



2100 Stella Court
Columbus, Ohio 43215
Phone: (614) 252-8417
Fax: (380) 235-8254
www.OCCAONLINE.org

Linda Janes, President
Lusanne Green, Executive Director

Alvis - Columbus, Dayton,
Chillicothe

Community Assessment & Treatment
Services, Inc. - Cleveland

Community Corrections Association, Inc -
Youngstown

Community Correctional Center,
Talbert House -Lebanon

Community Restoration Centers of Stark
County, Inc. - Canton

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Oriana House, Inc. - Akron, Cleveland,
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Turtle Creek, Talbert House - Lebanon

Volunteers of America Ohio & Indiana -
Cincinnati, Dayton, Mansfield, Toledo

May 31, 2023

Chairman Johnson, Vice Chair Hoagland, Ranking Member Sykes, thank you for the opportunity to offer opponent testimony to provisions of Senate Bill 105. The Ohio Community Corrections Association believes that removal of both the 120-day notice and the dispute resolution process in provider contracts will hurt our member agencies, the clients we serve and has unintended repercussions in provision of care.

Our community behavioral health providers support Senator Johnson and Senator Sykes' efforts to promote optional restructuring of ADAMH boards, certify recovery housing, and change pejorative language from "alcoholism" to "alcohol use disorder." However, there are several provisions that cause us significant concerns. They are:

- **Elimination of the 120-day notice and dispute resolution process in board/provider contracts:**

The 120-day notice provides fundamental patient protection ensuring continuity of care when contracts are amended or terminated. Removing this notice introduces uncertainty and volatility for private businesses, creates a power imbalance in the board/provider contracting process, and puts patients at risk during any transition process.

These provisions are the only consistent contract requirements mandated under Ohio law. There statutory intent was to balance agreements between boards and providers while ensuring continuity of care for the community. As you may know, in a home rule state, contracts vary greatly from county to county and region to region. Our Providers seek uniformity, stability, and efficiency in the contract process so providers can focus their resources on patient care and health outcomes.

Under existing law, boards and providers may change or terminate a contract, if disagreement occurs, there is a dispute resolution process. SB 105 removes this procedure replacing it with control by the board to terminate a contract early for any cause it considers necessary.

- **Redundant and burdensome regulations:**

SB 105 gives ADAMHS boards a new role in OhioMHAS certification. OhioMHAS would notify boards of all new and renewal certification/licensure applications within 14 days of receipt. The board will then have 30 days to respond with any feedback, and they can even request a meeting with OhioMHAS within the first 14 days of the review period. This extraordinary regulatory process would cause additional delays and uncertainty for providers seeking to open business, hire employees, and expand services in Ohio communities. Coupled with the elimination of the 120-day notice, this bureaucratic provision may leave a community without any services.

The bill also grants boards with expanded roles in any OhioMHAS investigation (notice and outcome report) and mandates that OhioMHAS conduct an investigation if requested by a board within 14 days.

The landscape and regulatory environment for the delivery of behavioral health services has changed greatly in the past decade. OhioMHAS-certified providers have completely overhauled their clinical and operational practices in response to state policy changes. Such changes include:

- ◇ Establishing a Medicaid fee schedule,
- ◇ Elevating, and centralizing Medicaid payments with the state,
- ◇ Rescinding antiquated cost reporting requirements,
- ◇ Implementing behavioral health redesign, and
- ◇ The integration of Medicaid managed care in Ohio.

ADAMHS board practices and expectations, on the other hand, have largely not evolved to reflect these significant enhancements. The ADAMHS board contracts are out of step with contemporary payer relationships and requirements. There is no standard for accountability, transparency, or procurement of taxpayer funded services through the ADAMHS board system. Regardless of how small the contract, boards routinely require providers to disclose proprietary or sensitive business information that then becomes a public record. Further, boards continue to require providers, by contract, to follow processes and use forms that are out-of-date and associated with administrative rules rescinded when Medicaid established a fee schedule in 2011.

In 2022, OhioMHAS convened a diverse set of stakeholders, including providers, ADAMHS boards, family members, and advocates to review R.C. Chapter 340, and to develop recommendations that modernize and meet the needs of a 21st century community behavioral health system. As a result, we believe the OhioMHAS 340 Workgroup is best prepared to continue this collaborative stakeholder process, aimed at developing recommendations to enhance the system and modernize the role of ADAMHS boards to meet the needs of Ohioans facing mental health and addiction challenges throughout Ohio. Therefore, we ask that this General Assembly take the recommendations of the work group in place of the proposed requirements of contracting in Senate Bill 105.