



Mental Health Worker Healthcare Benefit Project:

*Results of the
Mental Health Worker Healthcare Insurance Survey*

Report to:

**The Governor of New York State
&
The New York State Legislature**

Submitted By:

MENTAL HEALTH ASSOCIATION IN NEW YORK STATE, INC.

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Project Overview

In April of 2009, the Mental Health Association in New York State, Inc. (MHANYS) entered a contract arrangement with the New York State Office of Mental Health (OMH) to conduct a statewide survey of mental health providers to determine the nature and scope of employee-sponsored health care benefits available to direct care workers in the mental health field¹. This report summarizes and discusses the results of the survey.

Background

During the FY 2008/09 State Executive Budget negotiations Senator Thomas Morahan, Chair of the Senate Mental Health Committee, made an expressed commitment to address the health care insurance needs of direct care workers employed in the mental health field. Towards that goal he secured a legislative appropriation of \$300,000² to address the health care needs of mental health workers. Subsequently, a May 20, 2008 letter drafted to the Commissioner of OMH by Senator Morahan identified specific actions and provisions for which the funding should be used.

Mental Health Providers Health Insurance Survey Tool

The Mental Health Worker Healthcare Benefit Project (HBP) implemented provisions contained in Senator Morahan's letter, which entrusts OMH and MHANYS with conducting a *Mental Health Providers Health Insurance Survey*. The survey measured the level, cost and existence of health insurance coverage provided for direct care workers in mental health agencies statewide.

This report to the Governor and the Legislature includes the results of 172 (28.7 percent of OMH licensed mental health providers) completed surveys and provides recommendations for implementing health care enhancements for direct care workers.

MHANYS and OMH jointly issued a Mental Health Providers Health Insurance Survey to every mental health provider organization currently licensed by OMH. The survey was designed to collect the following information:

- The degree to which mental health providers offer their direct care workers health care insurance benefits;
- The specific health care insurance plans offered (e.g., the name of HMOs);
- The proportion of the health care insurance premium subsidized by the provider;
- The total cost of the health care insurance premiums under each plan;

¹ The contract also directed MHANYS to establish and maintain a statewide network of Mental Health Worker Assistance Programs (MHWAPs) that would provide mental health workers, and their employers, access to information and assistance regarding health care insurance and related employment incentives. At the time this survey results report was submitted, the MHWAP portion of the contract agreement was in mid-term implementation.

² Subsequent additional state budget cuts in August of 2008 reduced this to \$227,000 in the final appropriation.

- The covered services under each plan and the amount of co-pay for each covered service;
- The number of full-time and part-time direct care workers employed by the provider;
- The number of employees enrolled in health care insurance plans offered through the provider;
- Where applicable, the reasons why employees decline available health care insurance benefits;
- The existence of ancillary health care insurance benefits such as dental and vision care;
- The degree to which providers make available to their employees information about New York State health care insurance programs such as Family Health Plus and Child Health Plus;
- The extent to which providers offer flexible spending accounts for “out-of-pocket” medical expenses.

Summary of Key Findings

- Most agencies (75%) have experienced significant increases in the co-payments under the plans they offer to their employees. These agencies saw average increases of 25 percent over the past three years.
- Almost all surveyed mental health agencies (97%) offer health care benefits to their full-time employees, while only 64 percent of agencies offer health insurance benefits to part-time workers.
- Of those employees who do not accept offered health insurance benefits, 18 percent denied the benefit because they could not afford the employee premium contribution.
- The most common reason direct care employees deny offered health insurance is because insurance is obtained through a spouse. Forty-four (44%) percent of employees denied coverage for this reason.
- Just 17 percent of workers deny health insurance benefits from their employer because they currently access an existing New York State subsidized health insurance plan.
- The total premium cost for direct care worker health insurance policies is about *10 percent more* for family plans than other insured New Yorkers and about *20 percent less* for individual plans.
- Direct care employees pay higher out-of-pocket rates for premium contributions compared to New York State employees insured under the Empire Plan and CDPHP.
- Direct care employees pay significantly higher co-payments than New York State employees for 18 out of the 21 covered services we collected data on.

Survey Method

Prior to designing our survey method, MHANYS sought advice from the Office for People with Developmental Disabilities (OPWDD) based on their work on three similar surveys they completed in relation to direct care worker health care enhancement projects. This information proved valuable in structuring a more valid and more reliable survey instrument than would otherwise be possible and helped to mitigate various other pitfalls. MHANYS has collected the completed surveys and analyzed the results, which we discuss in this report to the Governor and the Legislature.

Survey Target

The Mental Health Worker Healthcare Insurance Survey was designed to target “direct care employees” working for agencies licensed by the State to provide a variety of mental health services.

Our working definition targeted employees who...

- 1) have no supervisory responsibilities and
- 2) are not working under a professional certification or license.³

Examples of employees who would meet this definition include...

