



OREGON  
*Alliance*  
of Children's Programs

10 April 2013

**TESTIMONY – HOUSE HEALTH CARE COMMITTEE  
SUPPORTING HB 2020 and amendments**

Dear Chair Greenlick, Vice-chairs Keny-Guyer and Thompson and committee members,

I am Janet Arenz, Executive Director of the Oregon Alliance of Children's Programs. We are a statewide non-profit, supporting good budgets and good policies for children and families, so that we can make children Oregon's greatest asset.

We do this by representing \$205 million in small businesses, delivering services and programs for over 100,000 children. We have a payroll of \$152 million for 5,500 employees and raise \$35 million in philanthropic resources each year.

Member programs span child welfare, juvenile justice, mental health, addiction, runaway and homeless, developmental disabilities and prevention.

Our members work closely with CCO's, and they have made clear their appreciation for the partnership, the shared commitment to the Triple Aim, and concern about the best way to achieve necessary cost savings.

HB 2020 is a beautiful bill... it is common sense at its simplest. It creates a WIN WIN situation for cost savings for all the involved parties.

- It streamlines a process that is needlessly expensive and redundant
- It reduces time and money for all.
- It eliminates unnecessary gaps and disruptions in services for consumers and keeps resources focused on health outcomes.

**WHAT THE BILL DOES**

- Addresses behavioral health programs for children and adults.
- Creates a single agreed upon standard for credentialing of provider programs by Coordinated Care Organizations
- Creates reciprocity among all of the CCO's for accepting a credentialed provider program.

Continued...

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Salem, Oregon 97301  
Phone: (503) 399-9076  
[www.oregonalliance.org](http://www.oregonalliance.org)

### **QUALITY & SAFETY ALREADY ASSURED BEFORE CCO's**

Behavioral health provider programs are already licensed by the State of Oregon, and certified by the Oregon Health Authority. Many are also nationally accredited, through Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation, or others.

Providers already have regular site-visits, program audits, contract compliance reviews, financial audits, sanitarian and fire marshal inspections, and a plethora of other inspections, reviews and reporting by the State of Oregon and other local jurisdictions.

### **CCO's HAVE GREAT AUTONOMY**

CCO's are not required to contract with anyone, regardless of credentialing. They retain local control over targeted populations, services available, who they contract with, what they pay, what they buy, what outcomes they want.

### **CONCERNS**

We have talked with many CCO's, providers, consumers as well as Department of Medical Assistance Programs, licensing, Oregon Health Authority and others. There have been procedural questions raised and "what if" thoughts posed. The administrative rule process, which includes all of the stakeholders, will iron these out as a group.

There will likely need to be some amendments to current administrative rules and contracts. The workgroup can identify and address solutions. We should all be motivated by the great benefit of streamlining credentialing, and the cost savings for all parties are real and measurable.

### **CURRENT UNNECESSARY COSTS TO PROVIDERS & CONSUMERS**

Attached are letters from providers who outline their costs and impact from multiple credentialing, including loss of time with clients and delays in their services while providers wait for CCO's. Examples from these letters include:

- Our organization was reviewed at least six times in the last six months. Each review lasted from 3-5 days and takes at least an additional week of staff time. This diverts services from clients, and cost more than \$20,000 in staff time.
- The information provided to the CCO's are very similar, but each CCO's paperwork varies, so as a statewide organization we will require a significant amount of time and staffing to complete these tasks. We estimate \$11,137 for our repeated credentialing costs.
- It takes us approximately 20 days to assemble the required paperwork for one CCO, involving 4-6 staff. Six months elapsed for the last credentialing packet to be approved. In the meantime, licenses and insurance certificates expired and renewal copies needed to be resubmitted.
- Credentialing typically involves about 150 pages of documentation and several hours of on-site visitation. These review costs could be spent on services to our clients.
- An average credentialing and the bi-annual audits within a small agency are an intense burden. It could easily be said that 200 hours are required for each episode. We estimate each episode costs about \$9,000.

- CCO's have created different criteria and there is no continuity in business practice. This creates gross inefficiencies. The end result is that a youth who need the services are unable to access them or are delayed, which also creates a crisis for the youth.

- Once we acquire all of the documentation requests from the CCO, it takes about 5 business days to assemble and submit. They often require additional information or changes. The credentialing process often takes 3 months.

- With the passage of HB 2020 we estimate an annual savings of \$12,000.

**CCO's CAN ACHIEVE GREAT SAVINGS TOO!**

One of these providers has 15 programs in 24 locations and must credential with 16 CCO's ... imagine how many programs CCO's must be repeatedly credentialing!

Now is the time to take a common sense approach to save costs and standardize the process of credentialing. HB 2020 outlines a straightforward and cost effective way to streamline credentialing of behavioral health providers.

Please support HB 2020 and amendments!

Thank you.



