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House Finance Health and Human Services Subcommittee
Testimony on H.B. 49
Cynthia Holstein, CEO, Shawnee Family Health Center
March 23, 2017

Chairman Romanchuk, Ranking Member Sykes, and members of the House Finance Health and Human Services Subcommittee, thank you for the opportunity to talk with you today. My name is Cynthia Holstein, CEO of Shawnee Family Health Center, with offices in Portsmouth (Scioto County), West Union (Adams County) and Coal Grove (Lawrence County). We have been part of these communities since 1973 – all of which are in the top ten of the most impoverished counties in the entire state. Our agency is both a mental health agency and a rural health clinic. We annually serve over 6,500 people with mental illness and chronic physical health conditions. We employ over 125 people and provide them and their families with health insurance and a livelihood. I have been with Shawnee for 30 years because I believe in our mission and I have a special bond with the people that we serve.

I am here to express my concerns about the intent to roll-out behavioral health redesign as currently planned on July 1, 2017. I embrace any progress and change that will result in enhanced care for Ohioans with mental health conditions, but the degree of change that is scheduled to occur in just a few short months will be disruptive to the system and create hardships for those we serve, and for the workforce, in an already impoverished region of the state. I would like to share with you how we expect this redesign to impact our communities and decrease access to care.

Access will be decreased due to the high potential for a reduction in our workforce. We did an analysis of revenues before and after re-design and we are looking at a $2 million loss of services in our community. The workforce we currently employ will not be able to be sustained as services have been redesigned, especially our crisis, nursing and care coordination services. Therefore, we are planning for staff reduction.

Access will be decreased due to our inability to continue to provide high levels of comprehensive care coordination for kids and adults with chronic mental illnesses and physical health conditions that is available today under the Medicaid health home service for individuals with SPMI. Part of the vision of the behavioral health redesign was to improve health outcomes through care coordination. We have been counting on the ability to continue to provide this comprehensive care coordination service, especially since we have been providing it for five years for approximately 2,000 very ill people. We expanded our workforce 4 ½ years ago from 100 employees to 130 when we implemented this new service, and we have invested thousands of dollars in staff training and in technology to improve care and our clinical outcomes. Unfortunately the new rules do not speak to this level of care coordination, so we will not be in a position to continue to provide it after July 1, 2017. In a recent town hall type meeting with the directors of Medicaid and Mental Health, I indicated that we would no longer be able to provide this service; my perception of this seemed to

come as a surprise to the directors and their staff. So they scheduled a follow-up telephone call with our organization, which occurred on Monday, March 13th, to further review how we might continue this critical service for these 2000 people in our community. To be blunt, there was a lot of talk around this but the original intent of helping people get needed healthcare and maintain good health practices through care coordination is no longer a priority in re-design. This is heartbreaking to me and to my staff at Shawnee. We have seen first-hand how this impacts people in our communities. It has saved lives. But, this service will no longer be available at the level or intensity it is today.

Access will be decreased due to the limitations that have been placed on who can provide certain services and the various rules around when and where certain services can be provided. I understand that there are national standards that need to be adhered to regarding billing and coding, but the state does have some flexibility in several areas. The state agencies have selected to be restrictive in these areas, such as where services can occur. This just hurts organizations like ours and those we serve by reducing access in locations where those we serve are experiencing their problem.

Finally, I want to express my frustration about the manner in which this is being rolled out. I and several members of my staff have attended all informational sessions that have been provided – and we have been appreciative of these - but for the most part these have been informational only. And each time, the information changes. The long awaited specifications and billing rules, after repeated delays, were released January 31 but contained surprises and errors. There have been two subsequent manuals released since January.

It is the end of March and we still do not have clear, accurate information that we can confidently rely upon to provide staff training, make changes to our EMR, work processes, etc. Our IT vendor has also been unable to obtain timely information in order to develop required programming changes. Instead, our IT vendor is developing temporary "work arounds" and has told us that several functions will not be ready by July 1. I am concerned that our electronic health and billing system will not be ready on time and this will dramatically impact our cash flow and business operations.

Behavioral health providers in Ohio are facing a new payment model, changing Medicaid and mental health rules and policies (many of which have not even been finalized yet) and an overhaul of our electronic health record and billing systems in the next three months. While some of the changes are good, such a large scale transformation takes time – and we are running out of time. Thank you for giving me the opportunity to share a few of our concerns and I am happy to answer any questions that you might have.