



OREGON
Alliance
of Children's Programs

SENATE HEALTH CARE & HUMAN SERVICES COMMITTEE
7 May 2013

SUPPORT HB 2020

Chair Monnes-Anderson, Vice-Chair Kruse, and Committee Members,

Thank you, Chair Monnes-Anderson, for having this hearing. And our thanks also to Senator Shields and Senator Knopp for sponsoring the bill. We are also grateful to Representative Nathanson, who is the chief sponsor of this bill.

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, who deliver services and programs for over 100,000 children. They 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 greatly appreciate 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 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.

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In the first days of this concept, Representative Nathanson invited Bruce Goldberg, Director of the Oregon Health Authority, to meet with us on the prospective bill. Bruce remarked, “This is a really great bill, exactly what we wanted to see happen [in health care transformation].”

RESPONDING TO CONCERNS

We talked to CCO’s and met with them about the bill, and shared the information we developed for legislators. The CCO’s asked for changes, and by the time the bill was in work session, we had amended it 4 times.

UNANIMOUS BI-PARTISAN SUPPORT

The House Human Services & Housing Committee sent it out with a unanimous “Do Pass” recommendation. The House moved the bill out of floor session by passing it 58-0.

NEW CONCERNS RAISED

If I understand correctly, the key issues of concern now raised are around an inability to extend reciprocity without creating new complex layers of cross-auditing, and being out of compliance with the National Committee for Quality Assurance (NCQA), an accreditation CCO’s have.

ALL THE POSSIBLE OPPORTUNITIES TO STREAMLINE

I spoke at length with the NCQA Assistant Director for Policy Accreditation on Standards and Guidelines to talk about provider program credentialing with CCO’s. Here are the points specific to reciprocity across CCO’s, and NCQA accreditation of CCO’s:

- **CCOs can collectively develop and execute a single set of policies and standards for site visits that are uniform.**
 - NCQA refers to these as a “Collaborative”
- **Collaboratives are currently in several states, including the “ICE” Collaborative in California**
 - These Collaboratives accept 1 uniform set of standards for site visits
- **In a Collaborative, 1 CCO can do a site visit and share the results with the other CCOs.**
 - **No audits of one CCO by another CCO to verify fidelity in these site visits are required,** since the elements of the site visits are decided upon jointly by the CCOs.
- **The State of Oregon has the ability to set its own elements for credentialing, and NCQA will never vary from the state requirement,** except that NCQA will continue to require a review every 36 months.
- **The Oregon Health Authority, Addictions & Mental Health, has its own certification process for behavioral health programs. NCQA will accept this process as a proxy for a CCO site visit, as long as OHA/AMH reviews the certification every 36 months.**
- NCQA would view these collaborative options as a “proxy,” stronger than “reciprocity.” One set of standards and policies works for all entities.
 - Oregon’s current licensing and OHA/AMH certification process and site reviews may already be meeting expectations that satisfy NCQA requirements.
 - **CCO’s may use Oregon’s licensing and OHA/AMH certifications in place of their accreditation process.**

There is no question there will be technical challenges in working together to build a “Collaborative,” but what could be more challenging than the two providers here today, De Paul Treatment Centers and Morrison Child and Family Services, credentialing 435 times between them, so they can discuss possible contracting with the CCO’s ? Then multiply this by all of the other behavioral health programs...

Remember that every CCO has their own credentialing process and paperwork.

My members have reported to me their credentialing experiences, and they average about 150 pieces of paper, 2 days of on-site review, follow-up requests for information, and up to 6 months to be credentialed.

Even more important -- while wading through the credentialing process, not a single hour of service is delivered to a client.

I remember sitting at the dinner table with my grandparents and complaining about a school science project I had to do with other classmates, and coming up with reasons to quit the project. My grandfather said to me, “You can find one-hundred reasons not to do this. But you only need one reason to get it done.” We have our one reason, and more; we need to get it done.

PLEASE MOVE HB 2020 OUT OF COMMITTEE WITH A “DO PASS” RECOMMENDATION

THANK YOU



CHEHALEM YOUTH & FAMILY SERVICES

501 E. First Street

P.O. Box 636

Newberg, OR 97132

May 7, 2013

To: Senate Health Care & Human Services

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 six 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 others 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 five business days from the start of the process, it takes approximately three hours of staff time per CCO to complete the process, per provider. Currently CYFS has three psychologists, five 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 three months. During this time they may require documentation or clarification on any specific item, thus an approximate of five 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
				TOTAL COST	11,137.5

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.

