

Joint Medicaid Oversight Committee
Minutes
May 29, 2025
136th General Assembly

The Joint Medicaid Oversight Committee was called to order pursuant to the meeting notice at approximately 10:00a.m. in the South Hearing Room.

The clerk called the roll, and a quorum was present. The minutes of the March 20, 2025, meeting was approved without objection.

The Chair opened with an overview of the day's agenda, which was a panel discussion on OhioRISE. The Director of the Ohio Department of Medicaid, Maureen Corcoran, opened with a program history and overview followed by testimony from various youth advocates and agencies.

Chair Holmes asked if this population is likely to increase in the future. Director Corcoran deferred to another panelist who will speak more to that topic, Dr. Frank Angotti.

With the conclusion of Director Corcoran's overview of the OhioRISE program, panel members provided their testimony based on their area of expertise.

LeeAnne Cornyn, Director of the Ohio Department of Mental Health and Addiction Services provided testimony. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is the regulatory body that oversees the licensure and certification of Ohio's behavioral health providers, including the provision of behavioral health services for OhioRISE Care Management Entities (CMEs). They also serve as the "incubator" for innovative programs, such as Mobile Response and Stabilization Services (MRSS) and Intensive Home-Based Treatment (IHBT), services now funded, in part, through OhioRISE.

Next, Matt Kresic, CEO of Cadence Care Network, provided testimony. Cadence Care Network is one of the nineteen (19) CMEs for the OhioRISE program serving Trumbull and Mahoning counties. A non-profit organization that provides behavioral health and foster care services to vulnerable children, young adults and families across the Northern portion of Ohio.

Following was the testimony of Habeebah Grimes, CEO of Positive Education Program (PEP). PEP acts as a CME for OhioRISE in central Cuyahoga County.

Dr. Frank Angotti, Executive Medical Director for Behavioral Health at Aetna and Interim Chief Medical Officer for OhioRISE provided testimony to the benefits of establishing the OhioRISE program.

Following Dr. Angotti, Marylin Pape, Executive Director of Trumbull County Children Services (TCCS), provided testimony.

Laura Domitrovich, MSSA, LSW, Director of Youth Programs for the Trumbull County Mental Health and Recovery Board, provided proponent testimony stating the OhioRISE program has allowed for service expansion in Trumbull County's System of Care. This was followed by Katherine Junger, PHD, Director of Systems Integration, Office of Population Health at Cincinnati Children's Hospital. Dr. Junger's role focuses on improving the health of all children in Southwest Ohio by increasing timely access to high quality, evidence-based treatment, capacity building across the care continuum and improving coordination of care across healthcare and child serving systems. She has overseen the integration of OhioRISE process and programs across sites of care at Cincinnati Children's. She testified that OhioRISE, supports the core initiatives as described above and is allowing for first Psychiatric Residential Treatment Facility (PRFT) in the region, with the goal of building capacity to serve every Ohio youth in-state.

Mark Butler, a parent advocate was the last panel member to speak.

Questions were asked.

Through questions raised by Senator Manchester, the panel reported that nearly half of the forty-six thousand youth enrolled in OhioRISE, have been screened in at a Tier level one. Tier one youth are serviced by Aetna, and receive monthly check-ins from their care coordinator, updated CANS assessment every 90 days. Note, the assessed tier level may change to tier 2 or 3 depending on the child's needs and once again be reduced to one.

When asked by Representative Gross, Director Corcoran confirmed that the cost for the

CME is incorporated into the capitation rate. The capitation rate is paid by ODM to Aetna, which includes the cost of all the different services: Inpatient hospitalization, IHBT, care coordination, all psychiatric services as well as the cost of Aetna to contract with each of the 19 CMEs to provide the more intense care coordination.

Dr. Junger was not able to answer Representative's Gross question on the cost per patient that receive in home psychiatric therapy and treatment. Director Corcoran stated that those intensive care cost are built into the capitation rate paid to Aetna to contract out. Mr. Kresic shared that the contracted rate for his CME is \$3000.00 per month per kid. ODM will follow-up to provide the capitation rates to the Committee.

Representative Hall asked if there was any data on cost avoidance of services, pre and post OhioRISE. Various members of the panel provided specific cost saving examples. Representative Hall also asked if there are any barriers to the current OhioRISE program. Ms. Grimes and others agreed that maintaining adequate workforce continues to be an issue.

Ranking Member Liston enquired "are there other important, quality outcomes that can be shared with the Committee to further highlight the work being done or what's to come in the future?" Dr. Junger spoke in detail on the benefits of what happens outside of the treatment settings, such as school and social achievements. Dr. Angotti highlighted the fact that the physical health of these youth is being monitored as well. Director Corcoran shared that ODM is working on formulating dashboard reports to report out on the various data received from the many CME's. Director Cornyn further expounded on the feedback received by parents who have utilized MRSS services and being linked, after seven (7) visits, they have acquired the skills to independently manage their child's behaviors. "These services are helping these families become more resilient".

Additional questions asked.

Representative Gross asked two question that were not answered. One, if there has been a cost savings with the carve out and why has that fund, in the budget, continued to increase rather than decreasing Ohio's other MCO'S as the other MCO's still cover behavioral health. Also, what are the certified per member, per month (PMPM) rates and excel spreadsheets and PDF's related to the actual cost PMPM for Aetna and every MCO

and their costs. ODM will need to provided follow up to these questions.

