



Governor's Office of
Health Transformation

Behavioral Health Redesign Core Team Meeting

December 16th, 2015

Agenda

Welcome, Introductions & Review Agenda – 5 minutes

Greg Moody

Communications – 10 minutes

*Samuel Rossi and Melissa
Craddock*

Specialized Recovery Services Program Update – 40 minutes

- SRSP Rules Overview
- Case Management: Recovery Manager/Independent Validation Entity

Kimberly Donica

ODM and OhioMHAS Rules Under Review – 10 Minutes

James Tassie

Medicaid Enrollment of Independent Practitioners – 10 minutes

Mary Haller

Evidence Based Practices Matrix – 20 minutes

Service Codes and Rates – 20 minutes

- CPST
- Partial Hospitalization

Douglas Day

Next Steps – 5 minutes

Greg Moody

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

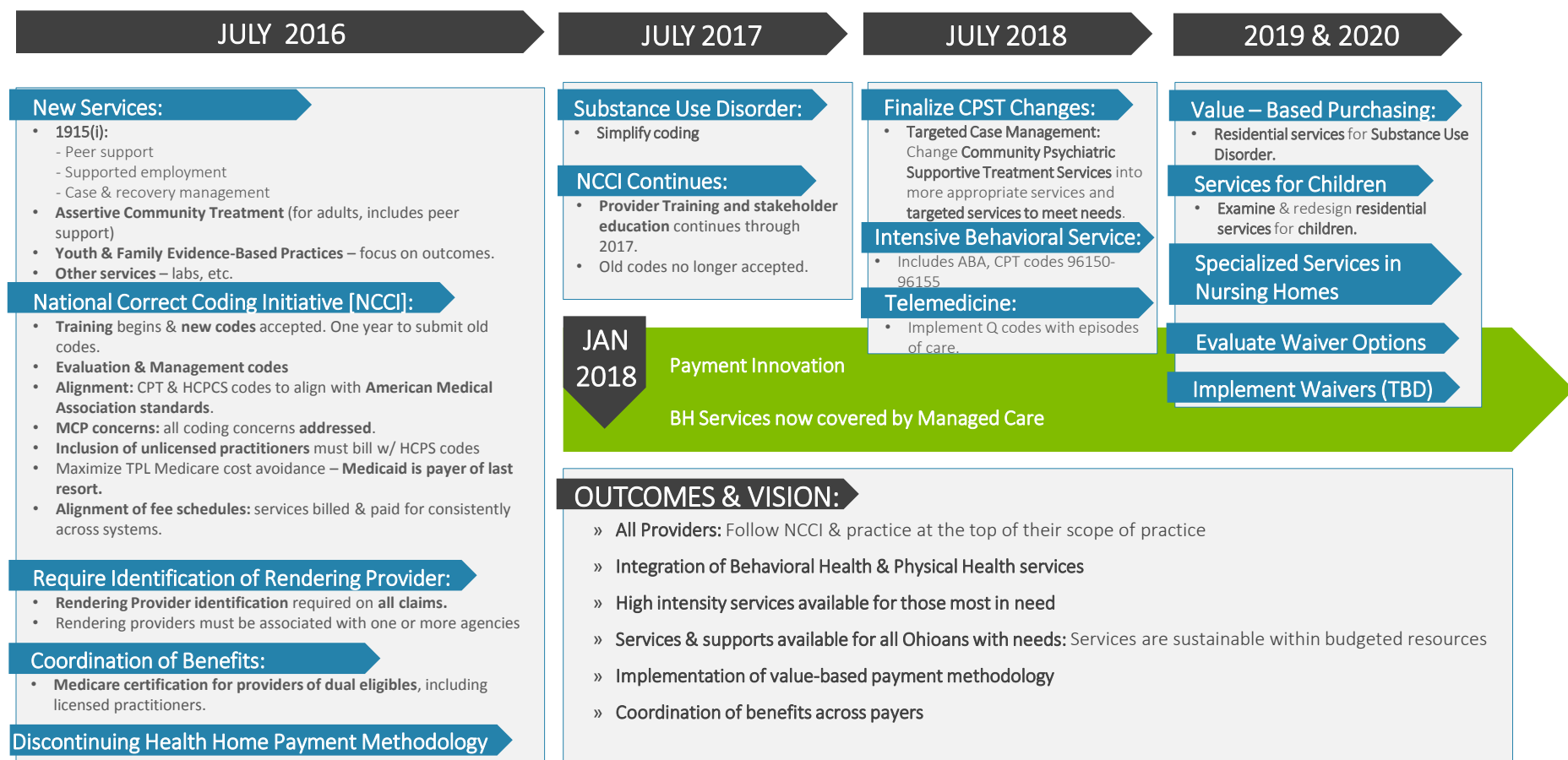
- **Design and implement new health care delivery payment systems to reward the value of services, not volume**
- Develop approach for introducing episode based payment for BH services

