



**Psychiatric & Chemical
Dependency Treatment**
3050 Rio Dosa Drive
Lexington, KY 40509
Tel 859-269-2325
Toll Free 800-753-HOPE (4673)
Fax 859-268-6451
www.ridgebhs.com

December 8, 2014

Office of Health Policy
c/o Diona Mullins, Policy Advisor
Cabinet for Health and Family Services
273 E. Main Street, 4W-E
Frankfort, KY 40621

Dear Ms Mullins:

Thank you for the opportunity to provide input to The Office of Health Policy regarding the "CON Modernization: Core Principles, Request for Stakeholder Input". The Ridge fully supports the response by the Kentucky Hospital Association (KHA) to this request through the white paper entitled, "Certificate of Need: Stabilizing Force for Health Care Transformation". This white paper considered the specific aspects of health care reform that will likely impact Kentucky in the future, as well as analyzed the history and evolution of the CON process in the Commonwealth. Since there was such a significant analysis submitted by the KHA, which I have supported, I will focus my comments more about the key elements needed to help the transformation to the new delivery model for behavioral health services.

Key to the success of this new delivery model for behavioral health services is the elimination of the IMD so that freestanding psychiatric hospitals can treat and be paid for adult Medicaid recipients age 22-64. The Core Principles outlined in the CHFS Special Memorandum are largely dependent on the principles of access to care and development of a full continuum of care, both of which are significantly impeded by the IMD exclusion. When Medicaid recipients are automatically restricted by the managed care organization from a level of care in the right location which can provide the service that they need to foster quality and value, this is a barrier which must be overcome. In addition, improvements for health system transformation require better integration of physical and behavioral health patients. Neither the IMD issue or the improved integration of physical and behavioral health are advanced by changes to the proposed CON program.

The Ridge is prepared to meet the Cabinet's vision of Triple Aim: better value, better care and population health improvement. However the ability to meet this challenge requires that the significant barrier of the elimination of the IMD exclusion be a priority. Opening access to additional providers to care for adult Medicaid patients is critical as access to treatment in acute care hospitals (general versus psychiatric) costs more, is not typically part of a full continuum of care, and is not consistently available based on limited bed capacity or geographic

barriers. The Cabinet has supported the evolution of care delivery by advancing an outpatient centric model with coverage for partial hospital and intensive outpatients, and other outpatient services. These changes were critical as they allowed not only the expansion of care, but also the provider base to include hospitals. Continuing improvements in access, quality, and cost for the Medicaid recipients behavioral health needs do not require changes to the CON, but can be advanced with changes such as obtaining a waiver for the IMD exclusion for the Commonwealth, and holding the contracted Managed Care Organizations responsible to authorize and pay for behavioral health services .

Thank you for an opportunity to provide input on the proposed changes to the CON program in the Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Nina W. Eisner". The signature is fluid and cursive, with a large initial "N" and "E".

Nina W. Eisner, CEO
The Ridge Behavioral Health System
3050 Rio Dosa Drive
Lexington, Kentucky 40509
859-268-6421 (phone)
859-268-6451 (fax)