingham and the South Middlesex Correctional Center;
- Requires DOC to evaluate all newly sentenced individuals on their need for MAT and offer them at least 90 days of MAT through a medically managed detoxification program before being moved to a no-treatment facility; and
- Requires DOC to evaluate all inmates on their need for SUD treatment 120 days pre-release and begin MAT if medically appropriate.

Governor Baker has ten days to either sign the bill, veto the bill, or send it back with an amendment. This piece of legislation must be considered as a whole; Governor Baker does not have line item veto authority as is allowed with the state budget.
MassHealth PT-1 Submissions

As of September 1, 2018, MassHealth will not be accepting paper PT-1 submissions (Provider Requests for Transportation submitted on behalf of covered individuals to request transportation to appointments). Providers must submit the PT-1 electronically through the Customer Web Portal. You can request a user ID for the Customer Web Portal by visiting https://www.mass.gov/forms/customer-web-portal-account-request-form.

Contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

BSAS RFR Posted for Youth Detox & Stabilization

DPH/BSAS posted an RFR for the procurement of one (1) co-ed Transitional Age Youth Detox Stabilization which includes a Medically Monitored Detox for youth and young adults, ages sixteen (16) to twenty (20) and clinically managed services to individuals who are not experiencing withdrawal symptoms but have other multidimensional needs—including substance use or co-occurring disorders—that require 24-hour monitored services in an inpatient supportive treatment environment.

The RFR is available along with other procurement related documents at https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-19-1031-BSAS0-BSA01-29249&external=true&parentUrl=bid.

RFR for DMH Flexible Support Services

The Department of Mental Health (DMH) has issued a notice of intent to issue a new RFR for DMH Flexible Support Services (formerly called “Individual and Family Flexible Support Services). As noted in the notice, DMH estimates the RFR to be released sometime between now and late August 2018 for a contract start date of January 1, 2019.


Keeper’s Korner

Keeper is enjoying her summer of digging holes in the yard and finding shady places to read and nap.

- House committee asks pharmaceutical companies to answer questions about opioids. Washington Post.
- Massachusetts Doctor Grapples With Her — And Pharma’s — Role In The Opioid Epidemic. WBUR.
- Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial. The Lancet.