Ohio Alliance of Recovery Providers

17 South High Street, Suite 245
Columbus OH 43230
1.614.221.1144
capitolmanagementofohio@outlook.com

Written Testimony
Submitted to the Senate Finance Committee
May 31, 2017

Chairman Oelslager and Members of the Senate Finance Committee:

The Ohio Alliance of Recovery Providers is an organization made up of thirty-four addiction treatment providers, certified by the Ohio Department of Mental Health and Addiction Services whose members work together, as a system, to help patients move from active addiction to productive citizenship. We are the providers serving the citizens of your local communities; we serve adolescents and adults with prevention and treatment services.

Ohio, as you are aware, leads the nation in opiate overdose deaths. No part of Ohio is immune from the heartbreak of young lives needlessly cut short and families struggling to help the young children left behind. We must support all efforts to facilitate access to treatment if we have any hope of bending this curve downward. It is for this reason that we remain concerned about the behavioral health redesign efforts and the impact that those effects will have on access to treatment.

OARP members agree that our behavioral health system needs to be modernized, and we see many benefits from the redesign effort. In that vein, we have been working with the Administration over the last 18 months in order to help shape the outcome of this effort. This collaboration has led to many changes and improvements in the redesign plans. However, we remain concerned about three issues: timing of implementation; the group counseling rate; and the available workforce.

Timing of Implementation

Given that the administrative rules for redesign have not been finalized by ODM or ODMHAS and given that IT testing just began (several months behind schedule) and given that the provider manual has yet to be finalized, many providers do not feel comfortable or prepared for a July 1st "go live" date for implementation. We have been working very hard to be ready; however, many of our IT vendors have told us that they can't have our systems ready in time, given the lack of final standards. Furthermore, despite the fact that we have participated in all the available training options, it has proven nearly impossible to train staff given the ever-changing, sometimes inconsistent and yet to be finalized details.

Accordingly, we support inclusion of an amendment to set up beta testing of the new Medicaid billing code and payment rates in order to ensure that the claims processing system is functional and pays Medicaid claims in an accurate and timely manner. The amendment would provide that ODM may not implement the new billing codes or payment rates associated with behavioral health redesign until at least fifty percent of eligible providers that participated in the

beta test have been paid accurately not later than thirty days after the submission of a clean claim.

Alternatively, we would support an amendment that would allow providers who feel ready to opt in to the new redesign system as of July 1, 2017, but would allow those providers who are not ready to opt in to delay participation either on October 1, 2017 or January 1, 2018 at the latest.

Group Rate

The current redesign plans propose to reimburse $7.21 per unit of group counseling when provided by paraprofessional staff. The current reimbursement rate for that service is $9.52 per unit. (It is important to note that the current rate was set in 1997 and has not been increased since.) The proposal represents a 24% cut to our most utilized service. Accordingly, we are very worried about the impact of these cuts to our "bottom line." Forty percent of Ohio's behavioral health providers have only 30 days of cash on hand; Sixty percent have only 60 days or less. By reducing the rate for our most utilized service, providers will be forced to dip into their reserves to stay afloat. This problem will be exacerbated by payment delays that result for problems or confusion with the new reimbursement system. It is not a stretch to say that many providers could find themselves in financial trouble very quickly under this scenario. Many agencies, to avoid financial trouble, will be forced to cut back on services leading to layoffs and clients not able to access services. This will result in additional overdoses, waiting lists, and/or other consequences of untreated opioid addiction. Given the current epidemic in Ohio, we cannot afford to lose a single provider to financial disaster caused by redesign. We need all hands on deck and all providers serving as many Ohioans as their capacity allows in order to beat this epidemic.

Accordingly, we would support an amendment to require ODM to pay the current rate of $9.52 per unit for group counseling provided by a paraprofessional. In addition, we would support an amendment to ensure that behavioral health providers do not experience cash flow difficulties due to issues associated with implementation of behavioral health redesign. The amendment would require that ODM and the MCOs not deny payment of claims submitted by behavioral health providers for the newly redesigned services and payment rates associated with behavioral health redesign for a twelve-month period after implementation of behavioral health redesign due to issues associated with behavioral health redesign requirements. It could be a "pay and post" system similar to what ODM has used with other systems in the past.

Workforce

The redesign plan emphasizes service delivery by highly credentialed staff. We recognize the important role that various provider types play in a comprehensive healthcare approach to treatment. That said, much of our workforce consists of very effective paraprofessional staff, namely chemical dependency counselor assistants (CDCAs). Some providers have almost 50% of their staff as CDCAs.

The provider community is very interested in helping to raise the credentials of their staff in order to meet the intent of redesign; however, that process will take time to implement. Accordingly, we would support an amendment that would allow a waiver for CDCAs to bill at the rate of a licensed chemical dependency counselor (LCDC II or LCDC III) for a three-year period beginning on the date of redesign implementation. This provides a path to allow time and cash flow for providers during the time they will need to assist their CDCAs to increase their education and licensure level.

Thank you for your time and consideration of our concerns. Should you have any questions, please contact our legislative counsel, Kelly O'Reilly at Governmental Policy Group (614) 581-9584.