

Senate Finance Health and Medicaid Subcommittee
Public Testimony on H.B. 49 – Behavioral Health Redesign
Joe Shorokey, CEO Alta Care Group, Inc.
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Chairman Hackett, Ranking Member Tavares and members of the Senate Finance Health and Medicaid Subcommittee, thank-you for the opportunity to provide testimony today on H.B. 49 regarding provisions related to the Behavioral Health Redesign. My name is Joe Shorokey, CEO of Alta Care Group located in Youngstown. Our organization is the largest dedicated provider of child, adolescent and family behavioral health services in Mahoning County. We have been in operation for over 40 years and we have 4 behavioral health service locations in Mahoning County.

I have been with the Alta Care Group, formerly called D&E Counseling Center, for 32 years. Our annual revenue is approximately \$11.5 million dollars with 7.5 million of that coming from the Federal Department of Health & Human Services to operate the Head Start Program for Mahoning County. Medicaid makes up 66% of our Behavioral Health Division revenue. Alta Care Group's staff of nearly 200 people provides services to over 2000 children and adolescents each year, consisting of those who are severely emotionally disturbed, as well as the general population of children and adolescents with mental illness.

Our organization completely supports Behavioral Health Redesign and we understand the importance of aligning with the National Correct Coding Initiative. We also see Redesign as necessary as behavioral health services move to carve-in with the Medicaid benefit to managed care. We do not run from change, in fact, Alta Care Group has a history of embracing change. Nonetheless, I am here to express my profound concerns with both the timetable for the Behavioral Health Redesign rollout, and some aspects of Redesign that unless changed will have a significant impact on the children and families we serve.

Timetable

Alta is a healthy-sized organization with a certified electronic health record, our own IT software programmer, and we contract with a computer hosting and support company for over \$100,000 per year. We have been on point in monitoring and preparing for BH Redesign for more than a year. Nevertheless, we are not prepared for a July 1 implementation date. There are rules that have not been finalized, services still being introduced, rates still being adjusted and changes are still being made to allowable service combinations. All of these put a strain not only on our IT staff, but also billing, program managers and clinical leadership who are still working on how to assure we continue to provide clinically sound and cost-effective services.

Just within the past few weeks we had to completely change our planned nursing protocol for the second time due to a decision to now allow nursing services to be provided on the same day as a physician service. While we think this was a positive change, one among many that have been made, it did require yet another alteration in how we planned to provide medical services, what staff we had planned to deliver them and how they will be documented.

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We support the House's decision to delay service and coding changes by six months. This is critical for ODM and MHAS to finalize rules, the provider manual and most importantly, finalizing and testing IT specification for MITS. The fluidity of the finalization of Redesign impacts us on many levels and we see a July 1 start date as irresponsible.

Rules and Rates

It is important to note that we appreciate ODM and MHAS commitment to maintaining service access, capacity and workforce, but are concerned the proposed model doesn't support the stated goal and will result in a loss of services.

We provide an experiential **Group** therapy program at our Camp Challenge facility. This program serves about 100 severely emotionally disturbed children who require a more intensive level of care than traditional counseling. We have operated it for nearly 30 years and have annual outcome reports to demonstrate its effectiveness. The 45% rate reduction for group psychotherapy will make this program unsustainable and those 100 children served annually will suffer as a result.

Alta Care Group provided 24/7/365 **Crisis** Intervention Services for our service recipients. Our crisis staff are available to address mental health emergencies at all times such as suicidal ideation, severe anxiety, self-harm and many others. The goal of this service is to prevent more restrictive levels of care such as inpatient hospitalization, incarceration, school suspension or expulsion. This is a very costly service as staff are paid a weekly stipend for being on-call, and are also paid an hourly rate for going to a home, school or emergency room to provide the service. The 28% rate reduction for Crisis Psychotherapy will make this program unsustainable and result in a higher rate of hospitalization, juvenile court involvement, and school removal.

Lastly, there are specific complexities and incongruencies in the BH Redesign rules that are still being evaluated, or are yet to be addressed, that may have a significant impact on the services our youth receive. More time is needed to allow for the decision makers to fully consider their impact, or for the providers to adjust our service delivery. Examples include the perhaps unintended elimination of the ability of concurrent group counseling services by licensed clinicians, an essential and evidence-based approach to working with young children. Another example is the elimination of the ability for Community Behavioral Health Centers to provide counseling in the Community. The Place of Service codes need to be further considered as this is the foundation of community behavioral health.

Thank you for allowing me the opportunity to share a few of our concerns with you and I will be happy to answer any questions you may have.