- Mental Health Aides;
- Maintenance workers;
- Clerical;
- Transportation; and
- Nutrition (i.e. food services positions)

Survey Design

The survey format utilized an internet-based platform (PHP/MYSQL) developed by MHANYS’ in-house Information Technology consultant. A letter from OMH Commissioner Michael Hogan and MHANYS CEO Glenn Liebman announcing the survey was sent to all OMH licensed mental health agencies (see addendum A). The letter asked agencies to complete the survey and provided instructions for accessing an electronic version of the survey on the internet. The letter also provided MHANYS’ contact information for assistance and technical support.

A printed version of the survey is attached to this report under Addendum B.

The survey was designed to capture relevant information about health insurance benefits provided by agencies on behalf of the survey target. Human Resources personnel or other agency personnel entrusted with the responsibility of administering the health insurance

³ Please see the discussion section of this report for a more in depth explanation of the assumptions used to identify the target population for the survey.

benefits on behalf of agency employees were directed to complete the survey. Solicited information included:

- The number of full-time and part-time direct care workers employed by agencies;
- Whether agencies offer health insurance benefits to full-time and part-time employees;
- The names of the individual health insurance plans offered to employees
- The total premium cost of each plan and the cost sharing arrangement of premiums between agency and employee;
- The covered services under each insurance plan;
- The cost of co-payments paid by employees under each plan, for each covered service;
- Changes in the cost of premiums and co-payments over a three year period, and;
- The status and nature of information about health insurance provided to employees.

Survey Results

Basic Findings

The survey results are based on surveys completed by 172 mental health provider agencies representing 13,982 full-time direct care workers and 6,826 part-time direct care workers. The survey results reflect data from approximately 275 insurance plans. Of the 172 agencies that responded to the survey, 155 offer health insurance benefits to their direct care employees, or an average choice of 1.8 plans per agency.

There is an approximate five percent vacancy rate in direct care worker positions across the 172 agencies. A total of 166 agencies (97 percent) make available health insurance benefits to full-time employees, 102 of which (59 percent) make available health insurance benefits to part-time employees.

Agencies reported whether they routinely provided employees with information about the availability of health insurance plans available under the agency's offered health insurance benefits and whether or not the agency had a formal policy in place for this purpose.

In response to these questions, 99 percent of agencies reported that they routinely provide employees with health insurance benefit information while 97 percent claimed to have a formal policy in place to provide insurance information to employees.

Denial of Offered Benefits

In 2008, 3,673 employees denied the health insurance benefits offered by agencies. The most common reason that employees deny agencies' health insurance benefits is because the employee is covered under a spouse's insurance. Of all the employees who denied the benefit, 44 percent did so because a spouse already had insurance.

Table 1 shows the results for all six reasons for denial included in the survey.

Table 1 - Denial of Health Insurance Benefit

Reason for Denial of Offered Health Insurance Benefit	Number of Denials	Percentage
Can not afford employee premium contribution	645	17.6%
Accesses insurance through a spouse or family member	1604	43.7%
Prefers to pay for medical expenses "out of pocket"	111	3%
Access to State-subsidized health benefit plan	632	17.2%
Financial incentive offered by employer to decline coverage	229	6%
Unknown reason for declining benefit/Other	452	12.3%
Total Number of Denials	3,673	

Eighteen percent of those who denied agencies' insurance benefits did so because they could not afford the premium, and a comparable 17 percent denied insurance because they take advantage of a state-subsidized insurance plan. Thirty-five percent of agencies ranked this reason second.

Premium Costs

Of the 155 agencies that reported premium costs, the average cost of the total insurance premium for individuals, plus one and family plans are shown in table 2.

Table 2 – Total Premium Cost

Covered Entity	Individual	Plus One	Family
Average Premium Cost	\$444	\$931	\$1,237

Table 3 shows the average insurance premium cost sharing percentages between the employee and employer.

Table 3 – Insurance Premium Cost Sharing

Plan type	Individual		Plus One		Family	
	Employer	Employee	Employer	Employee	Employer	Employee
Premium Percentage	79.8%	20.2%	65.5%	34.5%	79.1%	20.9%
Average Premium Cost	\$354	\$89	\$610	\$321	\$978	\$259

Co-Payments/Covered Days

Table 4 shows the average co-payments for each discrete service across 232 insurance plans⁴ offered by responding agencies.

⁴ The 232 plans offered includes duplications where like plans are offered through more than one agencies.

Table 4 – Average Co-Payment Cost by Service

Covered Service	Average Copay/Average Covered Visits/Days
Primary physician office visit	\$21.45
Specialist office visit	\$28.72
Routine adult physical exam	\$12.74
Routine infant/child physical exam	\$4.61
Routine OB-GYN exam	\$15.16
Emergency room visit	\$87.98
Hospital inpatient	\$271.51
Hospital outpatient (i.e. outpatient surgery)	\$97.56
Physical therapy office visit	\$34.97
Laboratory services	\$16.43
Radiology/Imaging services	\$28.03
Maternity physician visit	\$26.99
Maternity inpatient services	\$226.55
Urgent care facility	\$37.71
Ambulance	\$49.51
Mental health inpatient	\$233.29
Mental health outpatient	\$67.98
Substance abuse inpatient	\$221.13
Substance abuse outpatient	\$85.90
Prescription drugs - generic	\$10.54
Prescription drugs - brand name	\$29.30

Averages co-payments for inpatient and outpatient mental health and substance abuse services reflect an aggregate of plans with restrictions on the number of days/visits per year as well as plans with no restrictions (i.e., 356 days/visits per year).