Sincerely,

Deborah Cathers-Seymour
Executive Director

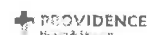


Administration 503/538-4874
 Fax 503/538-1271
 Chehalem Counseling Center 503/538-4874
 Youth Opportunity - McMinn. 503/883-9768
 Youth Opportunity - Newberg 503/554-1461
 Service@CYFS.net



Lucky Finds Thrift & Gift
 Residential Services
 Mentoring Connection
 Family First Parenting Edu.
 Supervised Visitation
 www.CYFS.net

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May 6, 2013

Senate Health Care & Human Services Committee
Senator Laurie Monnes Anderson, Chair
900 Court St. NE S-413
Salem, OR 97301

Dear Senator Laurie Monnes Anderson:

On behalf of the clinical team here at Albertina Kerr's Youth & Family Services Division I am writing in support of HB 2020-3. 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. Kerr provides a wide range of mental health services for children and support for their families. We serve individuals from all over Oregon and Southwest Washington at facilities throughout the Willamette Valley, with services primarily offered in Multnomah, Clackamas, Washington, Marion and Lane counties. We also work with foster families in Clatsop, Columbia, Tillamook, Yamhill, Polk, Lincoln, Benton and Linn Counties. 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 seven of the newly created CCOs. In the future, we foresee providing services to clients in over 12 of the CCOs.

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

- ❖ Approximately 20 days to assemble the required paperwork
- ❖ Four – six staff involved with gathering information
- ❖ It took six months for all the credentialing to be approved
- ❖ Due to time elapsed, time sensitive items such as Licenses and insurance certificates expired and renewal copies needed to be resubmitted; thus extending the process and utilizing extra organizational resources.
- ❖ 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 the "lean" approach that HB 2020-3 provides while at the same time giving CCOs and nonprofit agencies a stronger and better tool for credentialing thus 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,

Peter Rosenblatt, MSW
President, Albertina Kerr Youth & Family Services



Counseling Services of Oregon, Inc.

May 7, 2013

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Clackamas

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(541) 464-6455 office
(541) 464-6457 fax

Florence

1445 W. 8th Street
PO Box 429
Florence, OR 97439
(541) 997-6261 office
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Executive Director
Stephen Allan, Ph.D.

To: Senate Health Care & Human Services
Honorable Laurie Monnes Anderson, Chair
Honorable Jeff Kruse, Vice-Chair
Honorable Tim Knopp, Chip Shields, Elizabeth Steiner Hayward

Re: HB2020

Dear Chair Anderson:

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



May 7th, 2013

Re: Support of House Bill 2020

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

Dear Senate Health Care & Human Services:

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





CREATING FREEDOM FROM ADDICTION

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

May 7, 2013

Dear Chair Monnes-Anderson, Vice Chair Kruse, and Committee Members Shields, Knopp and Steiner-Hayward:

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. We are also licensed by the state and we are CARF accredited. The credentialing process adds a 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. These packets are sometimes over 50 pages in total.

DePaul Treatment Services has 11 programs, and must credential with 15 CCO's to serve their current clients – that's 165 credentialing processes. Each process can require about 150 pieces of paper, an average 2 days of on-site review, and up to 6 months to be approved. Each CCO has a different process and standard. This process must be completed before going into contract negotiations or delivering a single hour of service to a client!

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.

Thank you for supporting HB 2020.

Sincerely,

Sheila L. North, M.A. M.F.T
Chief Executive Officer
De Paul Treatment Centers, Inc.



Maple Star
oregon

Robin C. Donart, Executive Director

825 NE 20th Avenue, Suite 330 • Portland, OR 97232
888-MSOREGON • 503-290-1902 • 503-290-1922 Fax

To: Senate Health Care & Human Services Committee:
Chair Monnes-Anderson
Vice Chair Kruse
Committee members

Re: HB 2020
Date: May 6, 2013

Senators,

Maple Star Oregon is a nonprofit social services agency offering therapeutic foster care, intensive in-home safety services, and outpatient mental health services. We serve an average of 85 youth on any given day and have staff, contractors, and services located in regions throughout the state, from Umatilla and Morrow counties to Josephine county.

