JMOC Behavioral Health Panel Discussion - September 22, 2016

To: JMOC Members
From: D. Nicholas Rees, President & CEO, The Buckeye Ranch
Re: BH Redesign

I appreciate the opportunity to speak to your committee with regards to redesign implementation, focusing on the following questions:

1. **What are the major challenges you see with implementation of the redesign?**
   - **Timing** – Although the State has shared the plans, as they have been developed, the full impact on non-profit agencies cannot be determined until the State produces the final Provider Manual. As of today, we have asked many questions that remain unanswered. Program modifications, EHR modifications and staffing changes necessitated by the final rules need to be completed (planned, tested, trained and implemented) in what will now be a very short time frame.
   - **Changes to Staffing Requirements** with regards to who can provide services under BH Redesign:
     - Residential – Our residential program provides care for 90 youth, every day, between the ages of 10 and 18. For our residential program, $3.7 million, or 31% of the program funding, comes from Medicaid behavioral health. Of that amount, in the past year:
       - $2.1 million was derived from services performed by a pool of approximately 100 residential staff who will "no longer be qualified" to offer such services after BH Redesign is implemented.
       - Because $2.1 million represents a significant portion of residential program funding, the future or residential services, at The Buckeye Ranch, would be in serious jeopardy. Our residential program employees 159 people.
     - Day Treatment – Similarly, our two Day Treatment programs and our Adventure Therapy program comprise another $1.27 million in services performed by employees "no longer qualified" under BH Redesign. These programs would be in jeopardy, and employ another 33 people.
   - **Inadequate Rates** – The BH Redesign services which have replaced the current Partial Hospitalization mental health service in the new service array are set at rates which, when coupled with the staffing requirements are too low to sustain current service levels for children.
   - **Staff Availability** – The BH Redesign is placing more emphasis on the value of individuals with higher level credentials. In general this is not a bad concept. However, it comes at a time when the labor market for master's level clinical staff is very tight. We are unable to hire that level of professional under the current rules, and this situation will be exasperated for all providers under BH Redesign. For example, in the past year we have had 21 openings for clinical positions that

have been very difficult to fill. At any point in time, we usually have 12 open positions.

2. **How is your organization preparing for this change?**
   - We have hired a nationally known expert in the managed care field, in order to identify potential improvements in Ranch processes and guide us through the changes.
   - We are also developing relationships with other Ohio agencies in an effort to investigate collaborative opportunities.
   - We have sought out and communicated with agencies in other states that have experience with managed care.
   - We have met, and begun building relationships with each of the 5 MCO's.
   - Internally, we have formed four teams, comprised of 30 employees, with each team responsible for planning for the changes coming to different areas of our business.

3. **What are you doing to integrate with primary care?**
   - We have existing relationships with Nationwide Children's Hospital and Mt. Carmel Health System. Together, we refer children for each other's services. However, we have no formal business agreements with either system regarding integrated care.

4. **What tools or information would be helpful to you as you prepare for this change?**
   - Mandate that all 5 MCO's utilize the same administrative forms, such as pre-authorizations and re-authorization of services.
   - Ensure that BH Redesign and the MCO's **recognize the unique needs of children**, and allow providers more latitude in the children's service array, service time, service rates and duration of services.
   - Ensure that the outcomes required for children are more than just Healthcare Effectiveness Data and Information Set (HEDIS) measures, and include meaningful measures of the child's safety and ability to learn, stay in school, stay out of the criminal justice system, and stay in sustained community living.
   - Ensure that the end result of managed care is "controlling the growth" of Medicaid spending, not harmful reductions in spending which would hinder our ability to offer quality services to children and families.