Co-Payment Increases

Agencies were asked for co-payment information of each plan available to direct care employees, specifically, the services requiring a co-payment and the amount of co-payment for each service included under the plan.

Of 160 agencies responding to this question, 75 (or 47 percent) reported an increase in the amount of co-payments for offered plans over the past three years. These agencies reported an average 25 percent increase in co-pays over the three year period.

Discussion

Body of Research

To our knowledge, the Mental Health Worker Healthcare Insurance Survey is the only systematic attempt to gather specific data about employee health insurance of lower-salaried staff positions working for mental health services agencies in New York. The closest type of project that we are aware of was included in studies of employee health insurance in agencies

-serving the needs of individuals with developmental challenges. We are grateful for OPWDD’s work is designing and conducting a survey tool that proved extremely helpful in developing a similar tool for the mental health services field. Indeed, there are many similarities between the two fields of service that make OPWDD’s work very comparable to this project, and thus instructive in the survey design process. However, there are also appreciable differences in the two fields of employment, especially in program structure, staffing functions and reimbursement histories. These differences are part of what makes the new data very useful for informing public policy decision making.

Survey Response Rate

We are also encouraged by the survey completion rate. The proportion of completed surveys to eligible respondents who received the solicitation letter was 29%. Considering the relative complexity of the survey and the nature of the type of information solicited, the results are by most standards very good.

As previously discussed, the survey target was the “*direct care employee*”. This designation, and the assumptions that led to its definition, are integral to the purpose and results of this study. That is to say, there are important implications for the mental health services system that explain why the legislature has focused on this particular cohort of the mental health services system. Therefore, how we defined this cohort warrants further explanation.

The Definition of Direct Care Employee

First, it should be noted that the term *direct care employee* is not defined in either New York State Mental Hygiene Law or in regulations promulgated by the New York State Office of Mental Health. It is a term that was used frequently in the legislation development process of Mental Health Worker Health Care Enhancement legislation. The use of the term “*direct care employee*” was meant to describe a general cohort of mental health workers not uniformly defined but who nonetheless share certain characteristics. These characteristics collectively describe employees particularly challenging to both recruit and retain, but who play an indispensable role in the mental health services system.

The characteristics of the defined employee cohort include:

- Being on the lower end of the mental health system wage scale;
- Not working under a professional certification or license;
- Not generally considered part of management, which we made operational by excluding employees with supervisory responsibilities;
- Are necessary and crucial to the ultimate delivery of mental health services.

Examples of employee functions that would tend to cluster around these characteristics include:

- Mental Health Aides;
- Maintenance workers;
- Clerical;

- Transportation; and
- Nutrition (i.e. food services positions).

We believe this method adhered to the legislative intent embodied in Senator Morahan’s letter to OMH, as well as previously proposed healthcare enhancement legislation.

Defining Measurement Terms

Availability: This is a measure of the degree to which the mental health services agencies make health insurance benefits available to their direct care employees, regardless of the expense to either the agency or the employee, but only to the extent that the offered benefit represents some advantage to what would otherwise be available to the employee in the private insurance market.

Expense: Expense is a measure of premium costs and co-payment/deductible costs as well as the particular cost borne by the employee.

Quality: Quality as used in this report represents the interrelationship between a number of variables including premium cost, co-payments/deductibles levels, covered days/visits and the comprehensive nature of the coverage. Thus, by example, the highest quality insurance plan by this definition would be one that had a low premium, low co-payments and/or deductibles, higher numbers of covered days/visits and more comprehensive services. The direct converse of these variables would reflect a relatively lower quality insurance plan.

We concede that *quality* is a complex notion that is difficult if not impossible to operationalize. Factors beyond the scope of this study such as the caliber of medical care available in a given region and the subjective experience of the beneficiary all influence a broader concept of quality. For the purposes of this report the term is used in a much more restrictive and thus measurable sense.

Key Findings with Public Policy Implications

For the remainder of this discussion, the report focuses on some of the broad policy questions that the survey was designed to shed light on and the degree to which the survey results have enlightened our understanding of the health insurance benefits currently offered to mental health direct care workers.

Generally, we sought to better understand...

- 1) *The status of health insurance benefits available to direct care workers in terms of availability, expense and quality;*
- 2) *How the health insurance benefits available to direct care workers compare to normative measures in terms of availability, expense and quality, and;*
- 3) *The cost to mental health services agencies of providing health insurance to their direct care workers.*

Status

1) *What is the status of health insurance benefits for direct care workers in terms of availability, expense and quality?*

We selected a recent study completed by America’s Health Insurance Plans (AHIP)⁵ as our primary benchmark for comparison purposes. In June 2009 AHIP reported the results of the latest in a series of comprehensive surveys of member companies participating in the individual health insurance market. This study contains detailed information on individual market premiums, application results, and benefits purchased.