*300% of SSI, includes \$20 personal needs disregard (\$2,219 in CY 2015); Clinical includes diagnostic (diagnostic (schizophrenia, bipolar or major depressive affective disorders-severe) and score on Adult Needs and Strengths Assessment) tool

**Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse

*** RM&BPHC is now called Recovery Management and the SPA has been updated to reflect this change

Behavioral Health Redesign and Specialized Recovery Services Timeline





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Topic:
Communications

Behavioral Health Redesign and Specialized Recovery Services Newsletter

A monthly Behavioral Health Redesign and Specialized Recovery Services (SRS) newsletter will be circulated to stakeholders to highlight changes and provide detailed information on how consumers and providers will be impacted.

Potential Newsletter Topics

1
Introduction
Introducing website and broad policy goal

2
Rules
List of rules slated for review and process for feedback

3
Timeframes

4
Rethinking the BH Benefit

5
Coding
How it benefits providers

6
Workforce
Practicing at the top of professional scope

7
Rendering Provider

8
SRS Program Benefit

- Peer
- RM
- IPSSE

9
SRS Provider Manual

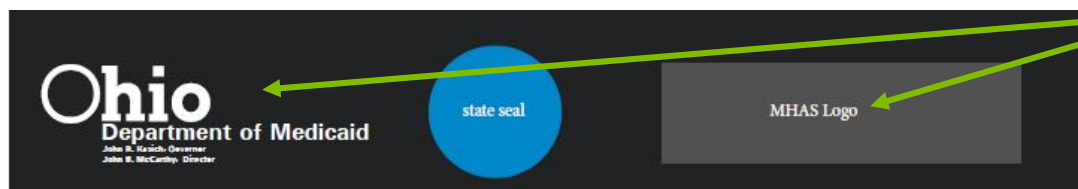
- How to get a Medicaid no.
- Billing codes

Targeted Audience:

Provider

Consumer

Behavioral Health Redesign and Specialized Recovery Services Website Update



Both ODM and OhioMHAS logos

Ohio's Behavioral Health Redesign

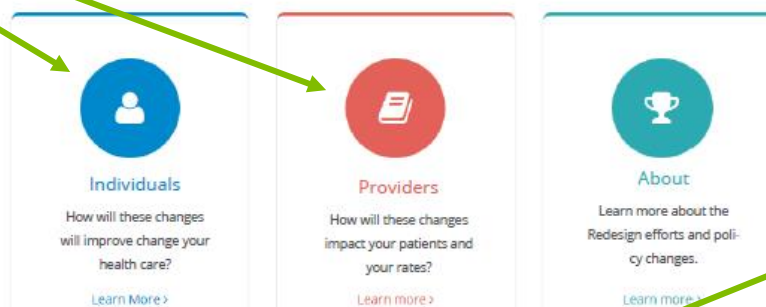
Modernizing behavioral health care by... we should finish this sentence. Maybe add another short one here to describe this effort.

Use the resources here to learn more.

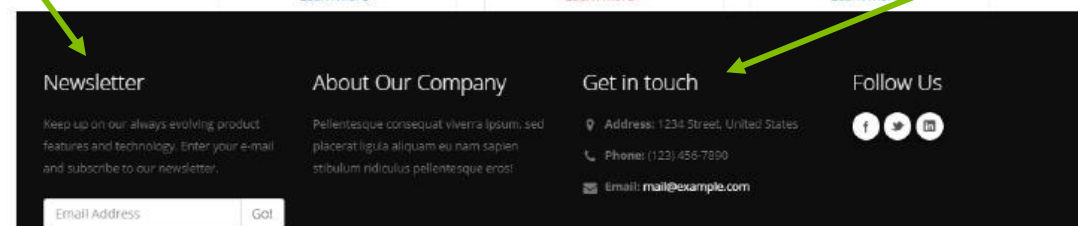


Dedicated pages for both consumers and providers

Opportunity to sign up for Newsletter



Contact information provides opportunity for individuals to ask questions



Please Share With Your Networks!

