



35 East Gay Street ■ Suite 401 ■ Columbus, OH 43215-3138 ■ Phone: 614/228-0747 ■ Fax: 614/228-0740 ■ www.TheOhioCouncil.org

Joint Medicaid Oversight Committee
September 17, 2015
Opening Statement by:

Hubert Wirtz, CEO
The Ohio Council of Behavioral Health & Family Services Providers

- We fully support the continued evolution of behavioral health and health care integration since this will improve patient care experience, improve population health and reduce per capita healthcare cost.
- We support continued health care reform in Ohio that is focused on population health while we also recognize the need to give special attention to most costly 5% of the population and to address the unique needs and complexities of services to many children and youth.
- As we prioritize patient access to needed care, our behavioral health redesign work must invest in a full continuum of care that will:
 - Ensure a richer focus on prevention, early intervention and wellness services that will reduce the need for higher cost services to a sicker population.
 - Ensure that service coding alignment with national standards recognizes the team-based care structure already in place in much of community behavioral health care and allows all licensed professionals to practice at the top of their license.
 - Ensure that we recognize the full array of treatment/medical and support services that will lead to better outcomes and recovery opportunities for patients.
- As the operational detail related to coding realignment and reimbursement for psychiatric and counseling services continues to unfold, we are very concerned about the impact on patient access to care and sustainability of existing service levels because of the impact on the behavioral health workforce. We do not want to unintentionally reduce our already stretched and insufficient workforce.
- As the state moves to eliminate Medicaid spenddown as part of eligibility system-consolidation, we appreciate that ODM recognized a coverage gap for people with SPMI. However, the proposed 1915(i) state plan amendment is administratively complex and is likely to result in far fewer persons maintaining Medicaid coverage and, therefore, access to their behavioral health services (those who are Medicare eligible have very limited behavioral health benefits).
- Finally, we appreciate that the administration has started this work focusing on service design first and the recognition of the operational complexity of these changes for community providers and managed care plans.