Stakeholder Advisory Committee for Ohio’s Medicaid SUD 1115 Demonstration Waiver

June 21, 2022
Meeting Agenda

1. OhioMHAS Workforce update
2. Utilization Management (UM) Targeted Workgroup (TW) update
3. SUD residential treatment facility provider onsite reviews update
OhioMHAS Workforce Update
June 21, 2022
OhioMHAS Workforce Strategy

Phase I: Data collection, review, and synthetization; Stakeholder input

Phase II: Plan Development

Phase III: Plan Implementation

Phase IV: Evaluation & QI

Stakeholder Input
Ohio’s Behavioral Health Workforce

A strong behavioral healthcare workforce supports the health and well-being of Ohioans and our state.

**FAST FACTS**

**Nearly 2.4 Million**
Number of Ohioans who live in communities that do not have enough behavioral health professionals.

**21%**
Percentage of Ohioans who live with a mental health condition or substance use disorder.

**Demand for behavioral health services increased 36% from 2013-2019 while the workforce only increased 174%**

**11 YEARS**
The average delay between symptom onset and treatment.

Healthy Ohioans = Renewed Communities = Thriving Economy

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Ohio’s Wellness Workforce Priorities

The health and success of Ohio’s families and communities depends on an effective strategy to recruit and retain behavioral health professionals.

- **Increasing Career Awareness**
  Educate Ohioans on the people, professions, and pathways leading to a successful career in the behavioral health field.

- **Supporting Recruitment**
  Offer Ohioans interested in behavioral health careers scholarships, stipends, and paid internships tied to post-education service in the behavioral healthcare field, especially in underserved, high-need areas.

- **Incentivizing Retention**
  Support Ohio’s educators in their abilities to develop and increase capacity for advanced degrees, credentials, and distance learning opportunities. Support employers in their abilities to offer retention bonuses and continuing educational and training opportunities.

- **Supporting Contemporary Practice**
  Expand support of the workforce with best practice development and training.

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Ohio

Mike DeWine
Governor of Ohio
Teamwork
<table>
<thead>
<tr>
<th>Supporting Recruitment</th>
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| • Tuition reimbursement for those working for OhioMHAS certified agencies  
| • Increase reimbursement rates  
| • Be aware of not creating internal inequities  
| • Paid Internships  

<table>
<thead>
<tr>
<th>Incentivizing Retention</th>
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</table>
| • Pay – reimbursements indexed to inflation  
| • Balance in life/work (flexible scheduling)  
| • State retention bonus fund at specific intervals (3-year, 5-year, 7-year)  

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<thead>
<tr>
<th>Supporting Contemporary Practice</th>
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| • Increase utilization of technology  
| • Varied payment methods (grants, VBP, monthly rates)  
| • Create apprenticeships  
| • Take care of people taking care of people  

<table>
<thead>
<tr>
<th>Increasing Career Awareness</th>
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</table>
| • Increase awareness in high-, middle-, vocational schools, and colleges  
| • Change licensing rules to allow for bachelor’s level to be licensed – psychology, counseling, and master level psychology  
| • Refer to BH as ‘healthcare’ NOT ‘human services’  

Brainstorming Ideas
Thoughts & Input
Progress of Utilization Management (UM)
Targeted Workgroup (TW)

Ohio Department of Medicaid
Utilization Management Targeted Workgroup Discussion Themes

- Improve care coordination efforts between providers and plans
- Keep short-term stay patients connected to care to reduce incidence of post-residential emergency department (ED) and inpatient (IP) visits
- Reduce administrative burden of tracking patient stays across geographic areas and providers
- Ensure policies are focused on patient outcomes instead of process requirements
- Provide better and more timely service for individuals
## Utilization Management Targeted Workgroup Accomplishments

