

## Massa, Cody

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**From:** Leslie Lynch <llynch@chrysalishealth.com>  
**Sent:** Friday, June 3, 2022 4:35 PM  
**To:** solicitation.questions  
**Subject:** AHCA RFI 014-2122 Response  
**Attachments:** AHCA RFI 0142122 Chrysalis Health Response.docx; AHCA RFI 0142122 Chrysalis Health Response.pdf

Cody Massa  
Procurement Officer

Please accept the attached as Chrysalis Health Response to RFI 014-2122. Please note there is not a redacted version as there are no trade secrets nor confidential information contained in the response.

Sincerely,



**Leslie Lynch, MS**  
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**OUR FUNDAMENTAL BELIEF:**

It is our fundamental belief that everyone is deserving and capable of achieving health, happiness, productivity, and personal wellness goals.

**OUR MISSION:**

It is our mission to ensure our clients achieve optimal levels of wellbeing through the provision of compassionate, innovative and effective behavioral health and wellness services.

**VISION:**

It is our vision to be a recognized leader in the promotion and provision of state-of-the-art behavioral health and wellness services in an environment that fosters compassionate care, clinical excellence, innovation, personal and professional growth, workplace satisfaction, and responsible and sustainable business practices.

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**Response to: AHCA RFI 014-21/22**

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**Chrysalis Background**

Chrysalis Health is proud to be the leading, largest, and only state-wide provider, of Florida Medicaid covered ambulatory behavioral healthcare services for children, adolescents, adults, and families in Florida. Founded originally in 1995 as a small behavioral health group home for children, The Chrysalis Center began providing a full range of Florida Medicaid community mental health services in March 1999. Over time, Chrysalis Health evolved in response to a growing need for effective behavioral healthcare for children and families in our communities. Chrysalis was founded on the concept of developing quality services for those in need, where services were void or lacking. We provide Florida Medicaid reimbursable ambulatory behavioral health services including therapy, case management, psychiatry (evaluation and medication management) and psychosocial rehabilitation. Our services are provided in the community, via telehealth, or face to face in our client's homes or schools.

In 2004, The Chrysalis Center earned national accreditation by the respected Council on Accreditation, which signifies that Chrysalis Health is effectively managing its resources and providing the best possible services to all stakeholders. In our most recent re-accreditation, Chrysalis earned a **perfect score**.

Chrysalis Health is proud of the work we do and of the dedicated staff that provide necessary behavioral healthcare programs and services to the state of Florida's most needy, vulnerable population. The services we provide are valuable and effective based on our more than two decades of delivery of care with excellent outcomes. We diligently manage the benefits and utilization to ensure that the funder dollars can be used to serve as many recipients as possible at the lowest possible cost per episode of care.



## Current Challenges

Medicaid enrollment numbers have grown and consequently the demand for services has increased. For example, from February 2020 – July 2021 nationwide Medicaid enrollment increased by 12,677,443 beneficiaries or a 19.8% increase. Florida has just over 21.5 million residents according to the 2020 U.S. Census. As of November 2021, according to AHCA, Florida’s Medicaid enrollment total was 5.1 million or 22.4% of the state population.

The demand for mental health services has grown significantly, in part, due to the impact from the longstanding COVID-19 pandemic. The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing, according to a new World Health Organization (WHO) survey published October 2021. The survey of 130 countries provides the first global data showing the devastating impact of COVID-19 on access to mental health services.

Pre-dating the impact of the pandemic on mental health (and ongoing) is the problematic usage of social media which has been shown to have a negative impact on an individual's level of anxiety and depression, particularly in children and adolescents, leading to increased demand for treatment. According to the Pew Research Center, 69% of adults and 81% of teens in the U.S. use social media. This puts a large amount of the population at an increased risk of feeling anxious, depressed, or ill over their social media use. Similarly, Pathological Internet Use (PIU), defined as problematic, compulsive use of the internet that results in significant impairment in functioning, is another pre-pandemic and continuing concern. At the clinical and public health levels, targeting PIU among adolescents in the early stages could potentially lead to improvements of psychological well-being and a reduction of suicidal behaviors.

