

Behavioral Health Redesign Timeline

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Making Ohio Better

Ohio's Priorities for Behavioral Health (BH) Redesign

1915(i) Program for Adults With SPMI

- » Ensure continued access to care for ~4-6K adults with SPMI who meet *financial and **clinical / needs criteria and who are at risk of potential loss of eligibility for Medicaid
- » Cover new services such as ***Recovery Management, IPS Supported Employment, Peer Recovery Support

Rebuilding Community BH System Capacity

- » Recode Medicaid BH services to achieve alignment with national coding standards (AMA, HCPCS, Medicare, NCCI/MUE)
- » Disaggregate certain existing services (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and provide for lower acuity service coordination and support services
- » Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option: Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
- » Achieve cost neutrality in making these changes

Managed Behavioral Health Care

- » Addition of BH services to Managed Care Plan contract, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers

Payment Innovation

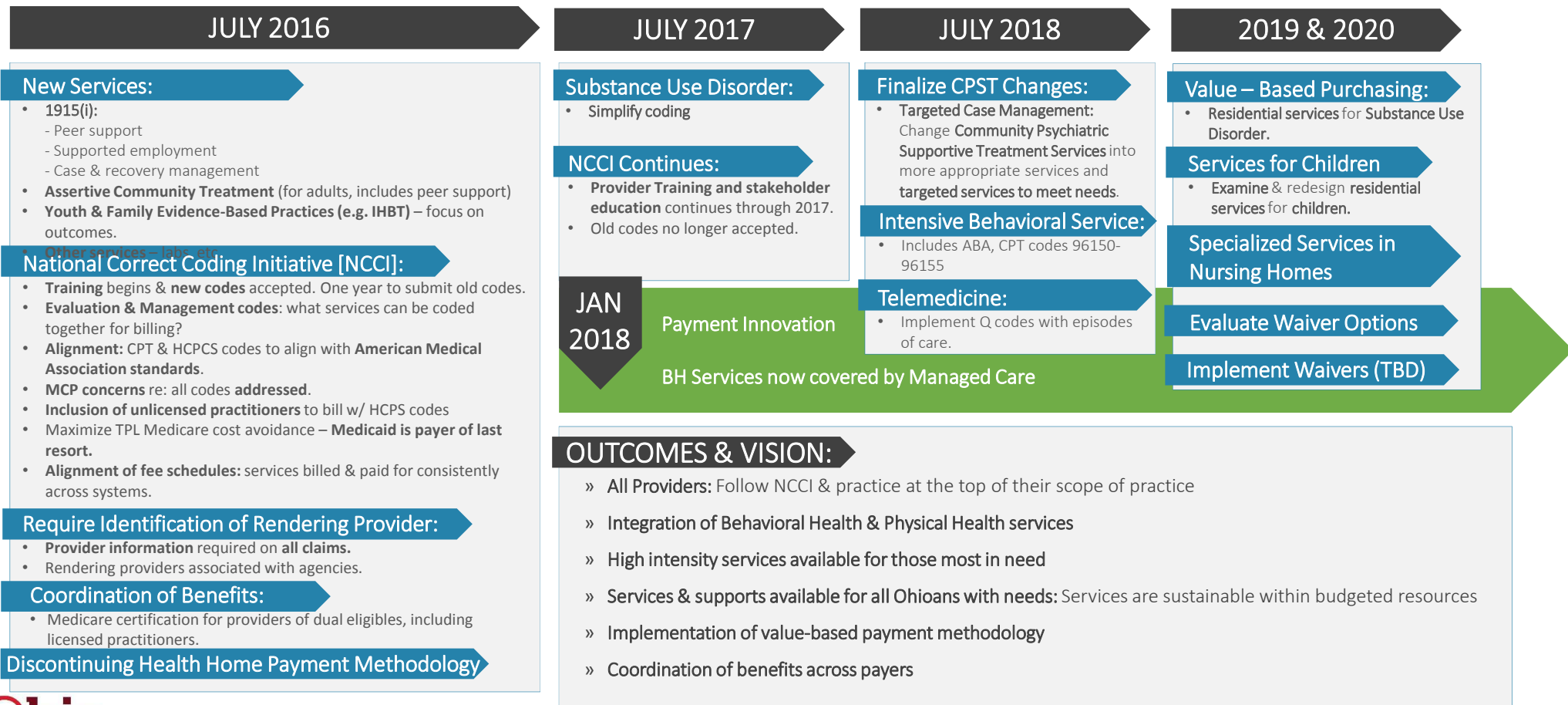
- » Design and implement new health care delivery payment systems to reward the value of services, not volume
- » Develop approach for introducing episode based payment for BH services

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OUTCOMES & VISION:

- » All Providers: Follow NCCI & practice at the top of their scope of practice
- » Integration of Behavioral Health & Physical Health services
- » High intensity services available for those most in need
- » Services & supports available for all Ohioans with needs: Services are sustainable within budgeted resources
- » Implementation of value-based payment methodology
- » Coordination of benefits across payers

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JULY 2016

New Services:

- **1915(i):**
 - Peer support
 - Supported employment
 - Case & recovery management
- **Assertive Community Treatment** (for adults, includes peer support)
- **Youth & Family Evidence-Based Practices (e.g. IHBT)** – focus on outcomes.
- **Other services** – labs, etc.

