



TO: The Honorable Members of the Assembly Committee on Health
FROM: Linda A. Hall, Executive Director
DATE: February 3, 2016
RE: Support for AB 711, AB 712 and AB 713 – Increasing Access to Mental Health

Good Morning Chairman Sanfelippo and members of the Committee. My name is Linda Hall and I am Executive Director of the Wisconsin Association of Family & Children's Agencies. Thank you for the opportunity to speak to you today about increasing access to mental health services by decreasing unnecessary administrative barriers.

WAFCA is a member association that partners to improve the lives of families and children. Our statewide network of 50 member agencies and leaders provide a wide array of community-based mental health and supportive services.

Every year 1 in 4 adults have a diagnosable mental illness which is more than all the people with heart disease and cancer combined.¹ Annually, 1 in every 5 children has a diagnosable mental health condition.² Getting treatment to children leads to improved grades and graduation. For adults, treatment means better attendance at work and less lost productivity for employers. Unfortunately, many people in Wisconsin are unable to access a mental health professional when they need one.

I would like to speak to three of the bills before you today that will increase the number of mental health professionals and our capacity to serve individuals with mental health needs.

Qualified Treatment Trainees (AB 711)

Wisconsin has a shortage of mental health practitioners. Qualified Treatment Trainees are trained, master's degree behavioral health professionals or graduate students who are ready to provide therapy with appropriate supervision but need to accumulate 3,000 supervised hours before they can be licensed by the Division of Safety and Professional Services (DSPS). Accumulating these hours typically takes two years.

While QTT services are paid under the fee-for-service / card services portion of the Medical Assistance program, some MA health maintenance organizations (HMOs) do not pay them, preferring instead to only pay for licensed therapists. Requiring MA HMOs to pay for QTTs' services would increase opportunities for degreed therapists to earn a living while accumulating their supervised hours and increase access to care.

Recognize Accreditation when Re-certifying Outpatient Mental Health Clinics (AB 712)

Many mental health clinics are accredited by a national accrediting body with standards of care that are much more rigorous and more focused on quality improvement and quality care than standards in state law. While Department of Health Services' rules since 2009 have required DHS to waive portions of the clinic recertification review for agencies that are accredited, DHS has yet to waive any of the recertification process for any accredited clinic. This bill would add the rule language to state statutes. The bill would also synchronize the DHS recertification to the accreditation renewal timeframe.

Recognizing accreditation would save time and money for DHS. For clinics, it would eliminate duplicative reviews, create an incentive to become accredited, and, thereby, increase practice standards. Accepting accreditation as an alternative to state inspection of mental health clinics is a practice that has been adopted by more than twelve states. DHS would continue to have the authority to conduct a review when there is reason to believe that a full review is necessary and to investigate allegations of substandard care. This language is similar to that already in place for accredited child care centers and to 2013 WI Act 236 which required DHS to waive certain hospital inspections for accredited hospitals.

Access and Prior Authorization of Mental Health Services under Medical Assistance (AB 713)

Most of the families that county human services departments refer to us are of modest means and many rely on Medical Assistance. Medical Assistance never pays the full cost of care. For mental health treatment, MA pays about 40% of costs. Actually the 60% payment to costs gap is even larger, because we spend more time outside of the therapy visit filling out lengthy prior authorization forms.

Private insurance and managed care companies years ago, after careful study, concluded that extensive prior approval processes are not cost-effective or necessary. Multiple studies demonstrated that practitioners work with people who are truly in need of care and individuals use as much, or even less, therapy than they need.

The Medical Assistance program has also studied its Prior Authorization program and determined that it approves more than 90% of submissions. However, the weeks they take to approve outpatient applications and the 2+ months they take to approve children's intensive in-home therapy and day treatment applications cost providers time and money and decrease access to critical mental health treatment.

To right size MA's prior authorization process AB 713 proposes a number of changes, including:

1. *Allow 24 mental health therapy visits (6 months) before requiring prior authorization* for services like Medical Assistance's authorized HMOs typically do instead of 15 visits (3 months).
2. *Allow 15 days of child and adolescent day treatment before requiring prior authorization* to allow practitioners to observe the child, gather information necessary for MA's required assessments and prepare a treatment plan for more extended treatment. The current process means that agencies often provide three weeks or more of treatment before they find out if the prior authorization will be approved and they will be paid. This wait is after a physician has prescribed day treatment for the child. The existing burdensome and expensive process has led many day treatment programs to close. In 2008, there were 51 day treatment programs, but that number declined to 33 in 2015. Fewer day treatment programs for children with significant mental health conditions leads to more hospitalizations and out-of-home care.
3. *Reduce the MA three pages of prior authorization questions to four elements* as recommended by the Wisconsin Council on Mental Health (diagnostic criteria and symptoms, patient and provider identification; modality and frequency of treatment; and goals and discharge criteria for treatment); and
4. *Recognize a preferred provider status for providers* with a minimum of 5 years' experience as a certified MA provider, no instances of substantiated fraud in the 5 years prior to requesting preferred provider status, and 90% of prior authorization requests approved for 3 years previous to requesting preferred provider status. Claims from these providers should be processed in a manner similar to claims that do not require prior authorization.