We are writing you in support of HB 2020, which offers a simple and efficient solution to the complicated issue of provider credentialing for mental health and addiction services. At this time, Maple Star is credentialed by two different Coordinated Care Organizations, though we have the potential need for further credentialing in other service areas throughout the state, which could require completing this process an additional 13 times. The process for credentialing can be extremely demanding in terms of paperwork requirements, staff resources, and length of time for completion and approval. While the standards for certification as set by the state are the same, each of the 15 CCOs has its own process, documents, and procedures, which can be inefficient, unnecessarily time-consuming, and quite burdensome for the provider who has services in multiple regions. In addition to the difficulties this creates for us as the provider, it also prevents youth and families from receiving needed services in a timely manner. Our initial certification took nearly a year to be completed, and a subsequent transition from the old Mental Health Organization to the new CCO (a process which should have been fairly simple) took two and a half months. Since a major component of the creation of the CCOs was finding efficiencies and creating fiscal savings, HB 2020 is a logical means to support those goals. We sincerely hope that we can count on your support for this bill.

Sincerely,

Robin C. Donart
Executive Director



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

Changing Lives for Life

May 7, 2013

Oregon State Senate
Health Care & Human Service Committee
Salem, OR 97301

Re: HB 2020

Dear Laurie Monnes Anderson- Chair, Jeff Kruse-Vice-Chair, Tim Knopp, Chip Shields, & Elizabeth Steiner Hayward:

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. As is stands today, PTCN has several youth in care for months that cannot receive services the State is giving CCO's the money for due to this situation. In a couple cases we were told "just take them to the ER". Isn't that one of the reasons the CCO model was created?

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



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

Senate Committee on Health Care and Human Services
Oregon State Legislature
Salem, Oregon

Dear Chair Monnes-Anderson, Vice-Chair Kruse, and Senate Health Care and Human Services 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 processes.

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 gets services more rapidly to those in need.

Please support HB 2020

Thank you,

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



A United Way Agency

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To: Chair Monnes-Anderson and Vice Chair Kruse
From: Michael H. Balter, President & CEO
Date: May 3, 2013
Subject: Senate Health Care and Human Services – HB 2020A

I am writing in support of HB 2020 A on behalf of the children served by Boys and Girls Aid. Boys and Girls Aid (BGA) is a 128 year old child welfare agency found in Oregon in 1885 to provide for children who are without their families.

I have written to you and members of your committee previously about homeless youth, abused children served through state contracts and youth under the supervision of the Oregon Youth Authority. All these children and youth are affected by the loss of healthy family relationships and that lack of a consistent caring adult in their lives. BGA is the agency that focuses on finding lifelong connections for these children. This approach stops the destructive patterns of repeated poor decisions and choices that lead to further destructive behaviors and poor life outcomes.

An essential part of our work is the ability to quickly access mental health services for the young people in our care. The current process can take weeks to arrange and complex logistics to deliver the actual help. The addition of multiple credentialing processes to be able to provide behavioral health services for our statewide programs and for providers that aide a highly mobile population, makes our work more difficult and expensive for everyone.

HB 2020 A is a practical and effective solution to both time and cost. It will allow us to interact with multiple coordinated care organizations efficiently and with the rapidity necessary to meet the needs of the children and youth who are on the margins of the general service structures. I strongly encourage the passage of HB 2020 A. If you have any further questions or need for further information please contact me directly at 503. 542.2303.



"Support for new beginnings and healthy families."

5/6/2013

Dear, Senate Health Care & Human Services Committee, Chair Monnes-Anderson, Vice Chair Kruse, 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 18 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 to 9,000 for 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



morrison

child & family services

May 6, 2013

Senate Health Care and Human Services Committee
Senator Laurie Monnes-Anderson, Chair
Senator Jeff Kruse, Vice Chair
900 SW Court Street
Salem, OR 98301

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

I am writing on behalf of 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. 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

JASPER MOUNTAIN

Hope for Children & Families

Jasper Mountain ♦ 37875 Jasper-Lowell Road, Jasper, OR 97438 ♦ (541) 747-1235 Fax (541) 747-4722
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May 6, 2013

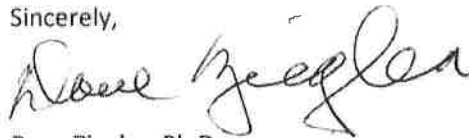
Senate Health Care & Human Services
Salem, Oregon

I am writing in support of HB 2020 and believe it is one of many steps that can be taken in Oregon to improve the efficiency of our system of care. Jasper Mountain is a nationally accredited mental health organization that serves some of the youngest children in the mental health system. We have served the most challenging and damaged children in the State for over 30 years. It is the mission of Jasper Mountain to serve children who need intensive help regardless of where they live.

