Behavioral Health Stakeholder Briefing Webinar

July 23, 2019

Ohio | Department of Medicaid

Ohio | Department of Mental Health and Addiction Services

Welcome. Thank you for attending the **July 23rd Behavioral Health Stakeholder Briefing Webinar**

- The meeting will start at 11:00 am and last until 1:00 pm
- Follow the Skype instructions to connect audio either through your computer or telephone
- The webinar will be recorded. The recording and the slides will be posted at **https://bh.medicaid.ohio.gov/Provider/Overview**.
- Participants will be muted and may ask questions or make comments by entering text into the text box in the webinar
- Each presentation topic will end with an opportunity for questions and comments

Meeting Agenda

11:00 am	Welcome and Introductions
11:05 am	Behavioral Health Initiatives in the Medicaid Ohio SFY 20-21 Biennial Budget
11:35 am	Additional Medicaid Behavioral Health Updates
11:50 am	1115 Medicaid Waiver for Substance Use Disorders
12:05 pm	Care Coordination
12:20 pm	Other Medicaid Budget Updates
12:35 pm	Managed Care Procurement Status Report
12:50 pm	Wrap Up and Next Steps
1:00 pm	Adjourn

Behavioral Health Initiatives in the Medicaid Ohio SFY 20-21 Biennial Budget

Goals of BH-Related Budget Items – Medicaid

Thank you for stakeholder discussion and feedback.

The final budget represents the outcomes of conversations we have had with stakeholders over the past 6 months.

Changes support the priorities of the DeWine Administration and include:

- Increased Medicaid enrollee access to substance use disorder and mental health treatment
- Stabilization of the BH service provider network
- Add flexibility to support patient access and address workforce capacity
- Adjust payment rates for a few key BH services
- Add new billing codes to the BH Benefit Package
- Set the stage for future changes:
  - » SUD 1115 Waiver
  - » Care Coordination
  - » Services to support multi-system youth and their families

BH-Related Rate Adjustments*

Rate increases for the following:

- Crisis services: Select services provided for patients experiencing a crisis
  - » Crisis for psychotherapy, TBS crisis, PSR crisis

The BH Provider Manual has been updated to reflect these changes and will be posted to the BH Redesign website HERE

(list of updated service tables is available in appendix)

*For community MH and SUD providers and outpatient hospitals

BH-Related Rate Adjustments* (continued)

Rate increases for the following:

- Group treatment services:
  - » Group psychotherapy including multiple family group psychotherapy
  - » TBS Day Treatment – Hourly (H2012) and Per Diem (H2020)
  - » TBS Group (H2019 HQ)
  - » SUD Group (H0005)
  - » Nursing Group services provided by registered nurses (H2019 and T1002)

The BH Provider Manual has been updated to reflect these changes and will be posted to the BH Redesign website HERE

(list of updated service tables is available in appendix)

*For community MH and SUD providers and outpatient hospitals

BH-Related Rate Adjustments* (continued)

Rate increases for the following:

- All evaluation and management services and diagnostic assessment with and without medical for APRNs and PAs increased to 100% of Medicaid maximum

The BH Provider Manual has been updated to reflect these changes and will be posted to the BH Redesign website HERE

(Complete list of updated service tables is available in appendix)

*For community MH and SUD providers and outpatient hospitals

BH-Related Rate Adjustments – BH Provider Manual Example

Table 3-4: Group Psychotherapy

MH / SUD					
Service	**Provider Type**	**Code**	**Practitioner Modifier**	**Rate through July 31, 2019**	**Rate Effective August 1, 2019***
Group Psychotherapy (not multi-family group)	MD/DO PSY	90853	-	$25.45	$33.09
	CNS CNP PA LISW LIMFT LPCC LICDC (SUD only) Lic school PSY	90853	-	$21.63	$28.12
	LSW LMFT LPC LCDC III (SUD only) LCDC II (SUD only)	90853	U4 U5 U2 U3 U3	$21.63	$28.12
	PSY assistant	90853	U1	Paid at direct supervisor rate when supervisor NPI on claim. Paid at 85% of maximum fee if supervisor NPI not included	Paid at direct supervisor rate when supervisor NPI on claim. Paid at 85% of maximum fee if supervisor NPI not included
				Paid at direct	Paid at direct

