

H.20 Allowing LADC private practitioners to bill ADAP Medicaid.

We have two questions/concerns regarding having LADCs in private practice bill ADAP Medicaid.

1. Allowing LADC's to bill Medicaid may have the unintended consequence of causing a sort of 'cherry picking.' That is, the Designated and preferred provider system is required to provide care to the uninsured. However, the private clinicians will not have this requirement and will thus refuse to provide services to the uninsured. The result will be a shifting in the percent of uninsured with no increase in funding to provide that care. Given that the funding for the uninsured does not cover this cost now, this will cause a significant stress to that system.
2. If LADC private practitioners are able to bill ADAP Medicaid, they should be held to the same quality and performance standards and assurances as the Designated Agency and Preferred Providers as specified in the AHS Master Grant and the Medicaid/ADAP standards. Including but not limited to:

Conduct full Diagnosis and Evaluation

See client within 5 days of requesting service

Treatment Plan within 30 days of initiating treatment. Plan to include measurable objective and time-frames for goals, signed by client

Updated D&E and Treatment plans upon significant life change

Treatment plan updates

Treatment notes on each session

Annual substance abuse management plan

Screen for Mental Health needs

ADAP opening and ADAP closing within 60 days of inactivity

Closing summary and After Care Plans

Data reported to SATIS

Engagement, Encounter Days of Service outcome expectations

Annual audits

Apply annually to be a provider

Give priority to pregnant women and needle users

Follow the Critical Incident Reporting Requirements

Utilize approved screening tools

It is accurate that private Medicaid mental health providers are not held to the same standards that the Designated Agencies are currently. This already results in this exact situation now. While we are committed to providing care regardless of ability to pay and with comprehensive oversight, it does result in a cost shift in the system without adequate funding to cover it.

Margaret Joyal, Director  
Outpatient Services, WCMHS  
Co-Chair, Adult Outpatient Group  
Council of Developmental and Mental Health Services  
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