- Please direct your networks to the Behavioral Health Redesign and Specialized Recovery Services website once launched in early 2016
- Please encourage your membership to sign up for the monthly Behavioral Health Redesign and Specialized Recovery Services Newsletter, coming in early 2016

For *questions* or *suggestions* regarding the BH Website or the BH Newsletters, please email Samuel Rossi at Samuel.Rossi@medicaid.ohio.gov or Melissa Craddock at Melissa.Craddock@mha.ohio.gov



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Topic:
Specialized Recovery
Services Program (1915i)
Rules Updates

Summary of SRSP Rules Updated

5160-43-01

Specialized Recovery
Services Program
Definitions

5160-43-02

Specialized Recovery
Services Program
Individual Eligibility
and Program
Enrollment

5160-43-03

Specialized Recovery
Services Program
Individual Rights and
Responsibilities

5160-43-04

Specialized Recovery
Services Program
Definitions of
Covered Services and
Provider
Requirements

5160-43-05

Specialized Recovery
Services Program
Provider Conditions
of Participation

5160-43-06

Specialized Recovery
Services Program
Compliance: Provider
Monitoring,
Oversight, Structural
Reviews and
Investigations.

5160-43-07

Specialized Recovery
Services Program
Compliance: Provider
Monitoring,
Oversight, Structural
Reviews and
Investigations

5160-43-08

Specialized Recovery
Services Program
Billing Procedures and
Payment Rates for
Recovery
Management

The above rules have been updated to reflect the changes that the SRSP will bring starting July 2016. The full draft rules will be distributed after the meeting for feedback, please send any comments to Megan McClaskie at Megan.McClaskie@Medicaid.ohio.gov.



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Topic:
Specialized Recovery
Services Program –
Recovery Manager and IVE
Overview

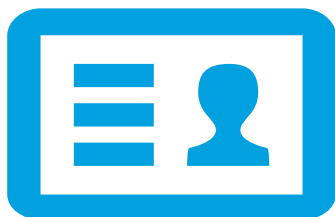
Recovery Manager Overview

Why have a Recovery Manager?



- Facilitates the initial eligibility determination and streamlines overall enrollment process
- Supports the Person-centered planning process

What is a *Recovery Manager?

