



Department of Medicaid
Department of Mental Health and Addiction Services

Benefit and Service Development Work Group

October 6th, 2016



Behavioral Health Redesign

Agenda

Welcome and Opening Remarks

Budget Model Recap

Rendering Practitioners Employed by BH Agencies

ACT Policy Update

MHPAEA Parity

Respite

Next Steps and Schedule

Behavioral Health Redesign Vision

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
- » Developing new services for individuals with high intensity service and support needs;
- » 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
- » Improving health outcomes through better care coordination; and
- » Recoding of all Medicaid behavioral health services to achieve alignment with national coding standards.



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Budget Model Recap



Behavioral Health Redesign

1

Changes in Behavioral Health Care Models

- The field of BH has moved forward and Ohio wants to reflect progressive changes in recovery and resiliency through the services purchased, including Evidence-Based Practices like ACT.
- The opioid epidemic requires a strong and immediate response like the use of the nationally developed version of ASAM and the inclusion of more medical personnel in staffing

2

Purchasing based on Goals

- In all businesses, what is purchased should reflect changes in the field.
- The State wants to purchase the best services possible, and the providers need to be nimble enough to make changes to match what we want to buy

3

Forecasting Revenue under the Restructured Rates

- The providers, who will financially succeed, will be the providers who can provide the types of services the State will purchase in the future

State Commitment

The State wants to change how it purchases

- The State wants to change how it purchases Mental Health and Substance Use Disorder services to align with the redesign vision.

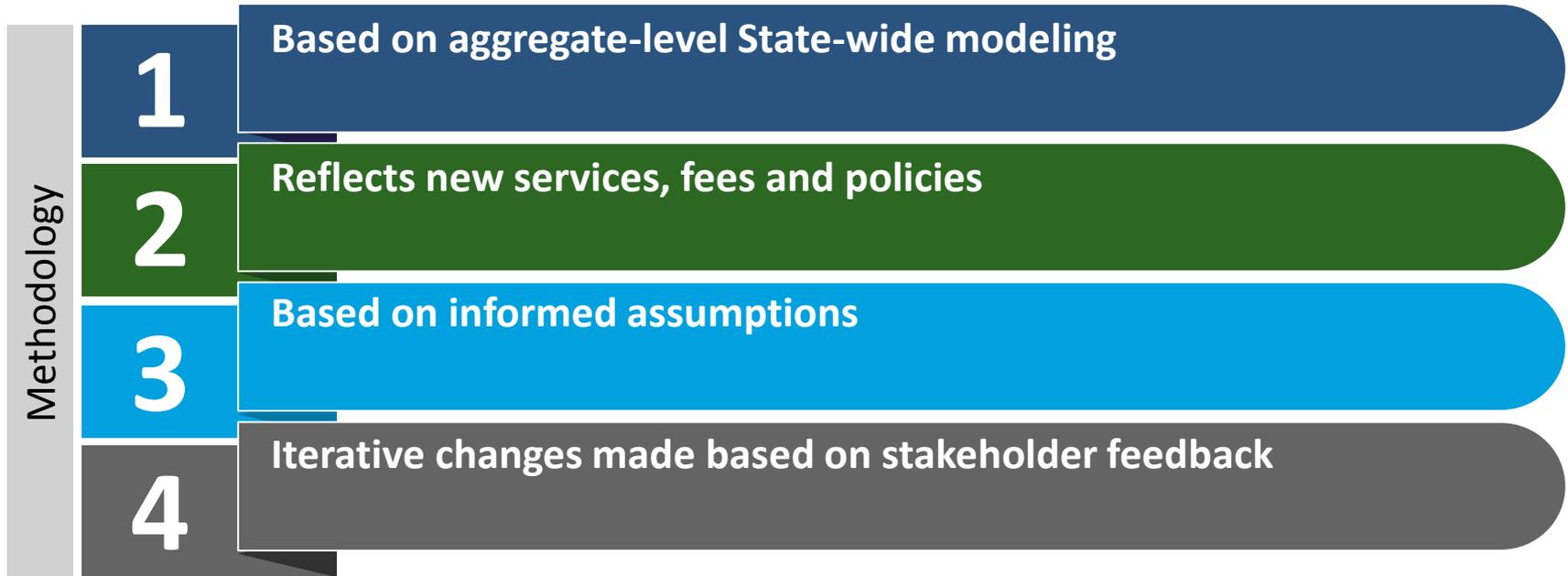
Commitment of funds

- The State has committed to invest over \$37 million into the system to ensure continued access from our budget neutral point in time.
- The State is also cognizant of the current workforce and wants to support the development of an effective workforce that reflects the types of services demonstrated to achieve changes for individuals in recovery.