Jasper Mountain works throughout Oregon and therefore we work with a system that has many different organizations that oversee services. These organizations have different requirements, different expectations and require us to become credentialed by each. Our organization has no difficulty meeting any and all requirements of these multiple organizations, and in fact our national accreditation sets the highest standards of excellence that we meet. However, it is difficult to communicate how time consuming and inefficient it is to repeat the process of credentialing repeatedly, and at times this may be required to treat only one child.

HB 2020 is a step in the right direction to bring more continuity and efficiency in helping the providers of mental health services in Oregon focus their time and resources on services rather than duplicative requirements. The bill also helps the organizations that credential providers. Jasper Mountain therefore endorses HB 2020 because it is a win-win for providers, for the system and for the children of Oregon.

Sincerely,



Dave Ziegler, Ph.D.
Executive Director



May 7, 2013

To: Senate Health Care & Human Services

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. 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

Em 5-1-13

Dear Senator Rosenbaum,

I live in your district and I am President of the Oregon Alliance of Children's Programs whose members work with children and families across the state. I am writing in support of HB 2020 which requires Coordinated Care Organizations (CCO) to accept credentials of Mental Health Treatment providers and Chemical Dependency treatment providers found by another CCO to meet credentialing requirements.

This bill would save time and money for the CCO's, providers and consumers. CCO's would not have to go through a credentialing process for every provider in the state. Providers would not have to go through a different credentialing process for each CCO in each service region. For a small provider that could be a prohibitive process. Consumers will ultimately benefit because the health care system will be working more smoothly which is good for everyone.

Thank you for your time and attention to this bill.

Tom Mitchell
Executive Director
The Inn
Phone 503-234-8757 x2
Fax 503-234-8758



Bridgeway
Freedom Through Recovery

May 7, 2013

Senate Health Care & Human Services
Chair Monnes-Anderson, Vice Chair Kruse and Committee members,

I am the CEO of Bridgeway Recovery Services, an agency in Salem that provides addiction services to youth and adults.

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Chief Executive Officer

We serve clients from around the state, and must credential with Coordinated Care Organizations in order to be approved for contract discussions to provide our services to their members.

The credentialing process is different for each CCO, and requires significant staffing time, paperwork and on-site evaluation for the credentialing review. The process for a CCO decision on credentialing takes an average of three months.

Then I need to repeat this process for every program I have in my agency, and with every CCO I would like to contract with.

I urge you to support HB 2020 which would create reciprocity between CCO's so we can both save time and money by going through a single process instead of multiple processes.

Bridgeway Recovery Services, Inc.

3325 Harold Drive
Salem, OR 97305

Mailing Address:
P.O. Box 17818
Salem, OR 97305

(503) 363-2021
Fax: (503) 363-4820

Thank you,
Tim Murphy
Executive Director
Bridgeway Recovery Services

Restoring Lives
by Taking Control
of Addiction



May 7, 2013


Senate Committee on Health Care & Human Services
Chair Monnes-Anderson, Vice Chair Kruse, and Committee members:

As CEO of Lifeworks NW, a nonprofit organization providing mental health and addiction services across the life span, we serve clients from around the state, and will need to credential with multiple Coordinated Care Organizations in order to be approved for contract discussions to provide our services to their members.

The credentialing process is likely to be different for each CCO, and may require significant staffing time, paperwork, and an on-site evaluation for the credentialing review. Additionally, the process for a CCO decision on credentialing may take an average of three months. Our goal is to support a process that will minimize any duplication of effort, improve timeliness and create efficiencies.

I urge you to support HB 2020 and a process which would create reciprocity between CCO's so we can both save time and money. Our goal is to reduce administrative costs and direct every resource possible into client care.

Thank you,



Mary Monnat
President & CEO

Mental Health and
Addiction Services
for a Healthy
Community

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