I appreciate your attention to our concerns about administrative issues that prevent WAFCA members from serving more children and families. AB 711, 712 and 713 address these issues in ways that will allow us to increase our care for individuals in the community and support them in living fuller, more satisfying lives.

¹The Numbers Count: Mental Disorders in America, National Institutes of Mental Health (<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>)

²Knopf, D. et al (2008). The Mental Health of Adolescents: A National Profile San Francisco, CA. Natl Adolescent Health Info. Center.

TO: Rep. Sanfelippo, Chairman, Assembly Committee on Health
FROM: Tanya Lettman-Shue, Clinical Programs Director of Outpatient Services, Journey Mental Health Center.
DATE: February 3, 2016
RE: Support for AB 711, AB 712 and AB713 to increase access to mental health services

Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Tanya Lettman-Shue and I am Clinical Programs Director of Outpatient Programs at Journey Mental Health Center. On behalf of Journey, I would like to thank you for the opportunity to express our support for AB 711, AB 712 and AB713 all three propositions are important pieces of legislation that will allow providers to increase access to mental health services by decreasing unnecessary administrative barriers.

Journey is a local not-for profit agency that contracts with the state, county, and local insurer to provide family based services, substances use disorder, and adult mental health service to the uninsured, under-insured, and MA populations in Dane County. We serve approximately 8,500 consumers in our outpatient service unit each year.

With regard to AB 711- Qualified Treatment Trainees. As one of the largest service providers of mental health services in Dane County we have established close ties to our local Universities. We have instituted an advanced intern clinic, which provide placements for approximately 20 masters level trained clinicians with an opportunity to obtain experience in an agency that has an ample consumer base, a strong foundation for the clinical supervision, and the ability to get additional training around evidence based practices. Those masters level staff are licensed as QTT's and many of them go on to become Journey staff members. We often struggle to determine which consumers can be assigned to the QTT clinicians, as the MA health maintenance organizations choose to only authorize services for fully licensed clinicians. This puts the consumer into a position where they are forced to wait for an opening on a licensed clinicians caseload, putting off the treatment that they are seeking in the moment, when we have QTT who are available to see the consumer. Also many of the our newest QTT staff have training in the most up to date evidence based practices and / or they are able to offer an area of specialty practice such as a culturally specific approach to the African American or Gender Expansive consumer, or access to therapy in the consumer's native language. In those cases where a consumer would be better served by a QTT, that the consumer is denied the opportunity due to the therapist's QTT status.

With regard to AB 712 – Recognizing accreditation. Journey Mental Health Center has been a proud CARF accredited organization and has just undergone our 3rd audit, having received a 3-year renewal. Having been a part of both recertification from DHS and from CARF, I can verify that the national accreditation process is much more rigorous and provide a higher level of accountability across all parts of our agency. When a recommendation is made by the accreditation agency there are clear justifications and a quality improvement plan that needs to be submitted to the accreditation agency within 3 months of review. We are currently in this process and I am finding that this is helpful in that the team of auditors from CARF is comprised of other nationally accredited agency heads and we are able to draw upon that knowledge base as we seek to improve our services. In this circumstance DHS's recertification proves to be duplicative and draws away both therapeutic and administrative resources that could be better served by attending

to the needs of the consumer obtaining services at our agency.

With regard to AB 713 – Access and Prior Authorization. Many of the consumers that come into service at Journey are individuals that have complicated care needs. They are struggling with many psychosocial stressors such as unemployment, underemployment, lack of access to transportation, physical health challenges, and many who have had a lack of access to treatment service until the implementation of the Affordable Care Act. They are individuals who are resilient, searching for access to service, and eager to utilize the resources that are being provided so that they can build a better support network, improve their coping skills, and gain additional knowledge about becoming an advocate in their own lives. They are not the "walking well" that require minimal sessions to complete an episode of treatment. That having been said many of our consumers do have successful completion of treatment before 24 sessions are utilized. Removal of this cumbersome Prior Authorization process after the current 16 sessions, would free up the front line staff to focus on the consumer.

In those circumstances where more than 24 sessions would be required limiting the collection of information on the prior authorization to the scope or practice, measurements toward the treatment plan goals, and new information relative to the consumer's condition would help to streamline the process and clarify for clinicians what the current reviewers are seeking in order to approve or deny a request.

Thank you for your time and attention to these matters,

Sincerely

Tanya Lettman-Shue
Director of Clinical Services
Journey Mental Health Center