Commitment of revisiting after implementation

- Even more, the State is committed to reviewing the overall system impact after implementation to ensure that the new rate structure begins to pay for services based on the State's desired outcomes.
- ODM/MHAS anticipates that providers will need to make business changes to manage under the new system.

Approach to Budget Modeling



Budget Modeling Timeline

**November 18, 2015:
HIGH LEVEL FINANCIAL
PROCESS**

- Presentation given by Mercer on the overall financial process.

**December 2015:
SURVEY**

- State distributed staffing survey to providers.
- 77 providers responded to the survey.
- Mercer used responses to inform utilization assumptions for the initial budget model.

**February 24, 2016:
INITIAL BUDGET MODEL
CONVERSATION**

- State presented initial budget models with assumptions informed by survey information at the February 24th Benefit and Service Development Workgroup meeting. Feedback from this meeting informed changes in the budget modeling assumptions.

**March 24 & April 8, 2016:
SMALL WORKGROUPS ON
BUDGET**

- State shared utilization assumptions from the budget model with stakeholders at two small work group meetings held on March 24th and April 8th.
- Feedback received during these discussions were used to prepare for Budget Model 12.

Budget Modeling Timeline

**April 6 & April 8, 2016:
SUD Residential Treatment
Proposed Coverage**

- State distributed staffing survey to providers on SUD Residential; results were considered relative to expected staffing at various ASAM levels.
- State held two meetings to discuss SUD Residential using a model payment methodology with representatives of residential providers, the Ohio Council, and Mercer.

**June 15, 2016:
BUDGET MODEL 14**

- State presented a budget model at the June 15th Benefit and Service Development Work Group meeting, which included updates based on stakeholder feedback received between April and June.

June 15, 2016 – Present

- State collected additional stakeholder feedback during the summer regional training series, which informed subsequent budget modeling and fees.
- Additional updates were made to nursing rates based on stakeholder feedback.
- State presented rate corrections to four CPT codes as well as CPT and HCPCS rate increases at the August 23rd Benefit and Service Development Work Group meeting.

Budget Model Milestones

**February 10,
2016**

Original model, informed primarily by staffing survey results and input from State and Mercer clinicians, and existing Medicaid fees

**March 9,
2016**

Model presented included adjusted fees and refined utilization based on feedback from stakeholders

**May 8,
2016**

Model presented included updates based upon the **March 24th** and **April 8th small group meetings** and previous **Benefit and Service Development Work Group meetings**

**June 15,
2016**

This model incorporated updates related to MH assessment, Health Homes, nursing and Medicare payments, SUD, IOP, OTP, and urine drug screening

- **Budget model 14 was presented at the June 15th Benefit and Service Development Work Group meeting**



