

February 24, 2025

Senate Bill 61; Sponsored by Senator Hayden

To whom it may concern;

I am writing to support Senate Bill 61 as a Licensed Professional Counselor. I began my career in 2020, supporting clients with Medicaid through an uncertain time for all of us, and have continued to primarily work with Medicaid. The fear of an audit from OHA that would take back payment despite providing services has been shared since beginning in the field. This fear stops good, ethical clinicians from helping clients who have limited resources and even fewer access to receive support. I have sat with suicidal, homeless, disabled clients who are unable to access more care because clinicians are afraid of the potential of being audited by OHA. The fear that the community of mental health clinicians feel directly relates to the lack of access to services.

Mistakes happen, things get coded incorrectly or mistyped. There is not a process that allows for growth or changes to be made following an audit that does not come at the cost of a clinician's practice. Clerical and technical errors can be addressed moving forward, the standard of paperwork and tiny details is always evolving. The current auditing process does not account or give opportunities to change. One incorrect code or missing signature can add up to thousands in audit costs.

As an individual the cost to comply with an audit, for OHA to recover payments, and the cost to address concerns or defend following an audit would be devastating. I would lose everything personally and professionally, and my clients would lose access to another clinician. Taking Medicaid clients is risking basic needs. I was told by a colleague who had been working for more than 20 years that she was afraid of making a clerical mistake and losing her house, a risk she could not afford to make. By continuing to allow OHA to continue to use the auditing process currently in place it forces clinicians to decide to help clients or meet their basic needs.

During the beginning of the COVID-19 pandemic we were forced to use telehealth. This was not a format of therapy that the majority of clinicians had exposure or training on. I remember scouring my grad school's physical and digital library to find information to continue to provide care for my clients with no success. No one knew what the administrative process was or how to appropriately document sessions. Five years later we do know how to do this work online and appropriately bill for services. It is unreasonable to use the rules we have now to judge work from the beginning of the pandemic.

I work primarily with clients experiencing severe and persistent mental health disorders. While I worked at a community health agency I had 100-150 clients I was responsible for. I never had under 100 clients; clients who had experienced incest, violent abuse and neglect,

psychosis, fetal alcohol disorder, TBIs, persistent and catatonic depression, domestic violence, agoraphobia, and so much more. Every day I apologized for not being able to see my clients more than once a month and that there were no other therapists I could send them to. The fear of OHA auditing and not giving clinicians a chance to make clerical changes has created a culture of services that leaves out clients that need care.

I hope Senate Bill 61 will pass, allowing immediate relief to those being audited and creating a relationship between CCOs, OHA, and clinicians that is focused on client care and truly preventing fraud and abuse of services.

Best,

Alex MacDonald, LPC