OREGON  
*Alliance*  
of Children's Programs

## Membership Oregon Alliance of Children's Programs

Albertina Kerr Centers	Portland
Bob Belloni Ranch, Inc.	Coos Bay
Boys & Girls Aid of Oregon	Portland
Bridgeway Recovery Services, Inc	Salem
Cascadia Behavioral Healthcare	Portland
Casa De Belen	Roseburg
Catholic Community Services	Keizer
Chehalem Youth and Family Services	Newberg
Community Works	Medford
DePaul Treatment Centers, Inc.	Portland
Harvest House Missions	Ontario
Home Youth & Resource Center (Marion Co Community Action Agency)	Salem
Homestead Youth & Family	Pendleton
The Inn	Portland
J Bar J Youth Services	Bend
Jackson Street Shelter	Corvallis
Janus Youth Programs, Inc.	Portland
Jasper Mountain	Jasper
Kinship House	Portland
Klamath-Lake County Youth Ranch	Bonanza
LifeWorks Northwest	Portland
Looking Glass Youth & Family Services	Eugene
Maple Star Oregon, Inc.	Portland
Meadowlark Manor	Bend
Morrison Child and Family Services	Portland
Next Door	Hood River
Northwest Family Services	Portland
Northwest Human Services, Inc.	Salem
Options Counseling Services of Oregon, Inc	Eugene
Oregon Mentors	Portland
Parrott Creek Child & Family Services	Oregon City
Professional Therapeutic Community Network	Salem
St. Mary's Home for Boys	Beaverton
Salvation Army, White Shield	Portland
Self Enhancement, Inc.	Portland
Serendipity Center, Inc	Portland
South Lane Mental Health	Cottage Grove
Tillamook Family Counseling Center	Tillamook
Trillium Family Services	Portland
Volunteers of America Oregon	Portland
Youth Guidance Association	Portland
Youth Progress Association	Portland
Youth Villages	Marylhurst



**Trillium**  
FAMILY SERVICES<sup>SM</sup>

*Building Brighter Futures with Children and Families*

## **Trillium Family Services Testimony to the Oregon House Committee on Health Care in Support of House Bill 2020**

*"Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson, and Members of the  
House Committee on Health Care:*

My name is Sandy Boyle and I'm pleased to provide this testimony as a representative of Trillium Family Services. Trillium is one of Oregon's largest providers of mental and behavioral health services for children, with 12 programs across a broad care continuum serving approximately 5,000 youth and families annually. We are an active member of the Oregon Alliance of Children's Programs.

Trillium strongly supports House Bill 2020 requiring Oregon's CCOs to follow a uniform standard for credentialing behavioral health providers. As an organization that will contract with most or all of the state's CCOs, managing a separate credentialing process and schedule for each one would create an extraordinary additional burden on our resources.

Trillium is currently accredited, licensed or certified by several organizations, each which place significant demands on our administrative and clinical staff. Each program review requires approximately 20 hours to pull together required documents by Master's level program supervisor staff, Human Resources staff and Records Department staff. Auditors are generally on site for about three days to interview various program staff such as psychiatrists, nurses, Master's level therapists and Bachelor's level skills trainers. Depending on the audit results, required responses typically take at least another 8-10 hours to prepare. To add up to 16 more credentialing processes to an already lean workforce would unquestionably take resources away from direct services to children and redirect them to administrative tasks. Ultimately, this would result in fewer child served with less successful outcomes.

[www.trilliumfamily.org](http://www.trilliumfamily.org)

• **Portland Metro Region**

Parry Center for Children & Waverly Children's Programs  
3415 SE Powell Boulevard  
Portland, OR 97202  
T 503-234-9591 F 503-205-0188

• **Mid-Willamette Valley Region**

Children's Farm Home  
4455 NE Highway 20  
Corvallis, Oregon 97330  
T 541-757-1852 F 541-750-1120



We would far rather devote precious resources to helping children heal than to unnecessary administrative processes, which is why the passage of House Bill 2020 is so critically important to Trillium and our sister organizations in the Oregon Alliance.

Thank you for this opportunity to testify in support of House Bill 2020.”

Sandy Boyle  
Chief Strategy Officer  
Trillium Family Services



**CASCADIA ADMINISTRATIVE SERVICES**  
PO Box 8459  
Portland, OR 97207  
Phone: 503.238.0769 - fax: 503.963.7711

April 9, 2013

The Honorable Mitch Greenlick, Chair  
Health Care Committee  
Oregon House of Representatives  
Oregon State Capitol  
900 Court Street, NE  
Salem, OR 97301

Dear Chairman Greenlick, Vice Chairs Keny-Guyer and Thompson, and Committee Members:

On behalf of Cascadia Behavioral Healthcare, I am writing in support of HB 2020.

As you may know, Cascadia provides a continuum of services for more than 14,000 low income adults, children and families annually, who struggle with serious mental health and addiction challenges, poor health, homelessness, poverty, trauma, criminal backgrounds and other issues.

Our aim is to provide a comprehensive, integrated system of behavioral health care and management that demonstrates quality service, innovative approaches, effective outcomes, consumer satisfaction, and cost containment in Multnomah, Clackamas and Lane Counties in Oregon. Cascadia currently offers services at four outpatient clinics, multiple residential, supported housing and extended care sites. We serve children, families and adults at many of our sites.