### Accomplishments

<table>
<thead>
<tr>
<th>1. Process Improvements:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Substance Use Disorder Services (SUD) Prior Authorization (PA) Request Form:</strong> Improved processes for SUD residential utilization management by designing and implementing a new SUD PA Request Form (summer 2021)</td>
</tr>
<tr>
<td><strong>b. Uniform Notification of Admission Form:</strong> Proposed that SUD Residential Providers notify MCE upon patient admission and designed new form to facilitate this communication (planned for summer 2022)</td>
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<thead>
<tr>
<th>2. Data Analysis:</th>
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<tbody>
<tr>
<td>Continuing review to inform policy and process considerations through the analysis and review of UM data with the TW members</td>
</tr>
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</table>
SUD Prior Authorization (PA) Request Form

Updates regarding the SUD PA form include:

• Both providers and MCEs responded positively to use of the form
• Aetna will use the form with the implementation of OhioRISE on 7/1/2022
• Form will continue to be used by the new MCEs in the future

The SUD PA Form was released in the Summer of 2021
Notification of Admission Form

Goals of the form include:
- Use of a standard form and process for all MCEs
- Allow for early discharge planning with MCEs
- Promote care coordination with MCEs after discharge

The new Notification of Admission Form will be implemented in the Summer of 2022.
Notification of Admission Form

Next Steps:

• The form will be implemented in the Summer of 2022
• The final form will be posted on the BH website and announced via MITS Bits
UM Data Analysis

- Residential treatment utilization data was analyzed by level of care (LOC), length of stay (LOS), and trends over time.
- ODM recently updated the initial analysis with data from SFY 2021 to analyze trends over a longer period (2019-2021).
- Key findings from the analysis include:
  - A significant portion of patients with LOS between 0-7 days.
  - Adult patient count dropped significantly after approximately 30 days.
  - Average LOS for youth patients was greater than 30 days for all three years (SFY2019 – SFY2021).

### Adult Patient Counts by Length of Stay (LOS) Range

<table>
<thead>
<tr>
<th>LOS Range</th>
<th>FY19 Patient Count</th>
<th>FY19 Percentage</th>
<th>FY20 Patient Count</th>
<th>FY20 Percentage</th>
<th>FY21 Patient Count</th>
<th>FY21 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07 days</td>
<td>4,487</td>
<td>27%</td>
<td>4,629</td>
<td>24%</td>
<td>4,377</td>
<td>23%</td>
</tr>
<tr>
<td>08-14 days</td>
<td>2,286</td>
<td>14%</td>
<td>2,253</td>
<td>12%</td>
<td>2,210</td>
<td>11%</td>
</tr>
<tr>
<td>15-21 days</td>
<td>1,715</td>
<td>10%</td>
<td>1,965</td>
<td>10%</td>
<td>1,880</td>
<td>10%</td>
</tr>
<tr>
<td>22 to 28 days</td>
<td>1,868</td>
<td>11%</td>
<td>2,293</td>
<td>12%</td>
<td>2,546</td>
<td>13%</td>
</tr>
<tr>
<td>29 to 35 days</td>
<td>1,759</td>
<td>11%</td>
<td>3,549</td>
<td>18%</td>
<td>3,879</td>
<td>20%</td>
</tr>
<tr>
<td>36 to 42 days</td>
<td>829</td>
<td>5%</td>
<td>1,134</td>
<td>6%</td>
<td>1,281</td>
<td>7%</td>
</tr>
<tr>
<td>43 to 49 days</td>
<td>782</td>
<td>5%</td>
<td>899</td>
<td>5%</td>
<td>1,003</td>
<td>5%</td>
</tr>
<tr>
<td>50-56 days</td>
<td>674</td>
<td>4%</td>
<td>586</td>
<td>3%</td>
<td>534</td>
<td>3%</td>
</tr>
<tr>
<td>57-63 days</td>
<td>1,074</td>
<td>6%</td>
<td>940</td>
<td>5%</td>
<td>782</td>
<td>4%</td>
</tr>
<tr>
<td>64+ days</td>
<td>1,223</td>
<td>7%</td>
<td>1,268</td>
<td>6%</td>
<td>888</td>
<td>5%</td>
</tr>
<tr>
<td>Totals</td>
<td>16,697</td>
<td>100%</td>
<td>19,516</td>
<td>100%</td>
<td>19,380</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Youth Patient Counts by Length of Stay (LOS) Range

