Kendra’s Law
Medication Grant Program and Kendra’s Advance Directives Proxy

General Funds:
170B: Transition Management
170C: Medication Grant Program Administration – Kendra’s
170D: Medication Grant Kendra’s
170P: Kendra’s Advance Directives Proxy

Program Description: In 1999, New York State enacted legislation that provides for assisted outpatient treatment of certain mentally ill people who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. This legislation which is commonly referred to as “Kendra’s Law” (Section §9.60 of the Mental Hygiene Law) includes funds for the development and administration of the Medication Grant Program (MGP) and the Advance Directives Proxy.

Previously, there had been a gap in mental health treatment during the period when a Medicaid eligible person was discharged from a jail, prison, psychiatric center or psychiatric hospital ward, and when they began to receive Medicaid (their Medicaid application was approved). The number of people affected by this was reduced since the passage of the law requiring Medicaid presumptive eligibility has taken effect.

Section 15 (Subsection L) of Kendra’s Law, authorizes grants to counties to provide medications to treat mental illness during the pendency of a medical assistance eligibility determination. In support of this, funds have been authorized to ensure appropriate release planning and timely filing of Medicaid and MGP enrollment applications for individuals receiving mental health services in local jails, prisons and psychiatric hospital units.

Counties were given the opportunity to join this voluntary program at the inception of the MGP. The counties continue to have the option to join at any time. Participation can be through individually developed county programs or through the statewide program. Currently, two counties (Duchess and Yates) have individualized programs and there are currently approximately 37 counties and New York City (NYC) participating in the statewide program that utilizes the Public Benefits Manager (PBM), and its centralized source of pharmacy payment.

In addition to the medication management opportunities provided by Kendra’s Law, provision has been made to enable the recipients to have a greater participation in their treatment through the Advance Directives Proxy program. In this program, individuals who have been incarcerated, or otherwise involuntarily committed due to mental illness can, during periods of lucidity, make known their desires as to medication, and treatments they wish during times when involuntary treatment is necessary. This is accomplished through setting up a legal document similar to a living will.
Fiscal Policy Control Points

The budget, cash flow, desk audit, and field audit control points that are included in the Office of Mental Health (OMH) State Aid Approval Letter General Provisions, the OMH Fiscal Contracting Guidelines, and the additional fiscal control points that are listed below apply to this funding source for all counties, OMH direct contract agencies, and to all subcontract agencies who receive these funds.

Additional Budget Control Points:

1. Funding source code 170B, 170C, 170D and 170P budgeted expenses cannot exceed the authorized amounts indicated on their respective state aid letters and direct contracts and should be reported on Schedule Department of Mental Hygiene (DMH) 3 of the Consolidated Budget Report (CBR) for NYC and Upstate direct contract providers.

2. Funding code 170B (Transition Management Services) amounts should not be reported as Medicaid.

Additional Field Audit Control Points:

1. Maintenance of Effort: All required gross costs, revenue and service levels associated with existing jail mental health and transition management services must be maintained at a level consistent with the history of any jail release activity in your county. This funding is to be used only for new or expanded services and may not be used to supplant existing funding.