The Budget Model is an Educated Estimate

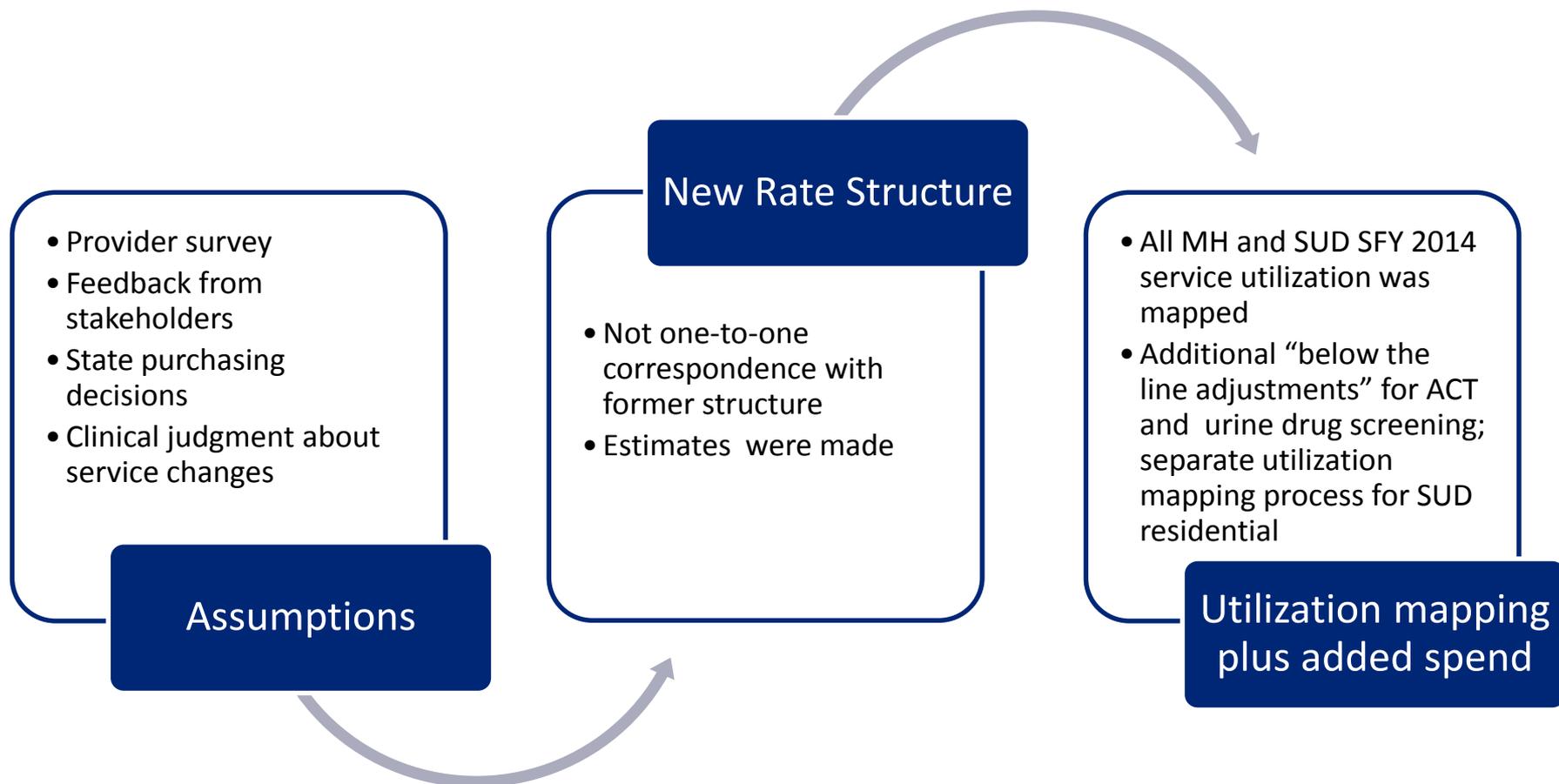
- Overall estimate of the rate restructuring on the State budget and different sectors of the provider community.
- Does not reflect any one provider's expected budget.
- Forecasting the expected aggregate results at the system level.



Assumptions will not match each individual Provider's experience

- Iterative process with initial assumptions informed more heavily by survey results from 77 providers; subsequent changes as a result of stakeholder input.
- The model will overstate or understate revenues for a particular provider.
- The model will not reflect any individual provider's revenues.
- Different providers have given opposite feedback on the same services (e.g., 99215)

Budget Model Process



Recent Stakeholder Feedback on July 15, 2016

Understated assumptions

- No psychological testing
- Nurses delivering assessments
- No interactive complexity on group services
- PSR (home and community) to CPST
- Mapping former 90792 (assessment) to 90792 rather than 99204 or 99205
- No use of SUD Partial Hospitalization
- Minimal assumed use of injections in MH (96372)
- Reduced provider expenses for laboratory tests
- BA unlicensed TBS workforce

Overstated assumptions

- 99213 and 99214 with add-ons versus 99215
- 99211 vs TBS RN/PSR LPN
- MA unlicensed TBS workforce
- CPST versus TBS/PSR
- Assuming MD level CPT codes for E&M
- Assuming MD/PhD level CPT codes for assessments
- Group counseling hourly conversion for licensed practitioners
- Mix of licensed and unlicensed SUD IOP

Other Common Themes

Transition to CPT
codes from time-
based HCPCS codes

More
standardization to
care that is proven
effective
(ACT/ASAM)

Licensed
Practitioners
practice daily living
skills

Workforce issues
with too few
Licensed
Practitioners

Budget Modeling Mapped to Future Codes

MH –



CPST



Day Treatment/Partial Hosp.