We expect to seek certification for these programs from Health Share, Family Care and Trillium. The process of gathering information for a service audit typically requires three staff from our Quality Management Team dedicating two to three weeks each. This includes gathering client information, policies and procedures and any pre-request materials in preparation for the audit. In addition to the Quality Management team, staff members from multiple programs spend an additional 20 to 30 hours in interviews with audit staff. The anticipated cost per audit could easily add up to \$10,000 in direct staff time; even more if lost productivity is factored into the equation.

While requirements are standardized, each audit team for differing Counties/CCOs interprets rules differently and frequently requests and focuses on different aspects of our clinical work. Therefore, each audit requires time and effort to ensure positive results. This process is duplicative and takes resources away from direct service. On behalf of Cascadia, I ask the committee to support this simple, common sense approach to saving time and money for both the CCO's and the providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Derald Walker", with a long horizontal line extending to the right.

Derald Walker, PhD  
President/CEO

HEALING, HOMES, HOPE

April 10, 2013

To: Representative Mitch Greenlick, Chair  
House Health Care Committee

Dear Chair Greenlick,

Youth Villages Oregon provides behavioral health services to children and families throughout Oregon, including the nine federally recognized tribes. Our service began in 1859 when, as The Christie School, we served children and families arriving on the Oregon Trail.

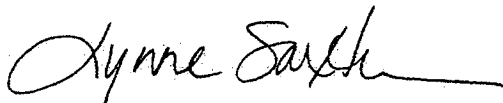
We support HB 2020-3. It is one of many administrative efficiency advances we must make on the road to cost-effective implementation of Health Care Transformation. Improving administrative processes and reducing overhead expenditures will insure available resources reach populations of need throughout Oregon.

Reciprocity for credentialing has many advantages for the state, CCOs and providers. But the most important beneficiary will be the participants in the Oregon Health Plan. By bringing our administrative processes and procedures into alignment with the other structural changes in health care, we are assuring people throughout Oregon who rely on the Oregon Health Plan that their needs will come first and that maximum resources will be provided for their care.

We applaud Representative Nathanson's vision and support the Oregon Alliance of Children's Programs efforts on behalf of this bill.

Thank you for your consideration.

Sincerely,



Lynne Saxton  
Executive Director





## TILLAMOOK FAMILY COUNSELING CENTER

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A Drug Free Workplace

906 Main Avenue  
Tillamook, OR 97141  
Telephone: (503) 842-8201  
(800) 962-2851  
Fax: (503) 815-1870

TO: House-Health Care Committee  
(Chair Greenlick, Vice Chairs Keny-Guyer and Thompson and Committee Members)

FROM: Frank Hanna-Williams, Executive Director

DATE: April 9, 2013

RE: HB 2020-3

As a Director of a small rural behavioral health agency, I am keenly aware of the importance of the current Health Care Transformation process being initiated across the state of Oregon. I support the creation of Coordinated Care Organizations (CCO's) and I am thrilled with the possibilities of true service innovation leading to better care at lower cost in the years to come.

Additionally, I am also realistic about the impact of multiple changes on the service providers that often trickle down and create barriers to good service delivery. HB 2020-3 would bring together CCO's and provider organizations to develop rules for uniform standards for the credentialing of behavioral health providers. This will have a tremendous impact on the credentialing of providers who serve multiple regions, eliminating repetitive procedures and administrative costs that are potential barriers to better care.

The challenges facing Health Care Transformation are staggering. The goals and objectives of this process are best served when barriers can be eliminated. This bill addresses some of those barriers. I support HB 2020-3.



CREATING FREEDOM FROM ADDICTION

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De Paul Treatment Centers, Inc.  
PO Box 3007  
Portland, OR 97208

April 10, 2013

Dear Chair Greenlick, Vice Chairs Keny-Guyer and Thompson, and Committee Members,

De Paul Treatment Centers would like to affirm our support of House Bill 2020. De Paul provides residential and outpatient drug and alcohol treatment and treatment for co-occurring mental health disorders to men, women, adolescents and families from across the state. We serve more than 2,000 patients every year at three locations in Multnomah and Washington counties. Most of De Paul's clients are OHP eligible or will become OHP eligible in January 2014. In 2012, we served residents of 26 Oregon counties.

When the CCOs become responsible for residential treatment in July, we anticipate that we will need to contract with all 15 CCOs in the state. In addition to the two CCOs in the tri-county area, we have already added six other CCOs to our billing system because of members we serve in our adult or adolescent residential treatment programs.

De Paul has been credentialed by a variety of OHP and private insurance carriers. The credentialing process is time consuming for our staff and for the credentialing agency. Each credentialing packet includes background information about De Paul including tax ID and NPI numbers, all of De Paul's licenses (substance use disorder treatment as well as mental health treatment for three locations), proof of liability insurance, program descriptions for all eleven De Paul programs, detailed information about De Paul's medical director, the full three year credentialing packet from CARF- a national accrediting agency, various agency policies and procedures, tax forms, and a list of De Paul's 80 clinicians including credentials and NPI numbers.

The list above describes the most basic credentialing packet that takes staff the better part of a day to assemble. For some insurance companies, we have had to individually credential each outpatient clinician which requires the clinicians to complete a detailed history. This takes each clinician up to six hours to complete, and we have more than 30 clinicians who need to undertake the process.