The data on premiums and benefits are based on nearly 2.6 million policies in force during May or June 2009, covering approximately 4.2 million people. The plans represented in the study were 90 percent employer-based health insurance plans. Although the studies focus was national (i.e. not specific to New York), New York was in the top 50 percentile of states reporting the most robust data.

The AHIP survey results showed the average health insurance policy for an individual living in New York to be \$6,630 annually, and \$13,296 for a family plan. Plans available to direct care employees included in the mental health worker survey cost an average of \$5,328 annually for individuals and \$14,844 for families.

Table 5 – Average Premium Comparison

New York Average Premium Cost		Mental Health Agency Premium Costs	
Individual Plan	Family Plan	Individual Plan	Family Plan
\$6,630	\$13,296	\$5,328	\$14,844

On average, nationally, employers pay 83 percent of the cost of single coverage and 73 percent of the cost of family coverage. In New York mental health agencies pay 79.8 percent for individuals and 79.1 percent for family coverage.

Nationally, co-payments for primary care visits average \$30. Direct care employees pay an average of \$21.45. The national average co-payment for emergency room visits is between \$92 and \$98 depending on the plan type (i.e. HMO vs. PPO). By comparison, direct care employees pay an average \$88.

Differences: Direct Care Employees vs. New York State Benchmarks

2) *In what ways are the health insurance benefits for direct care workers **different** compared to normative measures in terms of availability, expense and quality?*

⁵ www.ahipresearch.org/pdfs/2009IndividualMarketSurveyFinalReport.pdf

There are myriad insurance plans in New York State that could be used for comparison sake making the selection of any one benchmark a complex undertaking. Our goal is not to draw any definitive conclusions about how direct care worker health insurance plans compare to other plans, but rather to provide some perspective by selecting a reasonable benchmark.

For this purpose we choose some of the plans available to New York State employees. Even within this demographic there is a broad range of benefits that can vary substantially based on plan type (i.e., indemnity plans, HMOs, etc.) and bargaining unit.

Table 6 - New York State Employees⁶ vs. Direct Care Employee

	Annual Premium Cost		Individual Coverage		Family Coverage	
	Individual Coverage	Family Coverage	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Empire Plan	\$5,970	\$10,360	\$5,373 90%	\$597 10%	\$7,770 75%	\$2,590 25%
HMO CDPHP	\$5,951	\$12,060	\$5,410 90%	\$541 10%	\$9,045 75%	\$3,015 25%
Plans for Direct Care Employees	\$5,328	\$14,844	\$4,252 79.8%	\$1,076 20.2%	\$11,742 79.1%	\$3,102 20.9%

The premium cost comparison shown in Table 6 demonstrates the employee out-of-pocket premium costs under the two plans offered to state employees and the average direct care worker costs discovered through this survey. While the total premium costs for individual coverage is comparable across the three groups, the relative difference in cost sharing (i.e., NYS employees pay 10 percent of the total premium compared to 20.2 percent paid by direct care workers) explains why direct care workers on average pay nearly double in annual dollars. For family coverage, the premium cost sharing ratio is slightly more favorable on average for direct care workers (20.9%) compared to state employees (25%). However, the substantially higher average total premium costs for family coverage of \$14,844 for direct care workers results in slightly higher out-of-pocket costs for direct care workers compared to state employees.

It is commonly understood that state employee salaries for like job titles tend to be significantly higher than their not-for-profit counterparts. While we did not conduct a salary comparison, it is clear that the extent to which there does exist salary disparities, this would only magnify the amount of income direct care workers pay for health insurance as a percentage of total income when compared to state employees.

Table 7 shows a comparison of the average co-payments for various services under health insurance plans for direct care workers compared to co-payment requirements under New York State’s Empire Plan⁷. As can be seen, co-payments for all but three services were

⁶ Rates are based on 2010 for employees of the State of New York who are Management/Confidential or represented by CSEA, PEF, UUP, DC-37, NYSCOPBA, PIA; NYS Supervisors and Troopers represented by PBA; Legislature; Unified Court System (UCS).

⁷ The New York State Health Insurance Program Management/Confidential; Legislature. For Employees of the State of New York designated Management/Confidential; Legislature; and for their enrolled dependents and for COBRA enrollees with their Empire Plan Benefits

substantially lower under the Empire Plan. The far right column shows the extra co-payment amount that direct care workers pay on average for each covered service over what Empire Plan beneficiaries pay.