The recently appointed Superintendent for Miami-Dade County Public Schools listed his top two priorities: the education of students and their mental health needs. The stigma against acknowledging the need for and seeking mental health services is being upended by such celebrities as Simone Biles and Naomi Osaka who both shared their personal stories with mental health issues in a very public way. LeBron James and Michael Phelps advertise emotional well-being apps on television commercials. The public actions by these celebrities and others are informing people that acknowledging one’s mental health issues and seeking treatment is a positive step to take toward their own well-being.

The increase in the use of telehealth platforms, while allowing greater access to behavioral health therapy, has also made it difficult to hire or retain licensed clinicians as they choose online telehealth companies who provide services to commercially insured or self-paying clients for pay rates higher than Medicaid funded providers can match. Competition from public school systems hiring mental health professionals at higher pay rates with better benefit packages has resulted in a drain of qualified staff to treat our clients.

While Title XIX sets a floor on payment rates Florida’s Medicaid reimbursement rates have not increased in twenty years. The Medicaid reimbursement rate for a therapy session is \$73.32 while commercial



insurance average 25%, 35% and higher for a therapy session. Private practice licensed clinicians accepting self-paying clients are charging from \$100 - \$250 per session. Our therapists want to work with our client population but at some point, for many it just doesn't make sound financial sense to continue to do so.

What cost \$1 to purchase in 2001 now costs nearly \$1.70 a cumulative change of approximately 64% while during that same period Medicaid reimbursement for outpatient mental health services has remained the same. In 2001, the Medicaid Rate of an hour of Therapy was \$73.32, and that is the rate it remains in 2022. If this rate would have kept up with the cost of living (2.5% per year), it would now be \$120.14. If it had been increased by only 1.0% per year, it would now be \$89.46 – approximately the same rate as the Florida DCF rate for the same service.

While the behavioral health field has grown and changed significantly, the set of procedures in the Community Behavioral Health Coverage and Limitations Handbook, and the more recent Florida Medicaid Service Policies have not. The available procedures are antiquated, based on traditional models, and limited in terms of flexibility. The therapy procedures are not in line with the most recent, and still emerging, evidenced based practices. The research thus far for the below practices is showing shorter, more intensive episodes of care, thereby creating cost savings for the state, and reduced burnout and compassion fatigue for clinicians. These practices are proving to be effective and achieving improved outcomes, however, do not come without a cost. The training programs are expensive and require an investment in our workforce. With inadequate funding to recruit, hire, train and retain qualified professionals, we continue to see high levels of turnover, and lost return on the investment. Concurrently, the most vulnerable in our communities suffer the loss of qualified and trained professionals.

- Traumatic Incident Reduction (TIR), a one-on-one therapeutic technique performed by trained professional in a highly structured manner, is considered a rapid therapy form and typically does not last as long as traditional methods. Sessions are typically 60-90 minutes, exceeding the allowable, reimbursable amount of 60 minutes for H2019HR for Individual and Family Therapy. While this technique has potential cost savings for the state, its delivery is not supported by the procedure codes and limitations available.
- Eye Movement Desensitization and Reprocessing (EMDR) is another example of a practice that has received the highest level of recommendations from organizations like the World Health Organization, Department of Veterans Affairs and Department of Defense, and the International Society for Traumatic Stress Studies, for the treatment of Post-Traumatic Stress Disorder and Acute Stress Disorder. Typically, EMDR sessions last from between 60-90 minutes.
- Another emerging short term therapy practice, Brainspotting, is showing effectiveness in the treatment of trauma, anxiety, attachment issues, substance use, chronic pain, depression, phobias, and attention issues. Session length is dictated by the client for this practice and often exceeds 60 minutes.



Community providers, including Chrysalis Health, are also faced with increasing administrative burdens, unfunded mandates, and increasingly more stringent regulatory and industry standards for which no reimbursement exists today. Inadequate funding levels continue to create challenges to service delivery resulting in:

- longer waiting times for services,
- open and unfilled positions,
- less than market compensation for qualified staff,
- inability to employ evidence-based practices, and
- inability to leverage innovative technologies

### **Recommendations**

To address these current challenges, we have the following recommendations for AHCA:

1. Authorize Plans to incentivize Behavioral Health (BH) providers who successfully discharge clients from services, based on measurable improvement from pre and post testing from a valid instrument such as the DLA-20.
2. Require the Plans to incentivize BH providers for reduced hospitalization.
3. Expand targeted case management services by widening the eligibility criteria. Targeted Case Management is a low cost, effective service that provides needed support and advocacy, when combined with therapy and/or psychiatry.
4. Expand wraparound services by broadening the eligibility criteria to receive those services.
5. Ensure that video and telephonic delivery of services continues to be permitted, thereby improving access to services.
6. Evaluate text messaging as a method of service delivery to improve connectedness and access to needed services.
7. Require a more coordinated audit processes and prior authorization procedures by Plans so that audits and prior authorization requests require the same data and are reviewed in the same manner with the same expectations, resulting in a reduction in redundancy and administrative burden.
8. Streamline and standardize the credentialing process across the MCOs and ensure compliance with Medicaid regulations. The current processes are both an administrative burden to BH providers and impede access to care for Medicaid recipients.
9. Eliminate the limitation of four (4) units per day on Individual and Family Therapy to accommodate the most recent and emerging evidenced-based practices.
10. Accommodate the shortfall of master's level and licensed therapists available for the ongoing and emerging needs of Medicaid recipients in Florida by exploring other ways to build social supports and resiliency and restore skills for independence and improved functioning. ACHA needs to leverage bachelor level professionals and well-trained individuals to provide services while the needs exceed the capacity. Access to care will be improved for Medicaid recipients. Building social supports and



connections has been proven to improve mental health and the ability to combat stress, depression, and anxiety. Some HCPCS Codes not currently available in Florida to consider include:

- G9004 Comprehensive care management
- G9005 Care coordination and health promotion
- G9010 Patient and family support
- H2025 Ongoing support to maintain employment
- H2027 Psychoeducational service
- H2032 Activity therapy
- H2014 Skills training and development
- H2015 Comprehensive community support services
- H0036 Community psychiatric supportive treatment

11. Other opportunities for improvement include additional assessment and treatment planning procedure codes. Good care begins with the use of relevant tools to assess the treatment needs and multiple flexible planning tools to address those needs. Providers need to be supported to provide crisis assessments, functional behavioral assessments, and individualized psychometric testing. Additional options to support comprehensive planning include codes to cover crisis, safety, aftercare and discharge planning. Good planning and thorough discharge and aftercare work reduces the likelihood of deterioration post treatment.
12. Reimbursement for Interpreter services when used (T1013).



**Other Considerations**

States have flexibility in setting rates for health care services, Title XIX sets a floor on payments, i.e., the rates have to be high enough to incentivize quality and participation. Section 1902(a)(30)(A) of the Social Security Act states, in part “A State plan for medical assistance must . . . provide such methods and procedures relating to ... assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.”

It is incumbent upon the legislature to ensure the establishment and maintenance of Medicaid program rates that are sufficient to sustain the financial viability of Florida providers, thereby ensuring that Florida Medicaid members have access to high value services, as required by Section 1902(a)(30)(A) of the Social Security Act.

A Florida Medicaid reimbursement rate for a therapy session is between \$64.00-\$73.32 while commercial insurance average 35% and higher for a therapy session and other state agencies like DCF and DJJ pay \$90 plus. Private practice clinicians accepting self-paying clients are charging from \$100 - \$250 per session.

Service	Florida Medicaid	DCF	DJJ	Commercial Insurance	Private Pay
Therapy per hour	\$64.00 / \$73.32	\$89.76	\$100	\$100-\$150	\$100-\$250
Psychiatric Evaluation per eval	\$150 / \$210	\$378.79	N/A	\$150-\$250	\$250-\$400
Medication Management per event	\$60	\$94.70	N/A	\$96-\$135	\$100
Targeted Case Management per hour	\$48	\$71.12	\$50	N/A	N/A

Below is a five–state comparison of reimbursement rates for a 53–60-minute therapy session.

State	Code	Service	Duration/Unit	Rate
Texas	90837	Therapy	53-60 Minutes	\$106.66
Alaska	90837	Therapy	53-60 Minutes	\$118.60
Nevada	90837	Therapy	53-60 Minutes	\$108.15
New Hampshire	90837	Therapy	53-60 Minutes	\$113.28
Florida	H2019 HR	Therapy	53-60 Minutes	\$73.32