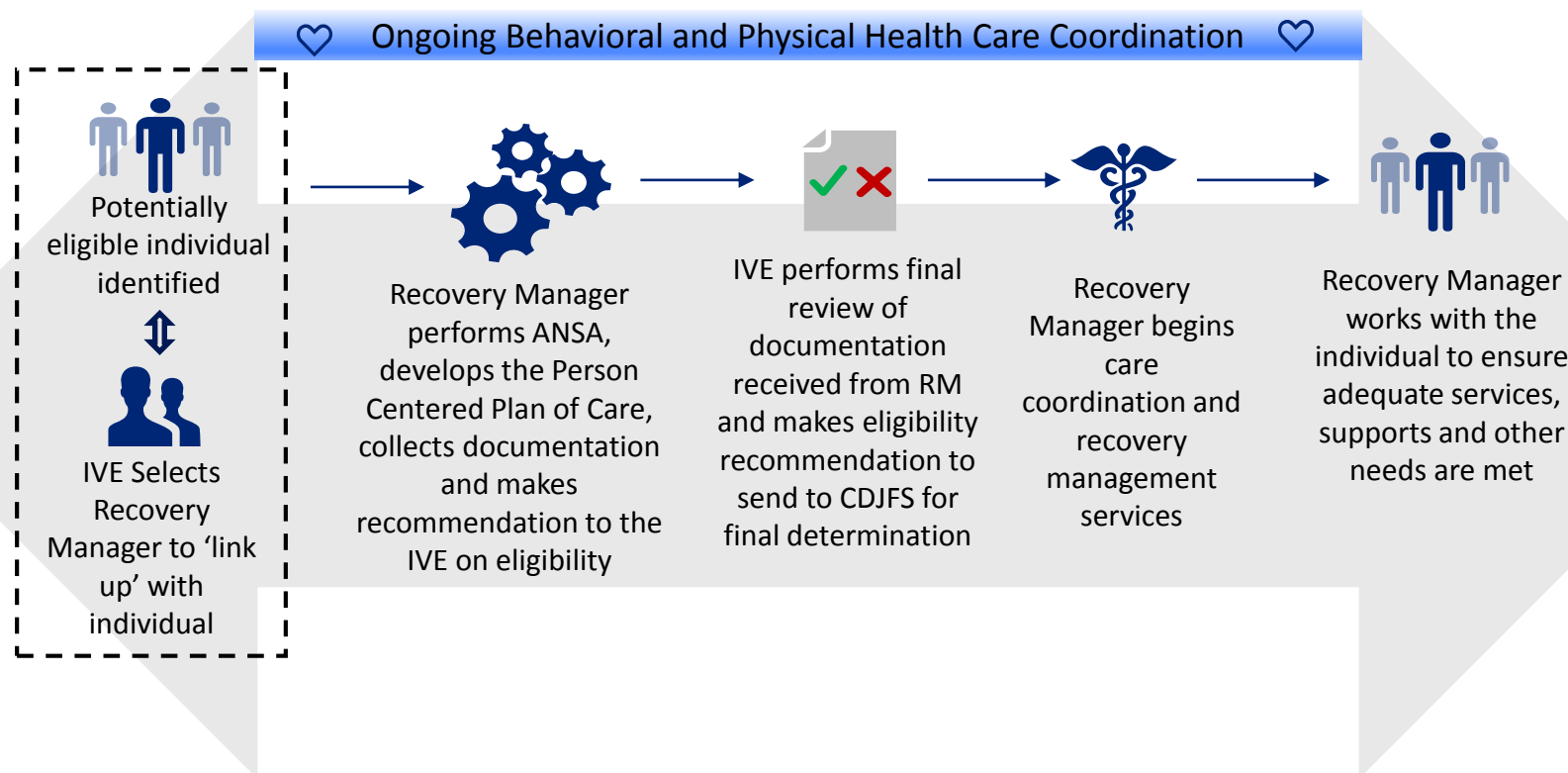


- Works with the individual to perform care coordination
- Works with individual to develop the person centered plan of care and documents individuals desires, needs, and goals.
- Performs the ANSA to assess the needs and strengths of the individual

What are the Qualifications to be a Recovery Manager?

- | | | |
|--|---------------------------------------|---|
| 1 Bachelor's degree in social work, counseling, psychology, or similar field | 2 Trained in administering ANSA | 3 Trained in evaluating HCBS living arrangements |
| 4 Minimum of 3 years post degree experience working with individuals with serious mental illness (SMI) | 5 Trained in person centered planning | 6 Trained in incident reporting and Meet state conflict of interest standards |

Recovery Manager and IVE Interaction



The above visual explains the interaction between the Recovery Manager and the IVE to enroll an individual into the Specialized Recovery Services Program

Specialized Recovery Services Program- Ohio Home Care Case Management

Cincinnati Region – Available Recovery Management

Council on Aging
(855) 372-6176
CareStar
(800) 616-3718

Cleveland Region – Available Recovery Management:

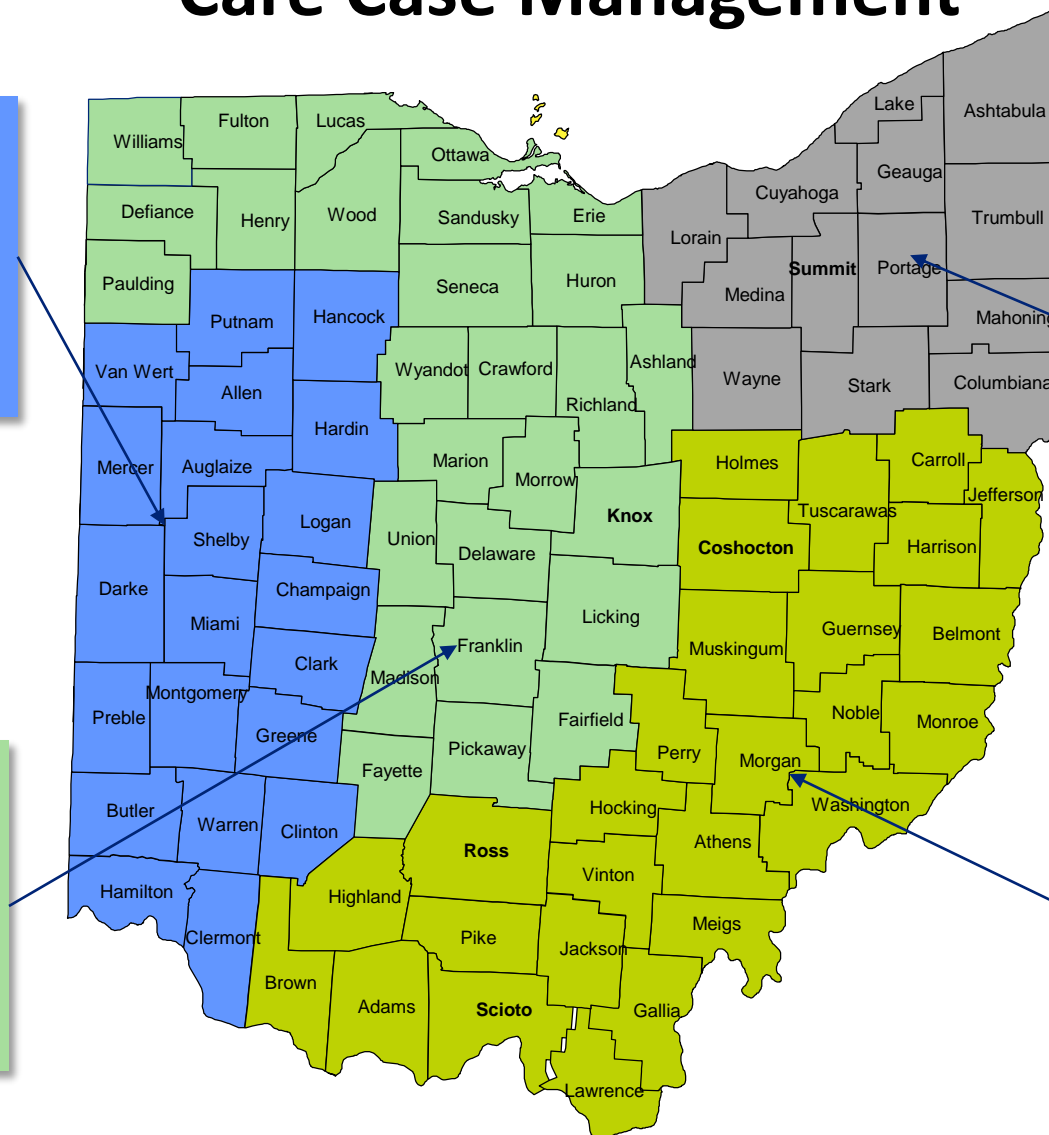
CareSource
(877) 209-3154
CareStar
(800) 616-3718

Columbus Region – Available Recovery Management

CareSource
(844) 832-0159
CareStar
(800) 616-3718

Marietta Region – Available Recovery Management:

CareSource
(855) 288-0003
CareStar
(800) 616-3718





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Topic:
BH Redesign Rules Under Review

