

To: Sen. Laurie Monnes Anderson, Chair
Sen. Dennis Linthicum, Vice-Chair
Members of the Senate Health Care Committee

From: Bill Bouska

Date: January 28, 2019

Re: Testimony for SB 134

Chair Monnes Anderson, vice chair Linthicum and members of the Committee, my name is Bill Bouska and I am the Director of Government Affairs and Community Solutions for Intercommunity Health Network Coordinated Care Organization. IHN-CCO coordinates the physical, oral, and behavioral health services to over 54,000 individuals in Linn, Benton, and Lincoln Counties.

Thank you for the opportunity to testify on SB 134 which requires a coordinated care organization to develop a standardized system of care for a behavioral health clinician to use when assessing an individual. This bill is duplicative, unnecessary and fails to recognize the yearlong statewide public process that resulted in a CCO 2.0 RFA and draft CCO 2020 contract.

Improving the behavioral health system of services and supports is a key area of focus in CCO 2.0. It is widely recognized that the current system and the level of services and supports available today are not adequately meeting the needs of individuals on the Oregon Health Plan. It is understandable that proponents of this bill would want to do something to help but this language will only delay and confuse improvements that have been outlined in the process conducted by the Oregon Health Policy Board and the Oregon Health Authority.

The nine-member Oregon Health Policy Board is appointed by the Governor and serves as the policy-making and oversight body for the Oregon Health Authority. The OHPB and OHA went through a yearlong process to evaluate CCO 1.0 and to develop policies to be implemented through CCO 2.0. One of the key focus areas set by the Governor and reinforced as a priority through statewide input was the improvement of the behavioral health system.

Thousands of Oregonians throughout the state took part in the development of language now contained in the CCO 2.0 RFA and draft 2020 CCO contract through; OHPB meetings, stakeholder meetings and presentations, community public forums, online surveys, and a phone survey of OHP members.

RFA language released on January 25th contains a set of questionnaires, by far the most extensive area in the document is the behavioral health questionnaire which contains 86 questions for response in a maximum of 58 pages.

The draft 2020 CCO contract already requires CCOs to develop and provide the concepts outlined in SB 134. For example:

- Establish written policies and procedures for Behavioral Health covered services and provide the written policies and procedures to OHA by the beginning of CY 2020. Policies and procedures must address, at a minimum, administration of the benefit, which services have prior authorizations, and a description of the provider network, including the number of providers for each service.
- Use a standardized behavioral health assessment tool, approved by OHA, to assist in adapting the intensity and frequency of behavioral health services to the behavioral health needs of the member.
- Develop a comprehensive behavioral health plan in collaboration with the local mental health authority and other community partners (e.g., education/schools, hospitals, corrections, police, first responders, child welfare, DHS, public health, peers, families, housing authorities, housing providers, courts).
- Adopt practice guidelines, specified in 42 CFR §438.236 (b), (c) and (d), that are based on valid and reliable clinical evidence or a consensus of healthcare professionals and that consider the needs of members. CCO shall adopt these practice guidelines in consultation with participating providers and shall review and update them periodically as appropriate. CCO shall disseminate the practice guidelines to all affected providers and, upon request, to members. CCO's decisions for utilization management, member education, coverage of services, or other areas, to which the guidelines apply, must be consistent with the adopted practice guidelines.

The OHPB and OHA conducted a well-constructed and thorough statewide process to establish the CCO 2.0 model. It is time to respect that process and let CCOs, stakeholders, providers, and OHA implement the system recommended by the statutorily recognized Oregon Health Policy Board. Thank you for your consideration on SB 134.