Table 7 – Co-payment Comparison

Covered Services	Average Co-pays		
	Direct Care Employees	NYS Empire Plan	Difference DCW/NYS plan
Primary physician office visit	\$21.45	\$20	\$1.45
Specialist office visit	\$28.72	\$20	\$8.72
Routine adult physical exam	\$12.74	\$20	-\$7.26
Routine infant/child physical exam	\$4.61	\$0	\$4.61
Routine OB-GYN exam	\$15.16	\$20	-\$4.84
Emergency room visit	\$87.98	\$70	\$17.98
Hospital inpatient	\$271.51	\$200	\$71.51
Hospital outpatient (i.e. outpatient surgery)	\$97.56	\$35	\$62.56
Physical therapy office visit	\$34.97	\$20	\$14.97
Laboratory services	\$16.43	\$20	-\$3.57
Radiology/Imaging services	\$28.03	\$20	\$8.03
Maternity physician visit	\$26.99	\$20	\$6.99
Maternity inpatient services	\$226.55	\$200	\$26.55
Urgent care facility	\$37.71	\$20	\$17.71
Ambulance	\$49.51	\$35	\$14.51
Mental health inpatient	\$233.29	\$0	\$233.29
Mental health outpatient	\$67.98	\$20	\$47.98
Substance abuse inpatient	\$221.13	\$0	\$221.13
Substance abuse outpatient	\$85.90	\$20	\$65.90
Prescription drugs - generic	\$10.54	\$5	\$5.54
Prescription drugs - brand name	\$29.30	\$15	\$14.30

On average, direct care workers pay about double in out-of-pocket co-payments for both generic and brand name prescription drugs compared to Empire Plan beneficiaries.

3) *The cost to mental health services agencies of providing health insurance to their direct care workers.*

Mental health agencies pay average insurance premiums of \$4,252 annually for individuals and \$11,742 for each employee that accepts family coverage. For individuals, this is somewhat less than New York pays for state workers under the Empire Plan (i.e., \$5,373), but significantly more than the state pays for family plans (i.e., \$7,770). For individual plans, the disparity is owing to the state paying 90 percent of the premium compared to mental health agencies that pay about 80 percent. But for family coverage the difference is mostly

explained by the higher *total* premiums for family insurance plans offered by agencies compared to the Empire Plan.

One agency commented in the survey that health insurance premiums for employees comprise 10 percent of their total operating budget. Another commenter cited a 42 percent increase in insurance premiums over the past 3 years.

Conclusions and Recommendations

Seeking a full and complete understanding of employee health insurance benefits across a multitude of employers of varying size and function, and across different geographic regions of the state is a highly complex endeavor. Furthermore, making apples-to-apples comparisons with other benchmarks would stretch the ability of the most rigorous survey methods and statistical analysis. Such a study was beyond the scope of this present survey and report.

However, we believe the findings included in this report along with the comparative analysis used provide a much clearer understanding of the relative availability, expense and quality of health insurance benefits for direct care employees working in the mental health field than was previously understood.

The findings provide a clear blueprint for discussion around making improvements to direct care worker benefits that could have important implications for recruitment and retention in this challenging and demanding field of human service. In fact, the results of this survey project have already provided valuable insights that have helped inform the development of Mental Health Workers' Assistance Programs, currently underway in New York State.

Recommendations

Based on these findings, we offer the Governor and Legislators the following recommendations:

- 1) Explore ways to assist direct care workers with *out-of-pocket* health care expenses such as co-payments and employee contributions to premiums including health care enhancements similar to those appropriated for OMRDD employees;
- 2) Establish a Direct Care Worker Advisory Committee comprised of mental health provider representatives and state policy makers to inform policy development geared toward improving recruitment and retention of a quality mental health workforce;
- 3) Consider creative ways to utilize New York State subsidized health insurance plans, such as Healthy New York and Family and Child Health Plus so that direct care workers can take advantage of these programs *even though they may already have insurance* through their employer, when a switch would result in a more favorable out-of-pocket expenditure situation for the employee.
- 4) Promote programs that increase direct care worker awareness of available health insurance resources and options in New York State.
- 5) Facilitate ways to create collective purchasing opportunities for mental health agencies to access health insurance policies with less expensive premiums and co-payments.

- 6) Utilize alternative incentives to attract and retain direct care workers such as tuition reimbursement and access to training programs.
- 7) Continue to learn more about the direct care workers' role, their wages and benefits and other possible work incentives. Use this information in ways that will help us to preserve and cultivate this valuable resource in the mental health service system.

In closing, MHANYS wishes to thank the Governor and the Legislature for reading this report and for their thoughtful deliberation regarding the needs of direct care workers and, moreover, the people they serve. We hope that the survey findings summarized in this report provide valuable information for addressing the needs identified herein.

MHANYS also wishes to acknowledge and thank the late Senator Thomas Morahan and Assemblyman Peter Rivera for their commitment to mental health services in New York State and for the leadership that made this study possible.

Finally, we thank Commissioner Michael Hogan and staff from the Office of Mental Health who helped to assure that the expressed purpose of this initiative was carried out and for facilitating the survey solicitation. We are grateful for their support and encouragement.

ADDENDUM A – Survey Solicitation Letter

Dear Provider:

During the 2008/09 State Executive Budget negotiations the Legislature made a commitment to assess the health care insurance needs of direct care workers employed in the mental health field. Towards that goal the Legislature appropriated funding to complete a Mental Health Worker Healthcare Benefit Provider Survey.

A letter dated May 20, 2008 from Senator Thomas Morahan to the Office of Mental Health (OMH) resulted in an agreement that specified actions and provisions for which the funding would be used. As part of these provisions OMH has contracted with The Mental Health Association in New York State, Inc. (MHANYS) to conduct the statewide Mental Health Worker Healthcare Benefit Provider Survey to determine the nature and scope of employee-sponsored health care benefits available to direct care workers in the mental health field.