ODM and OhioMHAS Rules Under Review

ODM Rules Under Review

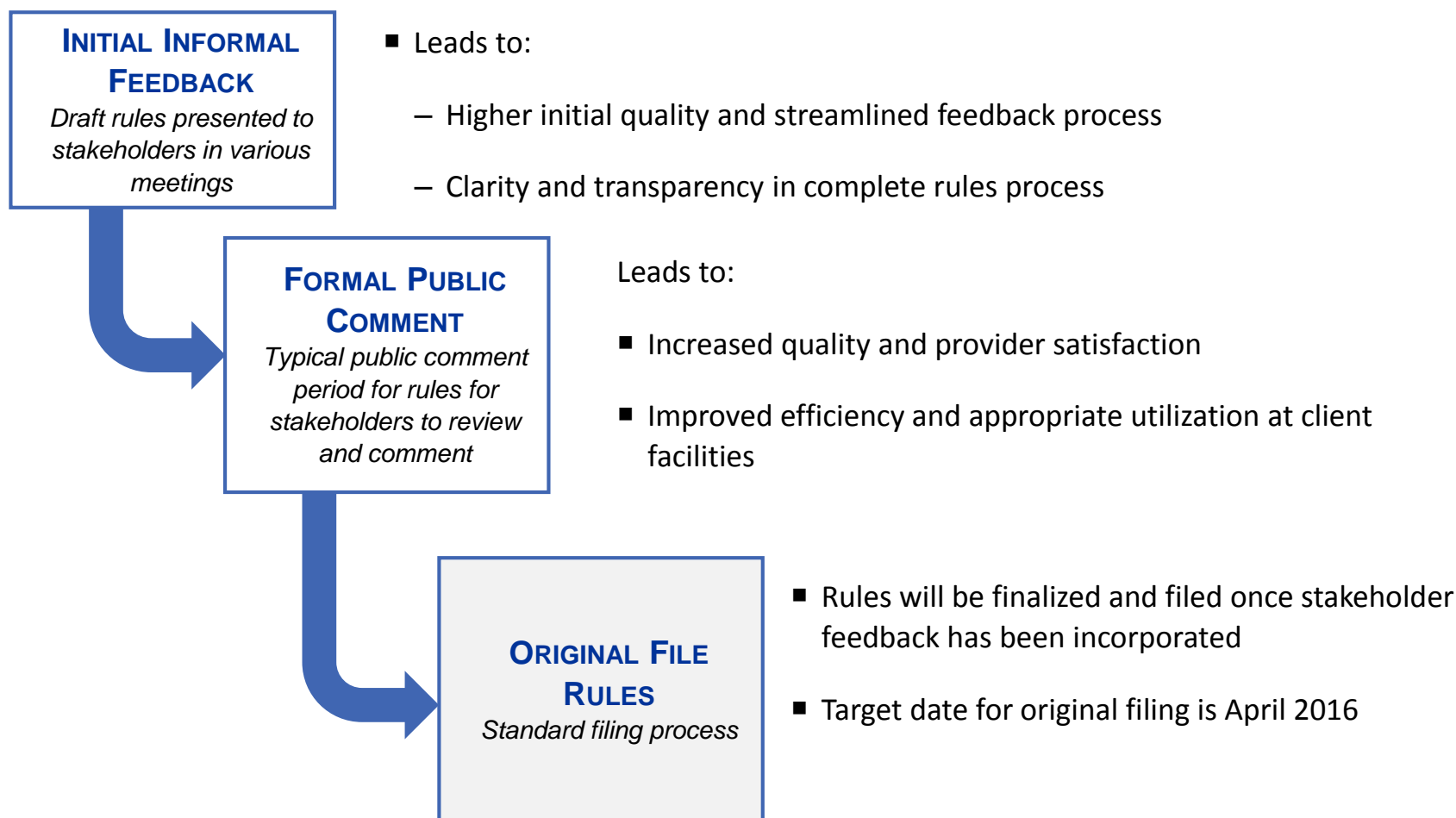
5160 - 4	Physicians
5160- 8 and 4	Other Licensed Practitioners (OLPs)
5160 - 1-17	Residential State Supplement (RSS)
5160 - 26	Managed Care
5160 - 27/30	Mental Health and Substance Use Disorder (will be combined into one rule)
5160 - 44	Home & Community Based Settings (HCBS)
5160 - 58	MyCare
5160- 1 - 60	Medicaid Payment

OhioMHAS Rules Under Review

3793: 2-1-08	Alcohol and Other Drug Service Rule
5122-25 to 28	Certification Rules
5122-29	All Mental Health Services
5122-30	Adult Care Facility/Residential Rules
5122-36	Residential State Supplement (RSS)

Incorporating Feedback from Stakeholders

The process below explains how the state will continue to accept feedback from stakeholders and adjust rules based on that feedback until the filing has occurred.





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Topic:
***Medicaid Enrollment of
Independent Practitioners***

Requiring Independent Rendering Practitioner on Medicaid claims from Community SUD/MH agencies



Why Do
This?

- Adding independent rendering practitioner to claims from Community SUD/MH agencies allows Ohio Medicaid to insure better program integrity and proper payment by:
 - Having practitioners required to enroll with Ohio Medicaid be recorded in MITS on a claim by claim basis via Ohio Medicaid Identification Number and National Provider Identifier (NPI).
- This is new for Community SUD/MH agencies but has been required for other Ohio Medicaid providers since 2012.
- This initiative **DIFFERS FROM** the 1/1/2016 initiative to allow LISWs, LPCCs, LIMFTs to enroll directly with Ohio Medicaid as independent practitioners. LICDCs will be added 7/1/2016.
- Effective for claims with dates of service on and after 7/1/2016.

Requiring Independent Rendering Practitioner on Medicaid claims from Community SUD/MH agencies



When?

- Beginning mid-February 2016, Community SUD/MH agencies must determine which of their employees are required to enroll with Ohio Medicaid. (See next slide)
- Employees who need an NPI must obtain an NPI from the National Plan and Provider Enumeration System.
 - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- All practitioners with an NPI not already enrolled with Ohio Medicaid must enroll in the “rendering” category.
- By 7/1/2016, agencies must associate themselves with their employees requiring an NPI. They must also modify their Medicaid claims to populate the rendering provider field, when applicable.

