March 21, 2017
Testimony by Pam Johnson to the Health and Human Services Subcommittee of the Finance Committee of the Ohio House of Representatives

Good Afternoon Chairman Romanchuk, Ranking Member Sykes, and members of the House Health and Human Services Subcommittee, I am humbled and a little nervous to speak to you about my concerns about the BH Redesign process. My name is Pam Johnson, and I serve as the director of The Recovery Council, a nonprofit agency in southern Ohio with facilities in Pike, Ross and Jackson counties.

If you retain nothing from my words except a few key points, I hope you hear this:

1. My agency is committed to providing quality, accessible, evidence-based services across a continuum of care to a vulnerable population that is in crisis. People are dying in our communities every day.

2. The BH Redesign strategy will have a negative impact on my agency's ability to continue to provide services at the current level. Our robust analysis indicates $954,000 worth of services will be cut in the first year. That is $954,000 worth of group, individual counseling, case management, crisis, nursing, mental health, referral to medical care, and assessment services that will <u>not</u> be provided.

3. The timeline for implementation of the new model is not feasible. As of today, it appears that at best providers will have no more than 60 to 75 days to digest the finalized standards; make necessary changes to IT and electronic record systems; identify staffing needs, advertise, recruit and hire new staff; attempt to restructure staffing in programs; adjust policies and have those policies approved by a Board of Directors; and train staff on new treatment, documentation, and billing protocols – all while continuing to provide consistent care to the currently enrolled clients. We need at least 6 months for an effective, thoughtful and ethical transition.

4. The chaos and uncertainties that agencies will experience as a result of forging ahead without being fully prepared for these changes will trickle down to the clients in our care and the communities that we live in.

There's a myth that local resources pay for services when Medicaid doesn't cover them, but that's not always true. This fiscal year, we have a contract with our ADAMH board for prevention services only and have been informed it will be the same next year. In the

past 5 years, our ADAMH Board has only funded a little over $400,000 for our clients. 98% of our clients are covered by Ohio Medicaid.

We need the legislature's support in helping us ensure that the same level of access to services that people have today will be here after BH Redesign.

1. The prior authorization requirements for partial hospitalization are unreasonable. Residential treatment and partial hospitalization are the only levels of care that require prior authorization. People need access to appropriate treatment without the delay of prior authorization, which ends up being a costly administrative process that delays care but rarely disapproves it. It's important for you to know that most of our clients qualify for residential treatment, but it's not available. If it were available, they would be able to begin treatment and then have a continued stay review after 30 days of service. The admission process for partial hospitalization should be the same as that for residential care.

2. The nursing rates are not sustainable with the billing rules filed by Ohio Medicaid. In combination, the rates and rules don't support our ability to maintain our current level of nursing services.

3. Residential staffing requirements will result in the closing of residential treatment programs across the state, ours included. The draft rules filed for public comment for the first time last Friday include staffing requirements that are out of step with nationally recognized standards of addiction care. They require onsite psychiatrists and medical staff that do not exist in our part of the state. And having these staff on site for hours each week isn't even needed to provide quality residential care. For most clients, the services that they provide are not medically necessary.

4. Workforce issues are huge. We have 15 open positions currently. We've been unable to fill open positions for licensed staff after 4 months of ongoing advertising. We have a low percentage of the population that has completed a college degree. Our services are provided in areas recognized by HRSA as Health Professional Shortage Areas for primary care and mental health providers. This includes social workers, professional counselors, psychiatrists, psychiatric or medical nurse practitioners, and actually all medical staff, including nurses. BH Redesign policies are written to incentivize the hiring of a more degreed and credentialed workforce that simply does not exist in the communities that we serve.

This is a fragile community of clients, who deserve to have their care transitioned as thoughtfully as possible. We need your help to effectively, thoughtfully, and ethically prepare for the changes.

- We need final guidance docs, rules and manuals.
- We need time to read and understand them.
- We need more training regarding coding, documentation and prior authorization practices.
- We need adequate time to adapt our IT and billing software.

From our grassroots foundation, The Recovery Council has grown into a strong, financially responsible, fiscally stable, and administratively lean organization with 174 employees that serve over 1200 vulnerable clients from 30 counties with pride, compassion, and competence. We ask that you find a way to help us continue to be able to do so.

Thank you, Mr. Chairman, for the opportunity to testify. I am happy to answer any questions that the committee may have.