Requiring our staff to take on hours of work to complete the same process for 15 different CCOs will unnecessarily strain our already limited resources. Additionally, a representative from each CCO will need to go through the submitted information to approve De Paul or ask for additional information. Thus the CCOs will collectively spend 14 times the amount of time and money credentialing the same organization if this bill is defeated.

House Bill 2020 represents an easy way to set the stage for achieving the triple aim. By allowing De Paul and other behavioral health providers to complete the resource-heavy credentialing process once instead of with each individual CCO, more time and money can be taken away from back office duties and dedicated to caring for the patients who need treatment.

Sincerely,

Stacy Blumberg, MBA  
Director of Marketing and Development  
De Paul Treatment Centers, Inc.



April 9, 2013

Dear Chair Greenlick, Vice Chairs Keny-Guyer and Thompson, and members of the Oregon House Health Care Committee,

Thank you for considering the input of mental health and addiction providers as you decide on HB 2020. We all want our efforts to transform health care to result in accessible, quality services delivered by a well-organized system. Simplifying the credentialing process so that both providers and CCO's can maximize the resources available to serving clients is essential.

Serendipity Center is a nonprofit therapeutic school. We integrate special education with outpatient mental health treatment for children referred to us by 22 school districts in three (and sometimes four) Oregon counties. All of the children who attend Serendipity have exhausted the placement options within their home districts. Many have already been served in other treatment settings. Access to treatment supports at both planned and sudden points of their school days allows them to gain critical skills and continually return their focus to academic and social learning. While many children facing challenges are well served in public schools and traditional treatment settings, our students tend to face multiple and compounding conditions. Poverty (over 81% on free/reduced meals), histories of surviving trauma (61% have experienced abuse, neglect, and/or exposure to violence), tendencies towards physical aggression (over 74%), and co-existing conditions that impact development, such as autism (45%), produce children who need specialized and individualized approaches if they are to achieve their potentials. Their ability to function in school, maximizing their literacy and skills of independence, rests on our ability to deliver a school experience that is designed with a thorough understanding of both their mental health and educational needs.

Serendipity has contracted with Health Share Oregon – Multnomah (formerly Verity) since becoming a certified provider of children's services in 1990. Our compliance audits have been demanding, but have also generated useful support and guidance as we learned to navigate as a managed care provider. Several years ago, we become an out-of-network provider for Health Share Oregon – Clackamas (formerly Clackamas County Mental Health). We have initiated the process of requesting a contractual relationship with Family Care, in order to serve the all possible children in the counties of the school districts that refer them.

This letter supports the proposed amendments to HB 2020 and speaks to the needs of smaller providers. Our staff of 77 employees includes one Treatment Director and only 5 Clinical Case Managers (Qualified Mental Health Professionals), all of whom are needed every day on the floor to provide coaching, counseling, skill-building, and crisis de-escalation. Preparing for and participating in multiple audits would restrict our ability to deliver care when it is most needed. Even more important, the efficiencies proposed by these amendments move our whole system of care towards the kind of cooperation and collaboration that would position the well-being of individuals to be the shared primary concern. Directing money when possible away from administrative requirements and towards impactful services supports providers, the CCO's, and ultimately, children and families.

Thank you again for all you do to create and define this new system of care.

Sincerely,

A handwritten signature in black ink that reads "Belinda Marier". The signature is written in a cursive, flowing style.

Belinda Marier  
Executive Director



2905 River Road South  
Salem, OR. 97302  
503.391.7175  
Fax: 503.585.3303

*Changing Lives for Life*

April 9, 2013

Oregon State House of Representatives  
House Health Care Committee  
Salem, OR 97301

Re: HB 2020

Dear Chair Greenlick, Vice Chairs Keny-Guyer and Thompson, and Committee Members:

I am writing in support of HB2020. PTCN provides Mental/Behavioral Health Services, Therapeutic Foster Care, and Residential 24 hr Treatment Homes for Child Welfare and Developmental Disability Services. We serve children, adolescents, and adults in the Salem Metro and Portland Metro areas.

With the advent of CCO's the complexity of trying to work with over 16 CCO's with many of our clients coming from around the State of Oregon will be virtually impossible. As it currently works—each CCO requires the potential provider to submit credentialing applications that are redundant and in some cases want different things that complicate the application. CCO's have created different criteria and there is no continuity in business practice. As you can imagine this creates gross inefficiencies. The end result is that youth who need the services are unable to access or the delay in service implementation creates a crisis where more costly and long term state resources are used to stabilize the youth.

HB2020 would be a critical part in making our CCO model more cost effective. PTCN does not get compensated at any level for the new inefficiencies of this roll out and would greatly appreciate some practical business sense applied to the implementation of Oregon's new health care model and so would our clients and families.

Changing Lives for Life,

Jesse L. Watson, MA, CCSOT, QMHP  
CEO



# Options

Counseling Services of Oregon, Inc.