Behavioral Health Practitioner Types & Medicaid Enrollment Requirements

Medicaid Enrollment Required Therefore NPI also Required	No Medicaid Enrollment Required Therefore Modifier will represent practitioner
Physicians (MD/DO)	Licensed Social Workers
Psychiatrists	Licensed Marriage and Family Therapists
Advanced Practice Registered Nurses	Licensed Chemical Dependency Counselors (II and III)
Certified Nurse Practitioners	Licensed Professional Counselors
Clinical Nurse Specialists	Licensed School Psychologists
Physician Assistants	Registered Counselor Trainees
Licensed Psychologists	Social Work Assistants and Trainees
Licensed Independent Social Workers	Marriage and Family Therapist Trainees
Licensed Independent Chemical Dependency Counselors	Chemical Dependency Counselor Assistants
Licensed Professional Clinical Counselors	Registered Counselor Trainees
Licensed Independent Marriage and Family Therapists	Psychologist Assistants and Trainees
Registered Nurses	Certified Peer Specialists
Licensed Practical Nurses	Care Management Specialists and Qualified Mental Health Specialists



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Topic:
***MH MRO Services and Evidence
Based Practices***

Mental Health MROs and Evidence Based Practices

– Reference Matrix: Page 1

OHIO MEDICAID MENTAL HEALTH REHABILITATION OPTION SERVICES

INTENSIVE INDIVIDUAL TREATMENT SERVICES (IITS)				
General State Plan Services	State Designated Best Practice	National Evidence Based Practices (EBP)		
Intensive Individual Treatment Services (IITS)	Intensive Home Based Treatment (IHBT)	Multi-Systemic Therapy (MST)	Functional Family Therapy (FFT)	Assertive Community Treatment (ACT)/TMACT
A goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's individualized treatment plan. IITS contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.	IHBT is a mental health service designed to meet the needs of youth with serious emotional disturbances who are at risk of out-of-home placement or who are returning home from placement. The goal of IHBT is to provide the necessary mental health services and supports to enable youth to live in their homes in the least restrictive, most normative setting possible. IHBT services are provided in the home, school, and community where youth live and function. These services focus on the mental health issues that put the youth at risk, while promoting positive development and health family functioning.	An intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders.	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.	A treatment approach that improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric hospitalization, and institutional recidivism. A multidisciplinary team approach for people with severe mental illness who are most at-risk of homelessness, psychiatric hospitalization and institutional recidivism using assertive outreach in the community.
All	Up to age 21	12–17 years of age	10–18 years of age	18 and older
N/A	IHBT	MST	FFT	ACT Tool Kit

The EBPs outlined above will continue to be the focus moving forward for BH Redesign.

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Mental Health MROs and Evidence Based Practices

– Reference Matrix: Page 2

OHIO MEDICAID MENTAL HEALTH REHABILITATION OPTION SERVICES
Page 2

	INTENSIVE INDIVIDUAL TREATMENT SERVICES (IITS)				
	General State Plan Services	State Designated Best Practice	National Evidence Based Practices (EBP)		
	Intensive Individual Treatment Services (IITS)	Intensive Home Based Treatment (IHBT)	Multi-Systemic Therapy (MST)	Functional Family Therapy (FFT)	Assertive Community Treatment (ACT)/TMACT
Training costs	Training Standards Five days (Continuing education) 12 Days (new Hire)	State Training Standards: The agency's training plan must include: <ul style="list-style-type: none"> Provisions for ongoing training specific to the identified training needs of the staff as it relates to the population served, including attention to cultural competency, changing demographics, new knowledge or research, and other areas identified by the agency. 	National Training Standards: <ul style="list-style-type: none"> Annual initial cost per team of \$12,000 plus \$6,020 travel expense: five days. Annual ongoing cost per team of \$31,000 + \$5,000 for required data collection. Annual certification and consultation cost per team of \$6,500. 	National Training Standards: <ul style="list-style-type: none"> Phase I Site Certification costs \$36,000 plus travel costs of per person: 16.5 days therapist and 25.5 days supervisor. Phase II Site Certification costs \$18,000 plus travel cost: eight days supervisor. Phase 3 and Ongoing Site Certification \$7,000 plus travel, one day supervisor. If the provider needs to replace or add a new therapist: \$1,600 for a 2.5 day Clinical training, a two day follow-up training, and a two hour conference call. 	National Training/ Fidelity Standards (2012): <ul style="list-style-type: none"> Training Cost : <ul style="list-style-type: none"> Initial: \$4,500 per team Ongoing: \$9,750 per team Fidelity Cost: <ul style="list-style-type: none"> All Years: \$4,000 per team Consultation <ul style="list-style-type: none"> Initial: \$6,300 per team Ongoing: \$3,150 per team
Procedure Code and Modifier Descriptor	H2017 - Psychosocial rehabilitation, per 15 minutes, (Ohio program requirement: face-to-face visit) HN = Bachelor's degree level. HO = Master's degree level	H2018 - Psychosocial rehabilitation, per diem, (Ohio program requirement: face-to-face visit) HN = Bachelor's degree level. HO = Master's degree level	H2033 – Multisystem therapy for juveniles, per 15 minutes; HN = Bachelor's degree level.	H2017 Psychosocial rehabilitation services, per 15 minutes, HN = Bachelor's degree level. HO = Master's degree level U2 = Medicaid level of care 2,	H0040 – Assertive community treatment program per diem AM = Physician, team member service. HN = Bachelor's degree level. HO = Master's degree level.