Representative Hall then asked if ODM processes the applications for OhioRISE. Director Corcoran states that ODM holds the contract with Aetna, like the other MCO's taking on a "shared governance model "around services. The front door is the CANS assessment, through whichever provider administers the intake, then goes to Aetna, who then works with the CME's. The CANS is a standardized tool that all OhioRISE providers/partners and care coordinators were trained in. These entities are paid for completing the CANS assessment. Information is entered into a single data base. Aetna provides the payment to the providers as part of their capitation rate.

Director Corcoran answered Representative Gross question, by confirming the Capitation Rate paid to Aetna encompasses the total cost, including the training and administering of the CANS assessment.

Chair Holmes asked Mr. Kresic and the panel about concerns of duplicative services among the different standing agencies and CME's. Within Trumbull County, Mr. Kresic explained that his CME organization is an enhancement to the existing services Children Services may be providing. The relationship with the ADAMH Board is also enhanced as Mental Health and Recovery Boards do not provide direct services, but contract with provider agencies.

Chair Holmes further asked Ms. Domitrovich what kind of tools her agency is using to determine the scale of cost savings. She explained that a level of care tool was used to examine the forty-two (42), high risk youth, that were at risk for out of home placement, and compared what the recommend cost of care would be based on that tool vs. engaging the children in their High-Fidelity Wraparound Services and were able to keep the majority of those youth from having to be placed outside of the home, which resulted in the 3.7 million cost savings that she testified to earlier.

Additional questions were asked.

Representative Gross asked if OhioRISE would be beneficial as a waiver program. Understanding that waivers area based on a parent's income. Director Corcoran's response was that OhioRISE is a waiver within Ohio's Managed Care. A waiver within the managed care program, known as OhioRISE. All kids must be Medicaid eligible. Only about 300 of

the 44, 000 kids in OhioRISE are on the waiver program. The waiver exists to treat/engage those families who are over income for Medicaid, but at risk for out of home placement.

The panel was not able to answer Representative's Gross question of how many children have been prevented from going into custody as a result of OhioRISE. Marilyn Pape, of Trumbull Co. Children services shared that her agency has just begun tracking those cases that have been "screened out" meaning, referral call comes in and instead of having to open a case, they were able to refer to OhioRISE for services. TCCS averages 150 active kids in care. Prior to OhioRISE that number was close to 220-230 a day. That is not all attributed to OhioRISE, but it is a contributing factor.

Ranking Member Liston asked, how many kids have been able to serve in the state in an inpatient, intensive care setting, that prior to OhioRISE would have required that child to receive services out of state, therefore triggering the concern of custody relinquishment?

Director Corcoran explained that data cannot be captured presently. Ranking member Liston than followed up with "how many kids have been treated in the inpatient, intensive beds that are now available? Dr. Frank Angotti will follow-up with that data.

Representative Gross asked if we are not directly tracking how many children are being relinquished to the State, why did the Controlling Board approve a 9 million dollar (\$9,000,000) increase in the Multi System Youth - Custody Relinquishment line of the budget, bringing the total appropriation to \$35,250,000.00 when the actual expenditure in 2024 was \$32,620,425.00?

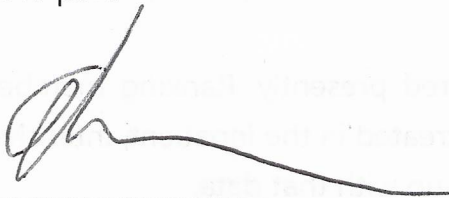
Director Corcoran replied that the Multi System Youth funding line was created before OhioRISE went into effect. That is funding that is available across the state-to all counties- for any youth. The referral or application comes from the Family and Children first counsel. The application can come from OhioRISE, if it is an OhioRISE kid. Most of what is paid for through that funding line is room and board for kids that are in qualified residential treatment programs that are not eligible for a Medicaid reimbursement. "It's a companion program- not part of OhioRISE". One of the requirements for Multi-System Youth (MSY), is to be in danger of custody relinquishment. Director Corcoran states they know exactly how many kids have applied and been funded through MSY. Because of the knowledge, ODM is asking for less funding in the current budget proposal than last because they saw the

large increases seen in the last 2 years.

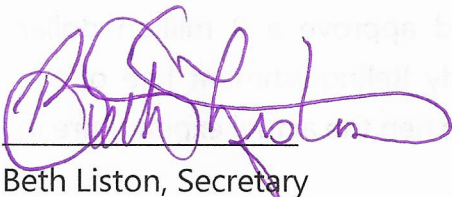
Representative Gross asked of the 44,000 children enrolled in the program, how many are "actively engaged" and define what that engagement is exactly. Mr. Kresic described the engagement of the 1,100 children Cadence Care Network serves. The child is receiving services at the tier level they currently present at. Care Coordinators are going to the home, in the community, coordinating services, providing wrap around, conducting family team meetings and following up with the youth's doctors and psychiatrist to ensure the care is coordinated.

Director Corcoran did not provide an overall engagement number for the State.

Without further business, Chairman Holmes adjourned the Committee at approximately 12:49 p.m.



Adam Holmes, Chair



Beth Liston, Secretary