## Eugene

Administrative Office  
1255 Pearl St., Suite 102  
Eugene, OR 97401  
(541) 687-6983 office  
(800) 377-7034 toll free  
(541) 687-2063 fax

## Springfield

175 West B Street, Bldg. D  
Springfield, OR 97477  
(541) 762-1971 office  
(541) 762-1974 fax

## Portland

10011 SE Division, #305  
Portland, OR 97266  
(503) 335-5975 office  
(503) 335-5974 fax

## Clackamas

10810 SE Highway 212  
Clackamas, OR 97015  
(503) 655-8045 office  
(503) 655-6806 fax

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Ste 120  
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(503) 390-5637 office  
(503) 393-3135 fax

## Roseburg

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(541) 464-6457 fax

## Florence

1445 W. 8th Street  
PO Box 429  
Florence, OR 97439  
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(541) 997-8606 fax

Executive Director  
Stephen Allan, Ph.D.

April 10, 2013

To: Honorable Mitch Greenlick, Chair, Health Care Committee  
Honorable Alissa Keny-Guyer, Vice Chair  
Honorable Jim Thompson, Vice Chair and Committee Members.

**Re: HB2020**

Dear Chairman Greenlick:

I am writing to support HB 2020, which is designed to save administrative costs for Coordinated Care Organizations (CCO) and behavioral health providers in Oregon.

Options Counseling Services operates mental health and family preservation services in ten Oregon counties. We serve both adults and children, with an emphasis on services provided in homes and community settings. Options providers see over 2,000 individuals and families each year, providing critical supports to keep people out of hospitals, residential settings and foster care.

Currently, as a provider of mental health treatment services, Options must be approved by each county and CCO in order to provide services to clients under the Oregon Health Plan. While review of the agency and its policies is important for safe and effective services Oregonians we serve, multiple reviews are not the best use of resources for the state or Options.

Options was reviewed at least six times in the last half of 2012. Each review lasted from three to five days, and reviews were conducted by a three to five county and/or CCO staff members.

Preparing for a review takes at least a week of staff time, and diverts service delivery staff from seeing clients. Supervisor and other managers take significant time to review and revise policies. Administrative staff must be available to reviewers, and IT services are needed to provide access to electronic records. Each review is concluded with a meeting and a written report. Changes are requested or required, which must be resubmitted and reviewed, at minimum. It is difficult to put an exact cost on these efforts, but I would estimate the cost from July to December 2012 to be more than \$20,000 in staff time. While the feedback from a review can be useful, multiple reviews are costly for both Options and the reviewing agency, whether a county or CCO, or a combination.

Options contracts with Trillium Healthcare, Health Share or Oregon and FamilyCare and Valley Community Health Marion County and MidValley Behavioral Care Network. Options provides services through other programs in areas covered by Columbia Pacific CCO and the Umpqua Health Alliance, and is hopeful that there will be contracts with those CCOs in the future.

Please support this sensible effort to save administrative costs to the health plans and providers, so that all of our efforts can be focused on providing quality care and easy access to services.

Sincerely,

Stephen Allan, PhD  
CEO



northwesthumanservices  
changing lives

April 9<sup>th</sup>, 2013

Administration  
681 Center Street NE  
Salem, Oregon 97301  
503.588.5828  
503.588.5852 FAX

Connection Program  
503.588.5846  
503.588.5843 TTY

HOTLINE  
503.581.5535  
503.588.5833 TTY  
503.391.5291 FAX  
1.800.560.5535

HOAP  
(Homeless Outreach  
& Advocacy Project)  
503.588.5827  
503.315.0714 FAX

HOST  
Youth & Family Program  
503.588.5825  
503.361.0383 FAX

West Salem Clinic  
Medical  
503.378.7526  
503.585.4278 FAX  
Mental Health  
503.588.5816  
503.588.5803 FAX  
Dental  
503.315.0712  
503.325.0721 FAX

Total Health  
Community Clinic  
Medical  
503.606.3288  
503.606.3287 FAX

Representative Mitch Greenlick, Chair  
Representative Alissa Keny-Guyer, Vice-Chair  
Representative Jim Thompson, Vice-Chair & Committee Members  
900 Court St NE, H-493  
Salem, OR, 97301

Re: Support of House Bill 2020

Dear Chair Greenlick, Vice Chairs Keny-Guyer and Thompson, & Committee Members,

This letter is written in support of HB 2020 to standardize credentialing of mental health providers and reciprocity across all CCO's.

Northwest Human Services, Inc. has provided medical, dental and mental health services to adults and children of Marion and Polk Counties for over forty years. We have historically endured long and laborious credentialing processes in the world of managed care and private health plans to credential our providers. Each health plan has had the same objective, and that is to uphold a standard of qualification for health care professionals providing services to members of our community. There is little argument with this goal. Each organization, however, has required separate and distinct processes for gathering "primary source verification" of schooling and licensing as well as variations in additional information required and acceptance of sources to verify professional references, licensing history, criminal background checks, malpractice history, etc. etc. The cost in terms of time and staff resources to submit, review, and re-submit information is substantial and the process has taken 45-120 days per provider per health plan. Lack of standards and absence of reciprocity creates significant delays in our ability to recruit and employ staff in a timely fashion to meet the increasing demands for our health services.

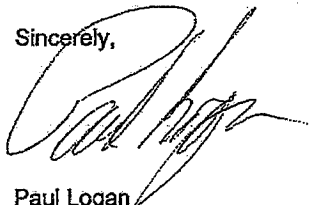
As CCO's are in their infancy, now is the time to take a common sense approach to save costs and standardize the process of credentialing mental health services.