The contract between OMH and MHANYS directs MHANYS to “measure the level, cost and existence of health insurance coverage provided for direct care workers in mental health agencies statewide”.

The Mental Health Worker Healthcare Benefit Provider Survey is being issued to every mental health provider organization in New York State. The survey seeks to collect information about your organization’s direct care workers health care insurance benefits. MHANYS will collect and analyze the completed surveys and include the results in a report to the Governor and the Legislature. MHANYS will also use the data from the survey to help develop a Mental Health Workers’ Assistance Program.

Your participation in completing this survey is absolutely essential and will help to provide a clear picture of the ability of mental health providers in New York State to recruit and retain a quality workforce. Licensed mental health providers that complete the survey will receive a copy of the report that will be sent to the Governor and the Legislature. Please provide your most accurate responses by November 1, 2009. All responses are confidential and information from the survey will be presented only in aggregate form.

To access the online survey, please visit www.mhanys.org and click on the *Mental Health Worker Healthcare Benefit Provider Survey* icon. If you have questions and/or concerns regarding the survey or if you have difficulty accessing the survey online, please contact John Richter at (518) 434-0439, ext. 229 or email at jrichter@mhanys.org. Thank you in advance for your help in this important initiative.

Sincerely,

Michael F. Hogan, Commissioner
New York State Office of Mental Health

Cc: Glenn Liebman
CEO, Mental Health Association in New York State

HBP Mental Health Worker Healthcare Benefit Project Survey



Please complete by filling in all **bolded** boxes.

Corp. ID	
Agency Name	
Contact Person	
County location	
Counties served	
Telephone	
Fax	
Agency email	

1 Total number of "Direct Care Employees" * (see directions for definition)

1a. **Number of full time direct care employees (minimum of 35 hours per week)**

1b. **Number of part time direct care employees (maximum of 34 hours per week)**

"Direct Care Employees" (DCE) are defined as any employee whose primary job function includes the direct provision of care and/or services to people with psychiatric disabilities and/or substance abuse disorders **AND/OR** do not perform management, supervisory or licensed clinical functions.

In **1a** insert the number of DCEs who are employed by your agency a minimum of 35 hours per week.

In **1b** insert the number of DCEs who are employed by your agency a maximum of 34 hours per week.

2 Does the agency offer health insurance benefits to direct care employees?

	Yes	No
2a. Full time direct care employees	<input type="checkbox"/>	<input type="checkbox"/>
2b. Part time direct care employees	<input type="checkbox"/>	<input type="checkbox"/>

In **2a** and **2b** check the appropriate box either **Yes** (your agency does offer health insurance benefits), OR **No** (your agency does not offer health insurance benefits).

3 How many employees from Question 1 utilize the agency's health insurance benefits?

Enter up to **three health insurance plans** offered by your agency in **3a, 3b, and 3c**.
 Indicate the number of DCEs enrolled in up to **three health insurance plans offered by your organization**.
 If the agency offers insurance benefits under a listed plan(s) that no employees are enrolled in,
 then place a **"0"** next to the plan.

	Health Insurance Plans	Full-Time	Part-Time
3a.	Plan A -		
3b.	Plan B -		
3c.	Plan C -		

Enter the number of **full-time direct care employees** enrolled in up to three plans labeled A, B and C under the column heading **Full-Time**.
 Enter the number of **part-time direct care employees** enrolled in up to three plans labeled A, B and C under the column heading **Part-Time**.

4 How many vacant direct care positions exist in the agency's current fiscal budget?

Calculate and enter any **funded but vacant** DCE positions by number of **weekly hours**:

Determine the number of **vacant direct care positions** for which funding exists in the current fiscal budget.
 Enter the total number of **weekly** hours of budgeted staff time.
 (Example: I have two full-time residential counselor positions and a part-time van driver position currently vacant = 40 + 40 + 20 = **100 weekly hours**.
 If the part-time position is for 30 hours the equation would be 40 + 40 + 30 = **110 weekly hours**.)

5 Indicate the total monthly premium cost for Individual, "2 Person" and Family coverage for up to three plans offered by your agency.

	5a.	5b.	5c.
Health Insurance Plans	Monthly Cost for an Individual	Monthly Cost for a 2 Person Plan	Monthly Cost for a Family Plan
Plan A -			
Plan B -			
Plan C -			

Referencing the plans entered in questions **3a-3c**, fill in columns **5a** through **5c**.
 Under **5a** enter the total monthly premium cost of the plan **for an individual**.
 Under **5b** enter the amount of the total monthly premium cost of the plan for **two people**.
 Under **5c** enter the total monthly premium cost of the plan **for a family**.

6 Enter the dollar amount contributed by the employer and employee towards the MONTHLY premium cost of each of the referenced health insurance plans (3a-3c).