There are specific costs associated with the EBPs that will be addressed by the rate setting methodology

The codes outlined above continue onto page 3

Evidence Based Practices – Reference Matrix: Page 3

OHIO MEDICAID MENTAL HEALTH REHABILITATION OPTION SERVICES
Page 3

	INTENSIVE INDIVIDUAL TREATMENT SERVICES (IITS)				
	General State Plan Services	State Designated Best Practice	National Evidence Based Practices (EBP)		
	Intensive Individual Treatment Services (IITS)	Intensive Home Based Treatment (IHBT)	Multi-Systemic Therapy (MST)	Functional Family Therapy (FFT)	Assertive Community Treatment (ACT)/TMACT
	HQ = Group setting POS - 12 or 99 for home/community based rates	POS - 12 or 99 for home/community based rates	HO = Master's degree level	Functional Family Therapy	SA = Nurse practitioner/APRN. TD = Registered nurse (with specialized training) HM = Less than BA (for Peers)
Examples of Procedure Code and Modifier Combination	H2017 HN H2017 HO H2017 HN, HQ H2017 HO, HQ	H2018 HN H2018 HO	H2033 HN H2033 HO	H2017 HN, U2 H2017 HO, U2	H0040 AM H0040 HN H0040 HO H0040 SA H0040 TD H0040 HM

Evidence Based Practices for Children (Early Childhood)

To Be Discussed with Benefit and Service Design Workgroup

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- A treatment approach for children, adolescents and their caregivers focused on overcoming the impacts of trauma.
- Ages 3 to 18.
- Master's level therapist.
- <https://www.childwelfare.gov/pubs/trauma/>

Parent-Child Interaction Therapy (PCIT)

- A treatment program for young children with conduct disorders that emphasizes improving the parent-child relationship.
- Ages 2 to 7.
- Often involves two therapists working with the parent and child at the same time.
- <http://www.pcit.org/>

Considerations

CPST

- Activities provided under CPST and AoD Case Management, will be reviewed to identify coverage options.

Key Considerations

- The existing Substance Use Disorder TCM SPA may be updated to be a comprehensive Behavioral Health TCM SPA

Partial Hospitalization

- Identify activities being done under partial hospitalization that are not covered within the coding and rate matrix

Key Considerations

- Population type
- Third party payors
 - Medicare
- Age
- Level of intensity



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Discussion:
CPST/SUD Case Management
And
Partial Hospitalization



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Topic:
Next Steps

Next Steps and Schedule

- The ODM and OhioMHAS Survey of Medicaid BH Provider Staffing and Activity was released on Thursday December 10th to the Benefits and Service Design Work Group. The State will continue to analyze the data as surveys are received
- *February 10th, 2016: Final Draft of the Comprehensive Code Set Released
 - Extended timeframe: 10am-2pm
- Continued bi-weekly Benefits and Service Design Work Group (Next Meeting: 1/13/2016 – Please provide feedback on the rates by December 31st)
- New Monthly Stakeholder Meetings:
 - ✓ All meetings 10:00am – 12:00pm in C621:

Jan. 27, 2016	May 25, 2016
*Feb. 10 th , 2016	June 29, 2016
Mar. 30, 2016	July 27, 2016
Apr. 27, 2016	

