



House Finance Subcommittee on Health and Human Services

Testimony on H.B. 49

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Chairman Romanchuk, ranking member Sykes and members of the House Finance Subcommittee on Health and Human Services, thank you for this opportunity to testify on H.B. 49, the FY 2018-2019 biennial budget.

My name is Joe Niedzwiedski and I am the Chief Financial Officer for North Central Mental Health Services, Inc. North Central is a community mental health and drug and alcohol services provider in Columbus with an annual operating budget of \$17 million. North Central provides services from 13 locations in Franklin County, including services within a primary care practice, and provides care for more than 6,000 patients each year. In addition, suicide prevention volunteers work 24 hours per day, 365 days per year, to answer 10,000 suicide hotline calls each year.

North Central has been providing services for 43 years and employs 200 staff members and 100 volunteers. This includes highly skilled clinical teams of doctors, nurse practitioners, registered nurses, licensed counselors and social workers, case managers, and residential care workers.

North Central serves a diverse and largely impoverished population of people suffering from severe mental illness and dually diagnosed patients with both mental illness and drug and alcohol treatment needs. Many chronically ill patients receive clinic based and intensive community treatment and case management services.



North Central's financial models of the BH Redesign impact have previously been shared with state policy makers at meetings during 2016. The models clearly showed that revenue for the services that North Central delivered in the past year would decline sharply under the redesign proposal. Nursing services revenue alone is expected to decline by \$1.5 million. Overall, our comparative model points toward more than a 20% decrease in Medicaid services for our community. We would be happy to present this information again if we can be of assistance.

North Central continues to be very concerned that the proposed changes will greatly curtail community outreach for the most seriously ill patients that we serve. In many instances, these patients will not seek out or engage in necessary treatment on their own. North Central deploys registered nurses, licensed clinicians, and case managers in the community to actively engage and encourage patients to obtain necessary treatment services for all of their health needs. Under the proposed plan, there will be a diminishment of access to community services that may result in higher incidences of hospitalizations and a greater utilization of emergency response services.

I have been with North Central for the past 19 years, and throughout this entire time, Medicaid service rate ceilings have remained unchanged and may now be decreasing. We continue to be concerned that the proposed reimbursement rates may not adequately embody the actual costs to provide services and in many instances will not support the recruitment and retention of qualified professionals. This, in turn, will lead to workforce reductions and the elimination of services that cannot be adequately supported. We agree with the redesign goal of improving the qualifications of those delivering services, but it is necessary to acknowledge, as is the case in all healthcare delivery, that each year there is an ongoing increase in the cost to achieve this goal and service rates must be reflective of these changes to assure viability and access.



North Central is preparing for the necessary changes associated with the conversion to national coding procedures and for improved integration of care delivery. However, until all services definitions are finalized, it is difficult to update the related information technology changes and staffing changes that are required to complete this transition. It is necessary to have a minimum of six months following the finalization of all documents, rules, and information technology specifications to properly prepare and train staff members on the new coding and electronic medical records requirements. This is a very dramatic change from the current service delivery model and these changes will directly affect workforce, workflow, technology resources and most importantly patient care.

Chairman Romanchuk, ranking member Sykes and members of the committee thank you for this opportunity to testify today.