Counseling and Assessment



ACT



Pharm Management



Health Homes

SUD –



Counseling and Assessment



Med/Som



IOP/Partial Hospitalization



Lab/Urinalysis

The utilization cross walks shared with the stakeholder community included the major budget drivers for FY14 MH and SUD expenditures.

Requested Additional Information on Budget Model: New Services

These are the below the line adjustments:

ACT

- Adjustment of \$11.5 million in new expenditures

IHBT

- IHBT HCPCS code changed from H2018 to H2015
- Utilization mappings still included in H2018 code

SUD Opioid Treatment Program (OTP)

- Methadone administration was mapped in a budget neutral manner
- \$9.7 million was added for Buprenorphine administration T1502

SUD Partial Hospitalization

- SUD IOP mapped to new SUD IOP; SUD Partial Hospitalization providers will have revenue increases

SUD Residential

- Current utilization mapped to ASAM levels with a \$11.4 million increase

Requested Additional Information on Budget Model: All Utilization and Costs Included

SUD Case Management

- All utilization and costs still included

SUD Urine Drug Screening

- If sample sent to a CLIA certified lab, the lab will bill separately and the provider not responsible for the cost
- Providers will still receive \$11.48 for collection under H0048

July 15th Utilization Mapping Example

H0004 – Individual Counseling

Current Code	Description	Current Hours	Current Fee	Projected Codes	Proposed Fees	Unit Definition	Projected	Projected	Projected	Projected	Total Projected Hours	Projected	Projected	Projected	Projected	Total Projected Allocation	
							Adult Hours - w/SPMI Dx	Adult Hours - no SPMI Dx	Child Hours - w/SED Dx	Child Hours - No SED Dx		Allocation - Adult w/SPMI Dx	Allocation - Adult no SPMI Dx	Allocation - Child w/SED Dx	Allocation - Child no SED Dx		
H0004	M-Counseling-Ind	1,804,675	\$22.50 per 15 minutes	90785	\$ 11.79	Per Unit	303,677		436,966		740,643	Yes	No	Yes	No	Yes	
				90837	\$ 102.80	1 hour	303,677	263,032	436,966	790,696	1,794,372	99.4%	99.4%	99.4%	99.4%	99.4%	
				H2019 HO	\$ 21.05	15 Minutes	1,262	1,093	1,815	3,285	7,455	0.4%	0.4%	0.4%	0.4%	0.4%	
				H2019 HN	\$ 18.54	15 Minutes					-	0.0%	0.0%	0.0%	0.0%	0.0%	
				H2019 TD	\$ 25.62	15 Minutes	482	417	694	1,255	2,848	0.2%	0.2%	0.2%	0.2%	0.2%	
Total (excluding 90785)							305,421	264,543	439,475	795,236	1,804,675	100.0%	100.0%	100.0%	100.0%	100.0%	

Modifier:

- HM Less than Bachelor's Degree Level
- HN Bachelor's Degree Level
- HO Master's Degree Level
- HQ Group Setting
- TD Registered Nurse (RN)
- TE Licensed Practical Nurse (LPN)

Supporting Continued Access

Ensure Sustainability

All changes and stakeholder engagement are intended to ensure changes to the Behavioral Health program are sustainable into the future

Provide Training and Support

Numerous training and technical assistance opportunities have and are being provided to support the goal of sustainability

Encourage Organizational Awareness

Organizations must also be attentive to changes and adjust business models where necessary

Ensure Access

The state will collaborate with boards, providers, and other local entities to ensure ongoing access to services and continuity of care for individuals