HB 2020 will engage CCO's and mental health providers in a collaborative manner to create a uniform standard for the credentialing of behavioral health providers. By means of this legislation, once a mental health provider organization is credentialed with one CCO, reciprocity is created, reducing administrative overhead and freeing credentialed organizations to contract with additional CCO's and begin providing services in a timely fashion.

HB 2020, in our opinion, outlines a straight-forward and cost-effective way to streamline credentialing of mental health providers and eliminate administrative redundancy.

Thank you for the opportunity to voice the support of Northwest Human Services for HB 2020.

Sincerely,



Paul Logan  
Chief Executive Officer  
Northwest Human Services





**morrison**  
child & family services

April 10, 2013

Health Care Committee  
Mitch Greenlick, Chair  
900 SW Court Street  
Salem, OR 98301

Re: House Bill 2020-3 relating to standards for health care providers serving member of coordinated care organizations

I am here today representing Morrison Child and Family Services (Morrison), a large mental health non profit agency of 400 plus employees, serving children and families primarily in the tri-county area; however we do serve a number of children across the state of Oregon in some of our more intensive specialty programs. Each year Morrison serves approximately 6,000 children impacted by trauma and adversity across a continuum of care from prevention services to staff secure residential programs.

I am writing to day to ask for your support of House Bill 2020-3. This is an important bill for Morrison as it will save us time and money and allow us to use our funds to better serve children and families. As we begin to fully work with Coordinated Care Organizations across the state we want to avoid what happened to us when the Mental Health Organizations were begun. Each time we were asked to serve a person from a different MHO we were required to apply for provider status and be credentialed with that MHO. As we have testified in the past this took hours of staff time and at substantial cost to the agency to fill out each MHOs application, gather each MHOs request for supportive documentation for our application and then at a later time submit to innumerable reviews to determine whether our evidence based practices were delivered just to their liking.

This bill is not complicated and contains NO hidden agendas!

This bill focuses on mental health and addiction provider's organizations;

It requires uniform standards be created to credential providers;

Once credentialed, any CCO will be able to contract with or utilize the services available from a provider organization of their choice;

Providers will still be licensed and certified by the state;

CCOs won't have to credential dozens of provider agencies;

And this bill will not interfere with a CCO's ability to negotiate a contract tailored to the needs of their subscribers and community.

Sincerely,

Monica J. Ford, LMSW  
Director of Clinical Operations

hand in hand division  
11456 NE Knott - Portland, Oregon 97220  
phone: 503.736.6500 - fax: 503.256.9601 - morrisonkids.org





"Support for new beginnings and healthy families."

4/9/2013

Dear Chair Greenlick, Vice Chair Keny-Guyer, Vice Chair Thompson, and Committee Members,

I am writing in support of House Bill 2020. As a small lean non-profit mental health provider serving the most vulnerable children within the state child welfare system for over 16 years, HB 2020 has the possibility to provide needed efficiency and streamlining. An action that moves towards reducing redundancy and cost in administration, supports more time and energy to be applied to the mission of the children we serve. Multiple redundant audits can bare a significant burden on small lean providers such as Kinship House, as we strive to provide optimal access with 15 staff, for over 400 children a year.

Kinship House was founded in 1996 by mental health and child welfare professionals, aware of the barriers facing foster children awaiting adoptive placement or adjusting to foster care, adoption or guardianship. Today we hold to our mission offering a unique program for children and families in transition from crisis to a successful, permanent adoption or reunification. This transition is neither easy nor simple. Kinship House emphasizes the importance of each child's culturally unique and diverse kinship bonds. Each case focuses work with a foster child in need, as well as with foster parents, foster siblings, birth siblings and birth relatives. Every child's case opens an expanding circle of relationships and complex interactions that without support can be confusing and stressful. A typical Kinship House foster case may involve a primary foster child, two birth siblings, one birth parent, two foster siblings, two foster parents, two adoptive parents and two adoptive siblings touching 11 family members.

We have one outpatient service site located in inner NE Portland, we also have therapists stationed at two local partner sites within North and South East Portland. The majority of children and families seen for ongoing outpatient therapy live within Multnomah, Washington and Clackamas County, we have approval for billing from all three counties. A smaller percent of our outpatient families come from Marion and even as far as Hood River.

Kinship House is also one of the few providers in the state that perform Child Welfare specific assessment's that assist informing the court permanency process helping ensure smooth successful transitions to permanency. We provided these services to children across the state including Kalamath Falls, Bend, Coos County, and many rural communities.

An average credentialing and the bi-annual audits take numerous hours of staff time & within in small agency multiple process are an intense burden. It could easily be said that 200 hours, about a month of a staff hours, divided amongst 3-4 staff are required for each episode. Typically it requires the most expensive staff with a strong knowledge base and appropriate level of responsibility to address the process. We could roughly estimate each episode requires \$6-9,000 for a small agency with a \$740,000.00 annual budget this takes time and funding away from serving our kids. Please support this simple, common sense approach to saving time and money for both the CCO's and the providers.

