



Always There for Healthcare

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March 25, 2024

Ann Marie T. Sullivan, MD  
Commissioner  
New York State Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

Submitted electronically: [regs@omh.ny.gov](mailto:regs@omh.ny.gov)

Dear Commissioner Sullivan:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, appreciates the opportunity to comment on the proposed guidance for outpatient treatment, residential programs and care management programs on collaborating with hospitals on admissions and discharges.

Hospitals and community-based providers agree that strong partnerships are essential to improving behavioral health outcomes. A number of regions and counties in the state have established longstanding coalitions and working groups to enhance care transitions for people living with mental illness, substance use disorders, intellectual and/or developmental disabilities and other health conditions. These initiatives are often led by hospitals, health systems, local health departments and local mental hygiene directors.

HANYS and partner associations serving community-based mental health providers have worked to identify ways to support patients' care transitions. Most recently, HANYS convened ten associations serving diverse healthcare providers to develop concrete recommendations for addressing delays in access to care for patients with the most complex discharge care needs. The recommendations are published in HANYS' February 2024 report, [No more waiting: Recommendations to begin addressing care delays for New Yorkers with complex needs](#).

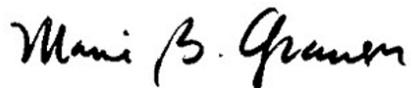
HANYS supports improved communication between hospitals and community-based providers during care transitions. However, even in light of the draft guidance, the proposed requirement for hospitals to obtain medical information and confirm appointments prior to discharge continues to raise concerns. Hospitals are serving patients 24/7/365, while community-based providers often have limited operating hours. This contrast will potentially lead to extended hospital stays.

Additionally, reimbursement for community-based mental health services is persistently inadequate to cover the cost of care, and hospitals are not reimbursed or receive only partial reimbursement for patients who no longer require acute care in the hospital setting. Well-resourced community providers are essential to support patients transitioning out of crisis. We strongly urge OMH to consider these challenges.

Hospitals and health systems statewide are eager to work with your office to develop guidance that will improve timely access to care and support recovery for individuals seeking mental health services. We offer the expertise of our statewide behavioral health taskforce, comprised of multidisciplinary hospital and community-based behavioral health program leaders, to discuss these practices and standards.

If you have questions, contact Sarah DuVall, director, behavioral health, at 518.431.7769 or [sduvall@hanys.org](mailto:sduvall@hanys.org).

Sincerely,

A handwritten signature in black ink that reads "Marie B. Grause". The signature is written in a cursive, flowing style.

Marie B. Grause, RN, JD  
President