Ongoing activities related to BH Redesign will continue throughout 2017



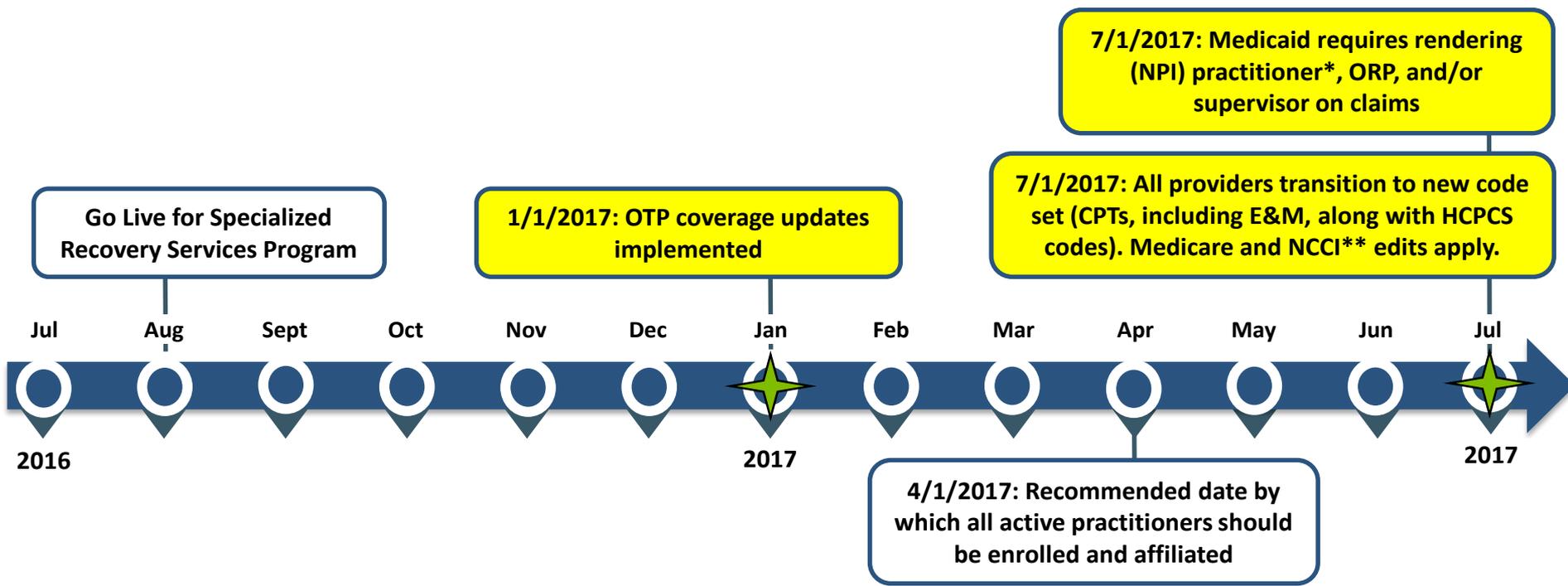
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Rendering Practitioners Employed by BH Agencies



Behavioral Health Redesign

Implementation Schedule – BH Redesign



***Practitioners who must enroll with Ohio Medicaid:**

Physicians (MD/DO), Psychiatrists	Licensed Independent Social Workers
Advanced Practice Registered Nurses	Licensed Professional Clinical Counselors
Certified Nurse Practitioners	Licensed Independent Marriage and Family Therapists
Clinical Nurse Specialists	Licensed Independent Chemical Dependency Counselors (LICDC)
Physician Assistants	Registered Nurses
Licensed Psychologists	Licensed Practical Nurses

 Milestone

 **NCCI prohibits use of nonstandard units (i.e., no more decimals)

Rendering Practitioners Required to Enroll in Ohio Medicaid, Effective July 1, 2017

Rendering Practitioners	
Physicians (MD/DO), Psychiatrists	Licensed Independent Social Workers
Advanced Practice Registered Nurses	Licensed Professional Clinical Counselors
Certified Nurse Practitioners	Licensed Independent Marriage and Family Therapists
Clinical Nurse Specialists	Licensed Independent Chemical Dependency Counselors (LICDC)
Physician Assistants	Registered Nurses
Licensed Psychologists	Licensed Practical Nurses

Exception: Prescribers already registered with ODM as Ordering, Referring or Prescribing providers need not re-enroll.