Thank you and best regards,  
Heather Jefferis, Executive Director Kinship House



# CHEHALEM YOUTH & FAMILY SERVICES

501 E. First Street

P.O. Box 636

Newberg, OR 97132

April 4th, 2013

To Whom it may concern:

Chehalem Youth and Family Services serves individuals from the entire state of Oregon in their Residential Treatment Program. Over the past 40 years we have served youth from every county, and now CCO region. The youth that are served range in age from 11-21 with an average age of 16; and are considered high risk for mental health, trauma and extreme behavioral needs. We consistently serve youth who have averaged 6 previous placements within the state.

In this amount of placement changes, some of these youth have moved through multiple counties and regions. As the CCO's have been working with each other to navigate this – it means that services for these high risk youth are often disrupted significantly. For instance, we have worked with a youth that was from Klamath County who was moved to Linn County and then to us in Yamhill County. During this transition the youth was transferred from one CCO to another. Unfortunately, we were not authorized to work with that CCO yet, and his mental health services were disrupted. We were able after one month to create one time agreements for him to see our providers. If we did not create these agreements – we, here in Yamhill County, would have to drive to the nearest provider from his home CCO for his mental health care. The nearest provider for that CCO is in Douglas County. If CCO's accepted each other's authorization we would be able to serve these high risk clients seamlessly.

Due to the statewide nature of our program – we anticipate working with every CCO. We will have to be credentialed with all CCO's in order to provide Mental Health and Behavioral Health to these extremely high risk youth. The credentialing process for the CCO's varies from region to region.

Once we have acquired all of the documentation from the CCO, which takes approximately 5 business days from the start of the process, it takes approximately 3 hours of staff time per CCO to complete the process – per provider. Currently CYFS has 3 Psychologists, 5 psychology trainees, and a Psychiatric Mental Health Nurse Practitioner that we will need to credential through all of the CCO's. After completing all of the credentialing materials, we often do not hear back from the CCO's for approximately 3 months. During this time they may require documentation or clarification on any specific item – thus an approximate of 5 hours per CCO would be added to our total cost. The information provided to the CCO's are very similar, but each CCO's paperwork, priority and policy vary, so as a statewide organization we will require a significant amount of time and staffing to complete these tasks.

Activity	Hours for activity	Per provider	Per CCO	Cost per hour	Total cost
Preparation for Credentialing	3	27	405	10	4,050
Before Credentialed	5	22.5	337.5	15	5,062.5
Final Credentialing	1	9	135	15	2,025
				<b>Total Cost</b>	<b>11,137.5</b>

It is imperative that the CCO's accept the credentialing of Mental Health Treatment Providers and Chemical Dependency treatment providers from other CCO's to provide the services needed.

Tara Sanderson, PsyD, MBA  
Licensed Psychologist  
Director of Residential Services - BRS

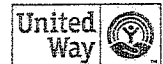


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Fax  
Chehalem Counseling Center  
Youth Opportunity - McMinn.  
Youth Opportunity - Newberg  
Service@CYFS.net

503/538-4874  
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Lucky Finds Thrift & Gift  
Residential Services  
Mentoring Connection  
Family First Parenting Edu.  
Supervised Visitation  
www.CYFS.net

971/264-4150  
503/538-4874  
503/538-4874  
503/538-4874  
503/538-4874





**Looking Glass**  
Youth & Family Services

Administrative Office

April 4, 2013

**Looking Glass Programs**

**Counseling Services**

Counseling Program  
Adolescent Recovery Program  
Crisis Response Program

**Runaway & Homeless Services**

Station 7 Program  
New Roads Program  
Rural Program

**Education & Vocational Services**

Riverfront School & Career Center  
Center Point School  
New Roads School

**Residential Services**

Pathways Boys Program  
Pathways Girls Program  
Intensive Treatment Services Program  
Stepping Stone Program  
Parole Revocation Diversion Program

House Committee on Health Care  
Oregon State Legislature  
Salem, Oregon

Dear Chair Greenlick, Vice-Chair Keny-Guyer, Vice-Chair Thompson and House Health Care Committee Members:

Governor Kitzhaber, Dr. Bruce Goldberg (OHA), and the Oregon Legislature value cost-savings and efficiency, especially as related to healthcare transformation. HB 2020 is simple in design and profound in savings. It maintains quality while eliminating costly, redundant quantities of credentialing process.

Looking Glass Youth and Family Services, and other behavioral health providers, go through extensive review to ensure quality service provision to our contractors. This typically involves about 150 pages of documentation and several hours of on-site visitation. Repeating this process with each individual CCO wastes time and money. Most importantly, these review costs could be saved and spent on services to our clients.

Legislative leadership, and especially Representative Nancy Nathanson, is working to make our state systems more effective and efficient. HB 2020 coordinates OHA and all of Oregon's CCO's in a way that maintains quality, saves money, and get services more rapidly to those in need.

Please support HB 2020.

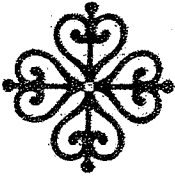
Thank You.