National Correct Coding Initiative [NCCI]:

- **Training** begins & **new codes** accepted. One year to submit old codes.
- **Evaluation & Management codes:** what services can be coded together for billing?
- **Alignment:** CPT & HCPCS codes to align with **American Medical Association standards.**
- **MCP concerns** re: all codes **addressed.**
- **Inclusion of unlicensed practitioners** to bill w/ HCPCS codes
- Maximize TPL Medicare cost avoidance – **Medicaid is payer of last resort.**
- **Alignment of fee schedules:** services billed & paid for consistently across systems.

Require Identification of Rendering Provider:

- **Provider information** required on **all claims.**
- Rendering providers associated with agencies.

Coordination of Benefits:

- **Medicare certification** for providers of **dual eligibles**, including licensed practitioners.

Discontinue Health Home Payment Methodology

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JULY 2017

Substance Use Disorder:

- Simplify coding

NCCI Continues:

- Provider Training and stakeholder education continues through 2017.
- Old codes no longer accepted.

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JAN 2018
 Payment Innovation
 BH Services now covered by Managed Care

JULY 2018

Finalize CPST Changes:

- Targeted Case Management:
Change Community Psychiatric Supportive Treatment Services into more appropriate services and targeted services to meet needs.
- Intensive Behavioral Service codes.

Intensive Behavioral Service:

- Includes ABA, CPT codes 96150-96155.

Telemedicine:

- Implement Q codes with episodes of care.

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2019 & 2020

Value – Based Purchasing:

- Residential services for Substance Use Disorder.

Services for Children

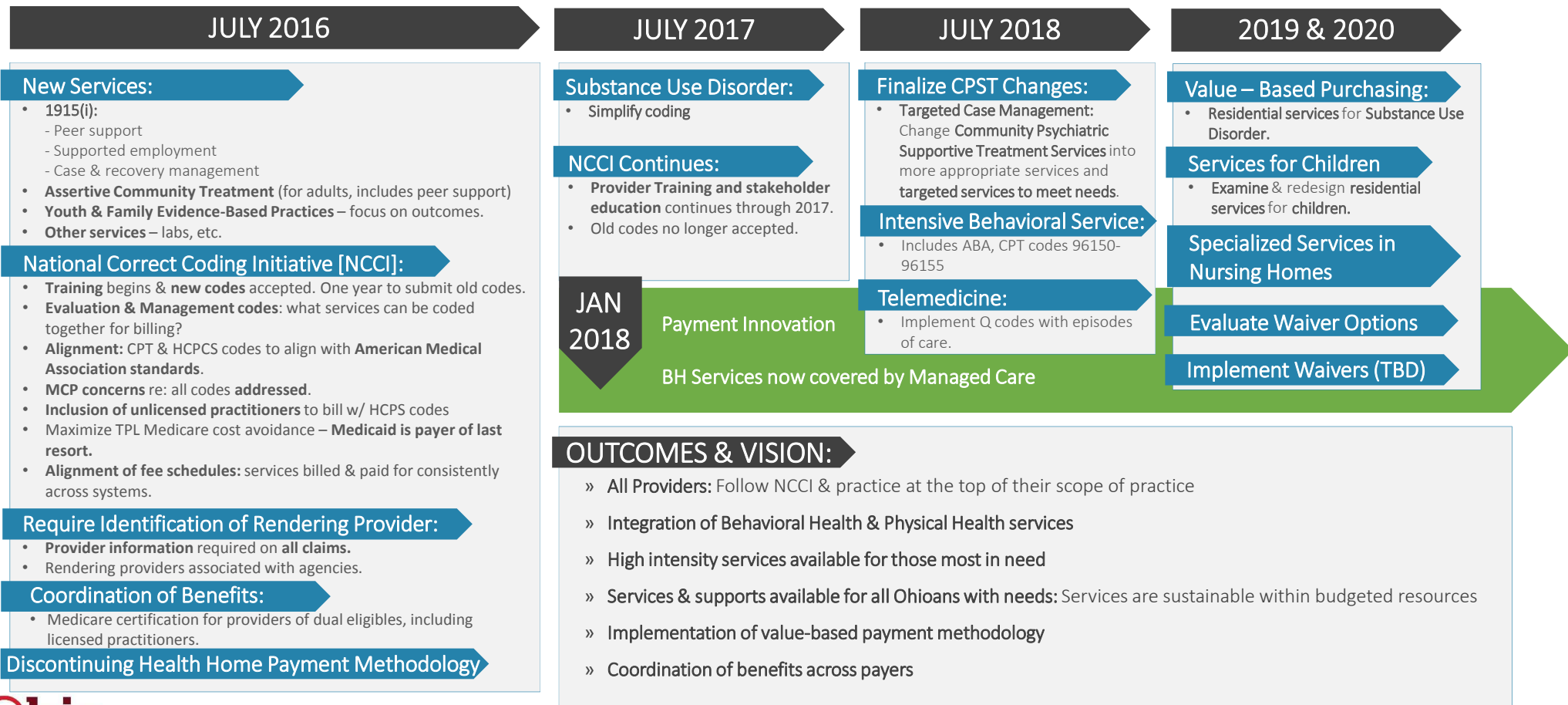
- Examine & redesign residential services for children.

Specialized Services in Nursing Homes

Evaluate Waiver Options

Implement Waivers (TBD)

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