	6a.	6b.
Individual Coverage	Employer Contribution for an Individual	Employee Contribution for an Individual
Plan A -		
Plan B -		
Plan C -		
	6c.	6d.
2 Person Coverage	Employer Contribution for a 2 Person Plan*	Employee Contribution for a 2 Person Plan*
Plan A -		
Plan B -		
Plan C -		
	6e.	6f.
Family Coverage	Employer Contribution for a Family Plan	Employee Contribution for a Family Plan
Plan A -		
Plan B -		
Plan C -		

Referencing the plans listed in **3a-3c**, fill in sections **6a** through **6f**.

In **6a** enter the total dollar amount of the monthly **employer** premium contribution **for an Individual**.

In **6b** " " " " " " " " " **employee** " " " " " " " " " "

In **6c** " " " " " " " " " **employer** " " " " **for a 2 Person Plan**.

In **6d** " " " " " " " " " **employee** " " " " " " " " " "

In **6e** " " " " " " " " " **employer** " " " " **for a Family Plan**.

In **6f** " " " " " " " " " **employee** " " " " " " " " " "

* If 2 person coverage is not available through your agency, **simply leave 6c and 6d blank**.

7 Common reasons why direct care employees decline the offered health insurance benefits.

Please **rank the approximate order of common reasons (A-F)** given by employees for declining your agency's offered benefit packages **from 1 to 6, with 1 being the reason most commonly given.**

7a.	Common Reasons	Rank Order
A	Can not afford employee premium contribution	
B	Accesses insurance through a spouse or family member	
C	Prefers to pay for medical expenses "out of pocket"	
D	Access to State-subsidized health benefit plan	
E	Financial incentive offered by employer to decline coverage	
F	Unknown reason for declining benefit/Other	

Please **estimate the number** of direct care employees in the year 2008 who denied the agency's health care benefits for each of the following **common reasons (A-F).**

7b.	Common Reasons	Estimate #
A	Can not afford employee premium contribution	
B	Accesses insurance through a spouse or family member	
C	Prefers to pay for medical expenses "out of pocket"	
D	Access to State-subsidized health benefit plan	
E	Financial incentive offered by employer to decline coverage	
F	Unknown reason for declining benefit/Other	

8 Health Insurance Plan Features

Referencing the three health plans you entered in questions 3a-3c that are currently offered to agency employees, complete the associated benefit questions. **For questions 8a-8s enter a "1" to indicate coverage, and enter a "0" to indicate that the benefit/service is not covered. For questions 8t-8w, enter a numeric value indicating the number of days/visits. If there is no limit, do not make an entry.**

Benefits/Services		Plan A	Plan B	Plan C
a.	Participating physician office visit			
b.	Participating specialist office visit			
c.	Routine adult physical exam			
d.	Routine infant/child physical exam			
e.	Routine OB-GYN exam			
f.	Emergency room visit			
g.	Hospital inpatient			
h.	Hospital outpatient (i.e. outpatient surgery)			
i.	Physical therapy office visit			
j.	Mental health outpatient office visit			
k.	Substance abuse outpatient office visit			
l.	Lab tests			
m.	Does the plan cover prescription drugs?			
If no, skip to 8t. If Yes, please complete the following:				
n.	Generic up to 30 day supply - retail pharmacy			
o.	Generic up to 90 day supply - mail			
p.	Formulary up to 30 day supply - retail pharmacy			
q.	Formulary up to 90 day supply - mail			
r.	Non-formulary up to 30 day supply - retail pharmacy			
s.	Non-formulary up to 90 day supply - mail			
What is the maximum coverage for the following benefits? - If the benefit is not covered by the plan, enter zero. - If there is no limit, do not make an entry				
t.	Annual # of in-network mental health inpatient days			
u.	Annual # of in-network mental health outpatient office visits			
v.	Annual # of in-network substance abuse inpatient days			
w.	Annual # of in-network substance abuse outpatient office visits			

9 Health Insurance Plan Co-Payments

Referencing the three health plans from questions **3a-3c** that are currently offered to agency employees, **enter the dollar amount** of the co-pay cost(s) associated with each benefit/service.

	Plan A	Plan B	Plan C
Benefits/Services	Co-Pay Cost	Co-Pay Cost	Co-Pay Cost
a. Primary physician office visit			
b. Specialist office visit			
c. Routine adult physical exam			
d. Routine infant/child physical exam			
e. Routine OB-GYN exam			
f. Emergency room visit			
g. Hospital inpatient			
h. Hospital outpatient (i.e. outpatient surgery)			
i. Physical therapy office visit			
j. Laboratory services			
k. Radiology/Imaging services			
l. Maternity physician visit			
m. Maternity inpatient services			
n. Urgent care facility			
o. Ambulance			
p. Mental health inpatient (based on # of days from question 8t)			
q. Mental health outpatient (based on # of visits from question 8u)			
r. Substance abuse inpatient (based on # of days from question 8v)			
s. Substance abuse outpatient (based on # of days from question 8w)			
t. Prescription drugs - generic (\$ or % OK to enter)			
u. Prescription drugs - brand name (\$ or % OK to enter)			

10 Change in the Costs of Co-Payments

10a.	Has your agency observed an increase in the cost of co-pays over the past three years ? (Place a check in the appropriate box)	Yes	No	Approximate % of Co-Pay Increase(s)
10b.	If you answered Yes to question 10a , then please provide an approximate percentage			

of those increases in the cost of co-pays over the **past three years:**

Answer questions 11 through 13 by checking one of the following: "Yes", "No" or "Not Applicable".

