

January 17, 2011

Mr. Chairman, Members of the Subcommittee:

I am Teshana Henderson. I am a licensed clinical social worker and the chief administrative officer of NDUTime Youth and Family Services located in Henrico County. I appreciate the opportunity to present to you this afternoon as a board member of the Association of Community Based Service Providers. Our Association is comprised of providers that deliver mental health Services to the youth in our cities and rural area across Virginia. Our Association is comprised of mom-and-pop providers, medium-size providers and providers that employ over 500 people.

The focus of my comments today centers on budget language proposed by Governor McDonnell in Item 297 of the Budget Amendment OOOO. Our Association is very concerned and is opposed to the language contained in this amendment which would require an independent assessment and reevaluation of children after they have been determined eligible to receive mental health services. I can best explain this to you by an example from our everyday practice.

We receive referrals identifying children who may be in need of in-home mental health services from school systems, churches, community services boards, and a number of different sources. Once a child is identified, an assessment must be completed by a masters-level licensed eligible or fully licensed clinical social worker. Most assessments take three hours to complete. The total amount reimbursed by Medicaid for an assessment is \$60.00. Typically, the licensed clinical social workers

are compensated in the range of \$25.00 to \$45.00 per hour. Therefore, members of our Association routinely lose money on the initial assessment.

Once the assessment is completed, it is forwarded to KeyPro, a Medicaid contractor, which will authorize or deny authorization for mental health services within seventy-two hours.

Medicaid issued a new provider memorandum in July of this year and final regulations are pending. The memorandum and the regulations have significantly tightened the educational requirements of qualified mental health providers who can perform assessments and added a number of safeguards to make sure that those children who need services are receiving them. The combined effect has resulted in a reduction of the number of mental health providers that are in private practice; yet the number of children needing mental health services far exceeds the ability of providers to deliver them. This is especially true in the rural areas and, when I say rural, don't automatically think of far southwest Virginia because we are encountering provider shortages in rural areas as close as Dinwiddie County, some forty-five minutes from where we are sitting today.

Our Association respectfully requests that the language in Paragraph OOOO be deleted and that language be substituted to request the Secretary of Health and Human Services to convene a meeting of all stakeholders over the summer so that we can work through a viable plan to make sure that the children who need services are receiving them and that any effort to avoid the delivery of unnecessary services does not come with unintended consequences which will jeopardize the patients we serve.

Thank you again for your time and attention, and I have a one-pager that I will leave with members of the Committee.

*DM #323528*



# Association For Community-Based Service Providers

[www.acbp-va.org](http://www.acbp-va.org)

## Who we are?

- Private providers of mental health services to youth and their adult family members in their home and communities;
- Patients served across the entire Commonwealth;
- Services include: intensive in-home services for children and adolescents, therapeutic day treatment for children and adolescents, community based residential services for children and adolescents (i.e. group homes), mental health support (all ages), psychosocial rehabilitation for adults, crisis intervention services, intensive community treatment for adults, crisis stabilization, expanded prenatal services-substance abuse treatment services for pregnant and post partum women and mental health case management.

## Reimbursement for Services:

- Medicaid fee for service;
- Prior authorization required through KeyPro;
- Medicaid memo from July 2010 and pending final regulations improved quality and enhanced provider education requirements.

## What we request:

- Delay Item 297, Section OOOO of the Governor's Budget Amendments, which proposes managed care for community based mental health services;
- Avoid requiring independent assessments;
- Consider pursuing pilot project first to test options and avoid unintended consequences.

## Our lobbyists:

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