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**Testimony to Joint Medicaid Oversight Committee
June 22, 2017**

Good morning. I'm Hubert Wirtz, CEO of the Ohio Council of Behavioral Health & Family Services Providers. We represent providers of addiction prevention and treatment, mental health and family services to children, adults and families. I do not have a long narrative testimony on the Behavioral Health Redesign, which I have already done through testimony in the House and Senate on HB 49. I just want to express a number of observations and comments:

- We seem to be in an adversarial dispute with the administration over who wins or loses over a particular version of the project's history. What seems to be missing from the discussion is the impact on patients if we misfire on key elements of implementation at a time that we have a major behavioral health crisis in Ohio.
- The Ohio Council has supported the overall policy direction of BH Redesign long before we had a BH Redesign Project and key members of the administration know that. We and our members have also stayed engaged in the process longer than many other stakeholders. Until fairly recently, providers agreed to honor the process and not reach out to members of the General Assembly or the media.
- Our goal has always been to resolve known issues and ensure that providers have adequate time to make the changes and do the clinical and operational training to ensure minimal disruption in patient services. We frankly were simply taking to heart the commitment made by former Medicaid director John McCarthy and MHAS director Tracy Plouck that a key goal of BH Redesign was to ensure no negative impact on current access, capacity and workforce.
- The behavioral health system is simply not ready:
 - The State isn't ready – IT systems haven't tested all services and demonstrated appropriate payment
 - Providers mostly aren't ready – both large and small (that lack of readiness is a "small" provider problem is a myth perpetrated by the administration)
 - Rules, provider manual and IT specifications all needed to be done to allow for a 3-6 month time period for clinical and operational business redesign and training to implement this complex change
 - Additionally, there are still two key services – crisis services and group counseling – that need to be addressed to avoid some known negative impacts on access and capacity.
- We still urge the General Assembly to consider three amendments that we have proposed that will help move implementation forward:
 - Cash flow assurance during a transition period
 - IT beta testing (at least 50% of certified Medicaid providers) across all services
 - Allow for voluntary early adopters
- There have been several times over recent weeks that we had opportunities to resolve key issues and the Department of Medicaid either cancelled the meetings or walked away. One involved an "in the weeds" meeting to address ODM rules issues, but it was cancelled. The other was a focused process on several key issues that was facilitated by Representative Robert Sprague, but ODM walked away. There were only a handful of remaining issues where resolution could have put us in a different place today.

Thank you and I would be happy to answer any questions.

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