<table>
<thead>
<tr>
<th>LOS Range</th>
<th>FY19 Patient Count</th>
<th>FY19 Percentage</th>
<th>FY20 Patient Count</th>
<th>FY20 Percentage</th>
<th>FY21 Patient Count</th>
<th>FY21 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07 days</td>
<td>201</td>
<td>20%</td>
<td>132</td>
<td>16%</td>
<td>107</td>
<td>17%</td>
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<tr>
<td>08-14 days</td>
<td>119</td>
<td>12%</td>
<td>65</td>
<td>8%</td>
<td>71</td>
<td>11%</td>
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<tr>
<td>15-21 days</td>
<td>81</td>
<td>8%</td>
<td>56</td>
<td>7%</td>
<td>53</td>
<td>8%</td>
</tr>
<tr>
<td>22 to 28 days</td>
<td>76</td>
<td>8%</td>
<td>50</td>
<td>6%</td>
<td>48</td>
<td>7%</td>
</tr>
<tr>
<td>29 to 35 days</td>
<td>113</td>
<td>11%</td>
<td>97</td>
<td>12%</td>
<td>91</td>
<td>14%</td>
</tr>
<tr>
<td>36 to 42 days</td>
<td>62</td>
<td>6%</td>
<td>63</td>
<td>8%</td>
<td>55</td>
<td>8%</td>
</tr>
<tr>
<td>43 to 49 days</td>
<td>66</td>
<td>7%</td>
<td>83</td>
<td>10%</td>
<td>59</td>
<td>9%</td>
</tr>
<tr>
<td>50-56 days</td>
<td>33</td>
<td>3%</td>
<td>47</td>
<td>6%</td>
<td>40</td>
<td>6%</td>
</tr>
<tr>
<td>57-63 days</td>
<td>68</td>
<td>7%</td>
<td>60</td>
<td>7%</td>
<td>45</td>
<td>7%</td>
</tr>
<tr>
<td>64+ days</td>
<td>167</td>
<td>17%</td>
<td>178</td>
<td>21%</td>
<td>79</td>
<td>12%</td>
</tr>
<tr>
<td>Totals</td>
<td>986</td>
<td>100%</td>
<td>831</td>
<td>100%</td>
<td>648</td>
<td>100%</td>
</tr>
</tbody>
</table>
UM Data Analysis (Continued)

- Number of patients that experienced an inpatient or emergency department admission following residential treatment across all fiscal years and ASAM LOCs showed a significant decrease after 30 days post residential treatment

### Adults with SUD Inpatient (IP) Admission Following Residential Treatment

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Residential Stays</th>
<th>IP within 30 days</th>
<th>IP within 31-60 days</th>
<th>IP within 61-90 days</th>
<th>IP within 91-120 days</th>
<th>IP within 121-150 days</th>
<th>IP within 151-180 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2021</td>
<td>19,380</td>
<td>235</td>
<td>182</td>
<td>148</td>
<td>121</td>
<td>107</td>
<td>95</td>
</tr>
<tr>
<td>FY 2020</td>
<td>19,516</td>
<td>255</td>
<td>165</td>
<td>147</td>
<td>106</td>
<td>131</td>
<td>89</td>
</tr>
<tr>
<td>FY 2019</td>
<td>16,697</td>
<td>184</td>
<td>118</td>
<td>135</td>
<td>107</td>
<td>86</td>
<td>87</td>
</tr>
</tbody>
</table>