ADDITIONAL GUIDANCE



- Practitioners must be affiliated with their employing agency or agencies; either the agency or practitioner may perform the affiliation in MITS
- Practitioner or agency/agencies may “un-affiliate” rendering practitioners listed above when necessary

Update: BH Provider Enrollment Support



The mailbox address is
bh-enroll@medicaid.ohio.gov

The Ohio Department of Medicaid has established a Medicaid mailbox to collect and respond to questions from behavioral health providers.

- Providers should email this mailbox when they have questions regarding MITS enrollment of rendering practitioners
- OR agency revalidation

Provider Enrollment Guidance Webinar:
Thursday, October 6, 2:00pm – 4:00pm

IT Workgroup Changes for July 1, 2017



Initial meeting May 31,
2016

Met October 3, 2016

- [Link to presentation](#)
- Future dates: November 3
and December 6, 2016

Reviewing companion
guides to identify updates
needed to support
upcoming changes

Electronic Data Interchange:

Updates will be made to EDI Companion Guide for 7/1/2017

- ODM is identifying the page numbers, loops and segments in the Companion Guide that will be affected by these changes
- ODM will issue an updated Companion Guide with these changes noted and will be distributed in a MITS BITS once finalized





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Assertive Community Treatment (ACT) Policy Update



Behavioral Health Redesign

ACT Policy Update

- 1 Measure ACT team fidelity based on DACTS until carve in to managed care. (TMACT fidelity measurement encouraged post carve in.)
- 2 ACT payment rates set at the Medium caseload size regardless of the actual caseload size.
- 3 Requirements for ACT Team Leaders:
 - Must be dedicated to one team.
 - Hold an active professional license, preferably independently licensed.
 - Be enrolled in MITS as an active Medicaid provider.
- 4 No Medicaid payment for supported employment / VR services unless the person is enrolled in SRS program.

For additional reference on DACTS:

[Dartmouth ACT Fidelity Scale Protocol \(1/16/03\)](#)

For additional reference on TMACT:

[Tool for Measurement of Assertive Community Treatment \(TMACT\) Summary Scale Version 1.0](#)



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Mental Health Parity and Addiction Equity Act



Behavioral Health Redesign

MHPAEA - Parity Guidance

A formal, methodical process with consultants to address parity with Medicaid services is ongoing.



- 1) Effective date for this is October 2, 2017. We are working with two time periods in this analysis:**
 - October 2 through December 31, 2017 (prior to carve-in)
 - January 1, 2018, and forward (carve-in)



- 2) MyCare is part of the CMS Financial Alignment Initiative. ODM is still researching how the parity requirements apply to MyCare and is seeking technical assistance from CMS.**

Quantitative Treatment Limit Template

Template below has been provided to the MCPs, which includes the type of information ODM/MHAS is expecting

Behavioral Health Parity FR/QTL Testing						Quantitative Treatment Limitations (e.g., day/visit/hour limits, age limits, dollar limits)	Annual Dollar Limits or Lifetime Dollars Limits	Comments
Classification/Service	Deductible	Copay	Coinsurance	OOP Maximum	Other			
[Name of Plan] Benefit Package_1 Calendar Year 2018 [Enter Medicaid Eligibility Group] [Enter Applicable Age Group/Gender] [Enter additional comments regarding benefit package distinction]								
<Insert additional rows above as needed>								
Classification: Inpatient								
<Insert additional rows above as needed>								
Classification: Outpatient (PCP and Specialist Office Visit)								
<Insert additional rows above as needed>								
Classification: Outpatient (Non-Office Visit)								
Ex. Eye exams	N/A	\$2 per examination	NA	NA	NA	One exam per calendar year		
Ex. Eyeglasses or contacts	N/A	\$1 per fitting	NA	NA	NA	One pair of glasses or retail allowance of \$125 toward any type of contacts per calendar year		
Ex. Chiropractic	N/A	N/A	N/A	N/A	N/A	15 visits per calendar year		
Ex. Physical and occupational therapy						30 visits per calendar year		
Ex. Dental	N/A	N/A	N/A	N/A	N/A	Two periodic oral exams and cleanings per calendar year		
<Insert additional rows above as needed>								



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Respite



Behavioral Health Redesign

Medicaid Managed Care Waiver for Respite: Overview



What is Respite?