11 Employee Access to Health Insurance Information

Are employees routinely provided with an explanation of the health insurance benefits (or lack thereof) provided by the agency?	Yes	No	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Employee Health Insurance Orientation Policy

Does the agency have a formal policy addressing the orientation of employees to health insurance benefits offered by the agency?	Yes	No	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 Comments: Do you have any comments regarding ways to improve recruiting and retention of Direct Care Workers through health care benefits enhancements (e.g., providing information about alternative health insurance options such as government subsidized programs)?

We would like to thank you for taking the time to fill out this survey. The information you've submitted will help to provide a clear picture of what mental health providers in New York State need in order to recruit and retain a quality workforce.

ADDENDUM C – Mental Health Provider Survey Comments

“The insurance needs to have a solid match between comprehensive benefits and affordability. Direct Care staff typically earn between \$8 and \$10 per hour leaving little extra for the purchase of health insurance.” - *Fulton County*

“Since family coverage is very costly, more promotion and distribution of government subsidized programs would be appreciated.” - *Ontario County*

“Allow providers to join together as part of a community-rated pool. This would spread costs associated with health care claims across a larger number of individuals within the pool and potentially minimize future health insurance premium increases. Currently mid-size/large-size providers do not qualify for participation in community-rated pools. Therefore, health care claims are spread across only the mid-size/large-size provider's own pool of employees. One or two catastrophic claims can result in a significant increase in premiums for both the provider and employees. This has a direct negative affect on recruitment and retention.” – *Onondaga County*

“WE SHOULD GET THE SAME INSURANCE OPTIONS AS THE GOV. WORKERS DO AND THE FUNDING NEEDS TO BE INCREASED AS INSURANCE GOES UP 15-20% EVERY YEAR. WE HAVE TO CHANGE INSURANCE COMPANIES EVERY YEAR AND THIS IS ONE OF OUR BIGGEST BUDGET ITEMS.” - *Cattargus County*

“Any information regarding what is available to applicants/employees is always a plus.” - *Rockland County*

“Several employees have opted for Government subsidized programs as they cannot afford the cost of the plan we currently offer. “Many services require a co-insurance payment of 20%.” - *Cayuga County*

“Trends in the cost of health insurance will force the agency to drastically increase the co-pay and employee contributions or to offer only high-deductible health plans in the very near future. We are facing a 30% increase in plan costs this year alone. This increase cost of benefits is not being reimbursed or addresses through our rates. This has, and will continue to have, a direct impact on salaries and raises, which has a direct impact on recruitment and retention of qualified staff.” – *Erie County*

“While co-pays may remain at \$10 or \$20, deductibles are increasing on a yearly basis in order to keep monthly premium costs at a somewhat affordable level.” - *Clinton County*

Health care benefits enhancements would have a great impact on the recruitment and retention of employees who work in positions that are significantly underpaid. It would be helpful to coordinate these enhancements with other entities such as OMRDD and DOH, so that all direct care workers, regardless of their discipline, could benefit.” – *Onondaga County*

“Extend Health Care Enhancement Program currently offered by NYSOMRDD and programs funded by NYSOMH.” - *New York*

“Unfortunately aside from government assistance I don't have any suggestions for recruiting and retention of employees through health benefits. At this time we are being forced to ask employees to pay a higher percentage of their health care costs at a time when we cannot even offer raises as the agency's funding is being cut by the state.” - *Suffolk County*

“Premiums have increased 42% over the past 3 years and escalating costs are affecting our ability to afford coverage. A subsidy program would be welcomed.” - *Erie County*

“Insurers (and employers) are aggressively moving people into high deductible plans. This survey does not measure the growing impact of the cost of deductibles. \$1,000 to \$5,000 deductible plans result in a trend that people are refusing needed care.” – *Erie County*

"Many of our direct care workers make \$10-12/hr/wk. Some are entitled to government subsidized programs. For many of them, the Health Care Enhancement is a tremendous help. And our Benefits Coordinator does a great job of informing staff of various options if they cannot afford health care through us." – *Dutchess County*

"Provide adequate funding to minimize health insurance costs to employee. Provide information about alternative health insurance benefits"- *Cayuga County*

“Providing 100% company paid medical/dental insurance benefits has always been an incentive for gaining and retaining employees. I worry each year about the cost going up 15-20% and the idea that this benefit will no longer be able to be afforded by the Agency any longer, then retention is at risk. We’re coming close to this any time.” - *Suffolk County*

“Resulting from years of double digit inflation to the cost of health care we now spends more than 10% of its total operating budget on healthcare benefits. This expense has severely impacted the agency's ability to keep salary levels on track with inflation, and so recruitment and retention is severely impacted by salary and benefit levels, which continue to lag the state workers by 40%.” - *Saratoga County*

“Direct Care employees feel that the rates are not affordable.” – *New York*