### Adults with SUD Emergency Department (ED) Admission Following Residential Treatment

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Residential Stays</th>
<th>ED within 30 days</th>
<th>ED within 31-60 days</th>
<th>ED within 61-90 days</th>
<th>ED within 91-120 days</th>
<th>ED within 121-150 days</th>
<th>ED within 151-180 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2021</td>
<td>19,380</td>
<td>676</td>
<td>362</td>
<td>267</td>
<td>278</td>
<td>238</td>
<td>226</td>
</tr>
<tr>
<td>FY 2020</td>
<td>19,516</td>
<td>689</td>
<td>352</td>
<td>298</td>
<td>231</td>
<td>223</td>
<td>215</td>
</tr>
<tr>
<td>FY 2019</td>
<td>16,697</td>
<td>488</td>
<td>263</td>
<td>237</td>
<td>184</td>
<td>200</td>
<td>154</td>
</tr>
</tbody>
</table>
SUD Residential Treatment Facility Provider Onsite Reviews Update

Ohio Department of Medicaid &
Ohio Department of Mental Health and Addiction Services
SUD Residential Treatment Facility Provider Onsite Reviews

**Purpose:** Meet requirements for participation in SUD Section 1115 Demonstration Waiver

**Two-part approach:**

1. Assess alignment with OhioMHAS rule 5122-29-09 (SUD residential treatment standards)
   - Requirements are effective July 1, 2023
   - Requires access to MAT while in SUD residential treatment
   - Outlines minimum staffing and treatment hours for each ASAM residential sub-level of care
2. Understand the organizational and operational characteristics of SUD residential treatment providers as they relate to federal Medicaid IMD requirements
SUD Residential Treatment Facility Provider Onsite Reviews: Timeline

RFP posted
January 3, 2022

Onsite reviews occur
Summer 2022 - Spring 2023

Final report completed
Summer 2023

OAC 5122-29-09 requirements effective
July 1, 2023 (tentative)

Health Management Associates* (HMA) selected as the vendor
Spring 2022

*More Information about HMA may be found at https://www.healthmanagement.com/about/
SUD Residential Treatment Provider Onsite Reviews: Overview

- Provider onsite reviews are anticipated to begin late Summer 2022
- Letter will be shared with providers with information on the onsite reviews
- Information collected prior to/during on-site visits will provide the basis for feedback to providers regarding any potential gaps in their structure/operations related to the requirements outlined in OAC 5122-29-09
- Technical assistance will be available to providers to assist them in aligning with requirements of OAC 5122-29-09
- Information collected as part of the on-site review process will enhance the state’s knowledge of the Medicaid SUD residential treatment provider network
  - In the future, this information will be used to assist ODM in managing the SUD waiver and inform policy direction
SUD Residential Treatment Provider Onsite Reviews: Current Activities

• HMA is currently constructing the information-gathering and reporting tools that will be used for the reviews
  o Pre-visit information-gathering template
    ▪ State data
    ▪ Provider-supplied information
  o Onsite review information-gathering template
    ▪ Discussions with staff
    ▪ Review of documentation
    ▪ Facility review
  o Report summary
    ▪ After-visit report out

• Preparing communications to the provider network
  o Communications will come from HMA and ODM/OhioMHAS
  o Information letter
  o FAQs document
SUD Residential Treatment Facility Provider Onsite Reviews: Upcoming Activities

• In the coming weeks, HMA will contact SUD residential treatment facilities to:
  o Schedule the date and time for each provider location’s onsite visit
  o Confirm the provider attendees
  o Validate basic information about the provider (e.g., number of SUD residential beds, ASAM levels of care offered, populations served, and provider locations)
  o Provide a list of documents that providers are asked to prepare for review on the day of the onsite visit (e.g., policies and procedures, blank templates of tools used for assessment, templates for progress and discharge notes)
  o Provide a basic schedule and agenda for the onsite visit

• Project updates will be provided at the Stakeholder Advisory Committee Meetings for Ohio’s Medicaid 1115 SUD Demonstration Waiver and through targeted communications to providers
Next Steps

• The next SAC Meeting is scheduled for Tuesday, August 16th from 1:00 – 3:00 PM and will also include the annual Public Forum for the SUD 1115 waiver
Thank you!