Crossroads Behavioral Health Services

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November 3, 2015

CMHC Services

Crossroads Behavioral Health Services has been providing services as a Community Mental Health Center for over 40-years. We currently serve 6-counties in SW central Iowa with a combined population of 53,000 people. (Adams, Adair, Taylor, Union, Clarke, and Madison Counties) (We are also the IDPH substance abuse provider in the area and have an adult and pediatric Integrated Health Home.) In FY 2010-2011, we served over 1000-clients providing 7360-services, 46% of which were Medicaid. In FY 2014-2015 we served 1630-clients with 11,673-services, 60% of which were Medicaid. In that time period, our Medicaid patient number almost doubled (from 485 to 952, doubling and the number of Medicaid services increased from 3400 to over 7000, doubling as well) Our total client number represents 3% of the population in our region (not including people we saw for just straight SA treatment) We are reaching out to many in our area.

Demand for services will only continue to grow. We are averaging **9-new psychiatric requests per week**, approximately 50% of which are Medicaid requests. Our emergency services that we provide which include after-hours phone calls, people who walk-in to our office, people we visit in jail, and in hospital emergency rooms continues to experience high demand. From January 1, 2014-June 30, 2015, we saw 201 people in some kind of crisis. 105 were Crossroads clients, 94 were non-clients. Of the above, 145-people who were assessed were placed or returned to outpatient services, 25 did not need on-going services, and only 31 were hospitalized. Of the 31-hospitalized, only 11 were Crossroads clients. (35.5%). 20 of the 31-hospitalized were not Crossroads clients, (64.5%). How many of those who were entered into outpatient services may have gone inpatient, it is hard to say. But, if 30% of them had gone inpatient for 3-days, the approximate cost in hospitalization costs alone would have been 145 x 30% x $900/day x 3-days = $117,450. (This doesn't include transportation costs, legal costs)

We have done this while our cost per service delivered on our cost report in that 5-year period has **decreased 21%.** Also in that time period, revenue from counties to us has decreased about 70%, by approximately $350,000. Clearly we are already working as partners to build a system that is more efficient for the system and more effective for clients.

As the CMHC in our area, Medicaid has reimbursed our cost through cost reporting which is in legislation, since 2006. Under Medicaid reform, we will no longer receive cost beyond this current fiscal

year. Under our current prospective rates, that do not include cost, we will lose approximately $300,000 per year providing Medicaid services. (I continue to be unclear how cost based reimbursement can be changed without legislation.)

It continues to be unclear what our rates will be. Questions regarding clarification continue to go unanswered. The structure and reimbursement rates of IHH's continues to be unclear. Provider manuals continue to be updated and changed and we are supposed to be into a contract negotiating phase? This all goes live in less than 60-days.

How can members make a decision on which MCO's they need to enroll with if providers like us, hospitals, medical clinics, specialists, HCBS providers, Habilitation providers don't' know who they are contracting with yet. We need to remember, most members don't have access and expertise to enroll electronically. We have 1000-people to transition over and as of today, we have 39-business days left to do so. **Members have not yet received their auto-assignment letter.** We do not know what the instructions are for us to get people enrolled with each MCO, if we have prior authorizations to get people services, we have no instructions for that, we have no instructions on how to bill, we have had no training on any of the above. Our IHH alone will have 265-members to enroll with the MCO's with an unknown enrollment deadline, with no known processes, no known forms, and no known payment structure. We will need to seek out all of our IHH members to get them re-enrolled. We cannot possibly process all this in less than 30-days. (We had six-months of transition when members went from Case Management to IHH. The process will be similar to that.) And our costs will go up because we have start-up costs in doing all of the above.

So, if members don't get enrolled in time, they will continue to access services, but these will be the more costly ones: ER visits, Inpatient hospitalizations, crisis services, and they will be assisted in accessing these services by emergency, law enforcement personnel, and the court system. Driving up Medicaid costs and system costs. (Local government, law enforcement, etc.) People will fall through the cracks.