Craig Opperman  
President/CEO  
Looking Glass Youth and Family Services  
Eugene, Oregon



A United Way Agency

Administrative Office  
1790 W. 11th Ave.  
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# ALBERTINA KERR

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## ADMINISTRATIVE CENTER

424 NE 22nd Avenue

Portland, Oregon 97232

503-239-8101 main

503-239-8106 fax

[AlbertinaKerr.org](http://AlbertinaKerr.org)

April 10, 2013

Representative Mitch Greenlick, District 33, et. al.

900 Court Street NE, H-493

Salem, OR 97301

Dear Members of the House Health Care Committee:

Albertina Kerr strengthens Oregon families and communities by helping children and adults with developmental disabilities and mental health challenges, empowering them to live richer lives. The Youth & Family Division of Albertina Kerr provides a wide range of mental health services for children and provides support for their families. We serve individuals from all over Oregon in community settings and at our facility located in Multnomah County. In 2011-2012, over 1,000 children, adults and families received services from Kerr.

Albertina Kerr provides the following mental health services:

- Early Childhood & School aged Mental Health Outpatient Services
- Individually Tailored Intensive Community Treatment Services
- Subacute Services

Currently we provide services to clients from 7 of the newly created CCO's. In the future, we foresee providing services to clients in over 12 of the CCO's.

The last credentialing process we went through comprised of the following:

- ❖ Approximately 20 days to assemble the required paperwork
- ❖ 4 -6 staff involved with gathering information
- ❖ 6 months elapsed for the last credentialing packet to be approved
- ❖ Due to time elapsed, time sensitive items such as Licenses and insurance certificates expired and renewal copies needed to be resubmitted
- ❖ Estimated expenses per each credentialing process - \$1,500. With the passage of HB 2020-3 we estimate a savings of approx. \$12,000 per year as we provide services to children, youth and families across the state

Albertina Kerr urges you to support HB 2020-3 and the "Lean" approach that will give CCO's and nonprofit agencies a stronger and better tool for credentialing and which is in keeping with Oregon's overall goal of transforming health care. Thank you for your support, together we can make a difference in the lives of Oregon's most vulnerable populations.

Sincerely,

Rene' Dante Deras, CPA

Director of Accounting Operations

Albertina Kerr





To: House Committee on Health

RE: Support for HB 2020

Dear Chair, Representative Greenlick, Vice Chairs Representatives Keny-Guyer and Thompson, and Committee Members:

I am writing in support of House Bill 2020 which is a simple, common sense, and cost effective approach to the issue of provider credentialing for Collaborative Care Organizations across the state of Oregon

South Lane Mental Health is a community mental health agency in Cottage Grove, Oregon. We serve approximately 1500 people a year; many of those are families with children. We run an Intensive Community Treatment and Support (ICTS) program for children with difficult behavioral health issues. The ICTS program provides in-home treatment and skill building for children and their parents, with the goal of keeping children in the home and at school.

While we do not provide residential treatment services for children at our agency, we work closely with the residential treatment providers in Lane County, such as Looking Glass. These programs provide an essential component in the continuum of care for children with complex psychiatric and behavioral problems.

I am writing to support our colleagues who provide residential treatment as they push for the passage of HB 2020. In the spirit of health transformation, which seeks to increase the effectiveness and efficiency of our healthcare system, I urge you to pass HB 2020—it just makes sense!

Sincerely,

Terry N. Mastin, M.A.  
Assistant Executive Director

*Renew Hope, Restore Lives*



April 3, 2013

Representative Mitch Greenlick, Chair  
Representative Alisa Keny-Guyer, Vice-Chair  
Representative Jim Thompson, Vice-Chair  
House Health Care Committee  
Oregon Legislative Assembly

Dear Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson, and Members of the Committee:

On behalf of The Oregon Primary Care Association (OPCA) I respectfully request your support of HB 2020. This bill, in addition to other positive benefits, helps ensure continuity of care for patients.

OPCA is a non-profit membership organization comprising Oregon's 31 community health centers that operate 201 health clinics statewide. Our member health centers provide coordinated care to 330,000 rural and/or medically underserved patients annually. Oregon's community health centers are medical homes that provide integrated and coordinated physical, oral and behavioral health services to our patients. Community health center patients are primarily on Medicaid or uninsured.

Our health centers sometimes refer patients to mental health treatment providers and/or chemical dependency treatment providers. Our health center providers refer patients with an aim toward coordination and continuity of care. Perhaps a patient was previously cared for by a certain mental health treatment provider? Perhaps a certain chemical dependency treatment program has a particular expertise in treating the patient's specialized addition? Our health centers consider these and other factors when deciding which treatment providers to refer their patients to.

Providers in our health centers value and believe in the positive health outcomes that result from care continuity. If HB 2020 is not passed, it is possible that our health centers' referrals to treatment providers will adversely impact our patients' continuity of care. This could occur because the treatment provider that would best ensure care continuity was not yet certified by the patient's CCO. Passage of HB 2020 increases the likelihood that certification issues will not negatively impact care continuity.

Please vote YES on HB 2020. Doing so will enable providers to continue to refer patients for treatment with the aim of coordinating patients' care as opposed to the aim of selecting a provider that has jumped through the requisite hoops to achieve certification by multiple CCOs.

Thank you for your consideration,

  
John Hummel  
State and Federal Policy Director