**Growing Presence on the Hill**

ABH just returned from two fast-paced, fascinating days on Capitol Hill as part of the National Council for Community Behavioral Healthcare’s (the National Council) Annual Hill Day. The first day was spent at the National Council’s Public Policy Institute. The National Council convened a multitude of panels focusing on current health policy issues and how behavioral health organizations fit into the emerging picture. Panels focused on extremely relevant topics, such as *Creating New Managed Care Approaches for Dual Eligibles* and *Building a Health Home*.

On the second day, the ABH contingent met with members of the Massachusetts Congressional Delegation. During these meetings, ABH discussed legislation relative to Federally Qualified Behavioral Health Centers as well as expansion of the HITECH act to include health IT funding for behavioral health providers.

This year’s contingent was ABH’s largest ever and ABH was extremely pleased to be recognized by the National Council as the “Fastest Growing Delegation” at Hill Day. We hope that you will consider joining us at Hill Day next year as we work to continue to increase our presence on Capitol Hill.

**Is Your Comm-PASS Set?**

Make sure you keep your eye on [Comm-PASS](#) the state’s on-line procurement record site for update’s on the Clubhouse Services Request for Responses. Latest updates include changes to the RFR timetable.
Weighing in on Cost Containment

ABH has been closely following the Legislature’s health care cost containment bills. In May, the Senate passed S. 2270, An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation. Currently, a Conference Committee is meeting to work out the differences between the two pieces of legislation.

ABH has been in contact with the conference committee members to emphasize the importance of protecting individuals with behavioral health disorders and to ensure that behavioral health providers play a prominent role in the emerging healthcare landscape.

Specifically, ABH thanked the Legislature for creating a Behavioral Health Task Force in each of the bills and for granting behavioral health providers the ability to serve as patient-centered medical homes. In addition, ABH requested that the conference committee report:

- Allow providers to serve as Long-Term Support Services Coordinators under the state’s Dual Demonstration Project.
- Include language granting Health IT funding preference to providers not currently eligible for Medicare or Medicaid incentive payments under the current federal program.
- Include Senate language that includes behavioral health workers as part of the Department of Public Health’s Health Care Provider Workforce Center and deems behavioral health workers eligible for the healthcare provider workforce loan repayment program.

To read ABH’s letter to the Conference Committee in its entirety, click here.

Budget Wins

Last week, the budget conference committee released its FY 2013 Conference Committee report which was then accepted by both branches. ABH is pleased to report a number of highlights that demonstrate the Legislature’s support of behavioral healthcare:

- A $5 million increase in funding for DMH child & adolescent community services
- A $11.5 million increase in funding for DMH adult community services
- A $2.35 million increase in funding for the main BSAS line item
- Level funding for all other BSAS line items
- A $20 million Human Services Salary Reserve

Thank you for all of your budget advocacy. During every budget cycle, ABH is reminded that our members have an unwavering dedication to the behavioral health community and for that we are extremely grateful.
Ask a Staffer: Mandy Johnson

The E-update periodically profiles ABH staff members, key members, and consultants. This month, we feature Mandy Johnson, ABH’s new Director of Public Policy and Research. Mandy is responsible for monitoring all pending state and federal legislative and budget initiatives that are of interest to ABH members.

**E-Update:** Prior to coming to ABH, you worked for State Representative Geraldo Alicia and then for Senator Jennifer Flanagan. What first attracted you to public policy?

**Mandy:** I have been interested in politics and American history from a young age, which I think led to my love of public policy. I distinctly remember being excited about a local Selectman’s race in elementary school and spending the evening of the Presidential Election in 1992 watching the returns come in. Policy work became the next logical step as I moved through school. Also, an eternal optimism that one person can make a difference really drives me.

**E-Update:** How did your experience working with the Joint Committee on Mental Health and Substance Abuse shape your views of behavioral health policy?

**Mandy:** Working as the staffer on the Committee was really the perfect place to see many different views and ideas about behavioral health policy. When my former boss, Senator Flanagan, was appointed Chair, I didn’t know much about it at all. I was able to meet all the players and learn their point of views while trying to bring to the attention of Legislative leadership important issues for their consideration.

**E-Update:** You recently returned from the National Council’s Hill Day. Besides Washington’s humidity, can you share a few highlights of the trip?

**Mandy:** Hill day was awesome! As a political nerd, there is something about Washington D.C. that makes you feel invigorated and motivated to effect change and help people. It was also a great way to get to know the members who attended in a more casual team atmosphere knocking on Legislators doors. Although the Health Care Reform Supreme Court ruling happened after we left, the talk about universal coverage made me proud to live in Massachusetts, but also resolved to continue working to be ensure we can be a national leader.

**E-Update:** What are you most looking forward in your new position as Director of Public Policy and Research?

**Mandy:** I’m excited to dig deeper into the specific issues, and learn more about the health care system as a whole. So many changes are taking place right now, it’s an exciting, and nerve wracking, time for our members and I want to be a resource to them, and a cheerleader for behavioral health providers while interacting with state and federal officials.

**E-Update:** The ABH staff has been known to indulge on the occasional lunchtime pizza and/or Friday ice cream treat. Given your druthers, would you pick pizza or ice cream?

**Mandy:** I’m definitely an ice cream girl. I can’t resist a trip to Kimball Farms at any point!

Mandy can be reached at 508-647-8385, x. 14 or at ajohnson@abhmass.org. You can also read more about Mandy here.
Chapter 257 Advisory Council

Chapter 257 of the Acts of 2008, as you may recall, is intended to replace the current Purchase of Service System contracting system with a transparent rate-setting system in an effort to remedy the fact that human service contracts are historically underfunded. As part of an implementation accord reached with Governor Patrick, he issued Executive Order 536 which created the Provider and Consumer Advocacy Council “to facilitate the involvement of Massachusetts social service providers and consumers, in an advisory capacity, in the development of policies, plans, and initiatives to address issues that have system-level impact on the implementation of Chapter 257 across all agencies and programs subject to Chapter 257.”

Governor Patrick recently named six members of The Collaborative (ABH, the Providers’ Council, and The Association of Developmental Disabilities Providers) to the Provider and Consumer Advocacy Council: Katherine Wilson, Behavioral Health Network; Deborah Ekstrom, Community Healthlink; Bill Taylor, Advocates, Inc.; Bill Sprague, Bay Cove Human Services; Bruce Bird, Vinfen; and Bill Lyttle, Key Program.

The above members of the Provider and Consumer Advisory Council sent a letter to Judy Ann Bigby, Secretary of Health and Human Services, outlining key issues for the Council to consider. These include:

- Adequate Funding
- Determining Proper Cost Bases for Salaries and Benefits
- Costs of Fringe Benefits
- Staffing Costs of Training and Benefit Time (Time Off)
- Defining Components for Specific Service Codes
- Utilization Factors
- Facilities/Occupancy Costs
- Negotiated or Objective Assignments of Intensity of Need and Services
- Administrative Costs
- Phase-in Rates
- Cost Adjustments

ABH will keep you updated on the developments of the Provider and Consumer Advisory Council. In the meantime, for more information on Chapter 257 or The Collaborative, contact Vic DiGravio.

Keeper’s Korner

Keeper doesn’t want her faithful e-Update readers to be without some educational beach reading this summer. She dug around the sand and discovered that the Massachusetts Medicaid Policy Institute (MMPI) has released an updated MassHealth: The Basics — Facts, Trends and National Context by the Center for Health Law and Economics at UMass Medical School. A beach read if she ever saw one.