- "Respite services" are services that provide short-term, temporary relief to the informal unpaid caregiver of an individual under the age of twenty-one in order to support and preserve the primary caregiving relationship.



Key Provisions

- 1 Respite services can be provided on a planned or emergency basis
- 2 Provider must be awake during the provision of respite services

New BH Eligibility for Receiving Respite



To be eligible for respite services, the member must meet all of the following criteria:



- Reside with his or her informal, unpaid primary caregiver in a home or an apartment that is not owned, leased or controlled by a provider of any health-related treatment or support services;
- Not be residing in foster care;
- Under the age of 21;
- Enrolled in the managed care plan's care management program
- Have behavioral health needs as determined by the MCP through the use of a nationally recognized standardized functional assessment tool, and
 - (a) Be diagnosed with serious emotional disturbance as described in the appendix to this rule resulting in a functional impairment,
 - (b) Not be exhibiting symptoms or behaviors that indicate imminent risk of harm to him or her self or others, and
 - (c) The MCP must have determined that the member's primary caregiver has a need for temporary relief from the care of the member as a result of the member's behavioral health needs, either:
 - (i) To prevent an inpatient, institutional or out-of-home stay; or
 - (ii) Because the member has a history of inpatient, institutional or out-of-home stays.

Stakeholder Feedback Diagnoses



Several stakeholders noted that the substance use disorder (SUD) diagnoses originally included in the appendix would not likely rise to the level of requiring respite.

Conversely, there were several serious emotional disturbance (SED) related diagnoses that were not included, that stakeholders felt should be added to the appendix.



At the request of stakeholders, the SUD diagnoses were removed from the appendix and several new diagnoses were added.

Additions include Major Depressive Disorder, Generalized Anxiety Disorder, Oppositional Defiant Disorder, Anorexia Nervosa, Conduct Disorder and others.

Provider Qualifications: New BH Respite Services

Behavioral health respite services must be provided by individuals employed by **OhioMHAS-certified** and medicaid enrolled agency providers that are also accredited by at least one of the following: the "Joint Commission", "Council on Accreditation" or "Commission on Accreditation of Rehabilitation Facilities".



Behavioral health respite providers must comply with the criminal records check requirements listed in OAC rule 5160-43-09 when the services are provided in an HCBS setting.

Before commencing service delivery, the BH provider agency employee *must*:



After commencing service delivery, the BH provider agency employee *must*:

- **Either be credentialed by the Ohio counselor, social worker and marriage and family therapist board, the state of Ohio psychology board, the state of Ohio board of nursing or the state of Ohio medical board or received training for or education in mental health competencies and have demonstrated, prior to or within ninety days of hire, competencies in basic mental health skills along with competencies established by the agency; and**
- Obtain and maintain first aid certification from a class that is not solely internet-based and that includes hands-on training by a certified first aid instructor and a successful return demonstration of what was learned in the course.

- **Receive supervision from an independently licensed behavioral health professional credentialed by the Ohio counselor, social worker and marriage and family therapist board, the state of Ohio psychology board, the state of Ohio board of nursing or the state of Ohio medical board**



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Next Steps and Schedule



Behavioral Health Redesign

Next Steps and Schedule

- Next Benefit and Service Development Work Group Meetings

- ✓ Wednesday, November 30, 2016, 1:30pm – 3:30pm
- ✓ TBD - January 2017

- Upcoming Webinars

- ✓ Provider Enrollment Guidance: Thursday, October 6, 2:00pm – 4:00pm
- ✓ Specialized Recovery Services (SRS)/Expedited SSDI Webinar: Wednesday, October 12, 9:00am – 11:00am

Registration information is available at www.bh.medicaid.ohio.gov

Behavioral Health Redesign 201 Trainings:

October 14th, 2016

November 4th, 2016

October 18th, 2016

November 14th, 2016

October 20th, 2016

November 15th, 2016

October 27th, 2016

November 21st, 2016

Please visit the OACBHA website for locations and registration information:

http://www.oacbha.org/behavioral_health_redesign_-_r.php