BH-Related Rate Adjustments – BH Provider Manual Example

Table 4-4: Group Counseling

SUD					
Service	**Provider Type**	**Code**	**Practitioner Modifier**	**Rate through July 31, 2019**	**Rate Effective August 1, 2019***
Group Counseling	MD/ DO	H0005	AF	$8.48	$11.02
	CNS CNP PA PSY LISW LIMFT LPCC LICDC	H0005	HK	$7.21	$9.37
	LSW LMFT LPC LCDC III, LCDC II	H0005	U4 and HK U5 and HK U2 and HK U3 and HK	$7.21	$9.37
	PSY assistant	H0005	U1	$6.44	$8.37
	SW-T	H0005	U9	$6.44	$8.37
	MFT-T	H0005	UA	$6.44	$8.37
	CDC-A	H0005	U6	$6.44	$8.37
	C-T	H0005	U7	$6.44	$8.37
Unit Value	15 minutes				
Permitted POS	03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57		Secure video conferencing allowed with GT modifier.		

*Rates are effective for dates of service on or after August 1, 2019.

BH-Related Initiatives – Policy Changes for BH Benefit*
Effective August 1, 2019

- Allowing licensed practitioners to render Therapeutic Behavioral Services (TBS)
  - » Rule change OAC: 5160-27-08
- ACT – Removing the face-to-face requirement for prescriber team member in order for the prescriber monthly service to be billed
  - » Rule change OAC: 5160-27-04
- Allowing chemical dependency counselors dually enrolled as qualified mental health specialists (QMHS) to render TBS

*For community MH and SUD providers and outpatient hospitals

BH-Related Rate Adjustments – BH Provider Manual Example

Table 3-7: Therapeutic Behavioral Services (TBS)

MH					
Service Code	**Provider Type**	**Code**	**Modifiers**	**Rate**	**Rate with KX Modifier Only***
Individual Therapeutic Behavioral Services (TBS) – 15 minutes	MD/DO CNS CNP PA PSY LISW LIMFT LPCC Lic school PSY	H2019	-	$22.47 in office $28.59 in community	$29.21 in office $37.17 in community
	LSW LMFT LPC	H2019	U4 U5 U2	$22.47 $28.59	$29.21 $37.17
	PSY assistant (Master's)	H2019	U1 and HO	$22.47 $28.59	$29.21 $37.17
	SW-T (Master's)	H2019	U9 and HO	$22.47 $28.59	$29.21 $37.17
	SW-T (Bachelor's)	H2019	U9 and HN	$19.96 $25.46	$25.95 $33.10
	SW-A (Master's)	H2019	U8 and HO	$22.47 $28.59	$29.21 $37.17
	SW-A (Bachelor's)	H2019	U8 and HN	$19.96 $25.46	$25.95 $33.10
	MFT-T (Master's)	H2019	UA and HO	$22.47	$29.21

BH-Related Initiatives – Policy Changes for BH Benefit* Effective August 1, 2019 (continued)

- Allowing certain services to be rendered by BH Providers in Hospital Emergency Rooms and billed directly vs bill to Hospital
  - » Note: To be clarified in OAC: 5160-08-05
- Making optional the reporting of an ordering prescriber for RNs
  - » Rule change OAC: 5160-27-01
  - » Providers need to have policies and proper documentation
- Adding coverage for smoking cessation – CPT codes 99406 & 99407
- Adding coverage for pregnancy testing – CPT code 81025
  - » Provider must have CLIA waived test certification

*For community MH and SUD providers and outpatient hospitals

BH-Related Initiatives – Regulatory Framework

Governor's Executive Order

- Governor's Executive Order will be signed prior to August 1, 2019, to allow OAC Emergency Rule changes

Permanent Rule Filing

- Will follow the regular rule filing process / timeframe /public input
- Stakeholder input will be essential

State Plan Amendments will be needed

- Still assessing details

Questions?

Additional Medicaid Behavioral Health Updates

Stabilizing the BH System

Milestone Accomplishments During Past 6 months

- Systems and Data Work to inform areas of needed intervention
- Focus has been on addressing claims payment delays and billing/coding issues
- Achieving stability in claims payment processes with the MCPs
- Support and technical assistance to individual providers with billing changes
- Transition requirements for MCOs
- Addressing stakeholder feedback concerns regarding BH Redesign
- Other managed care policy updates
- Recoupment/Repayment of provider advance payments

Urine Drug Screening Guidance and Laboratory Policy

Urine Drug Screening Guidance

ODM began requiring the MCPs to follow new urine drug screening guidelines effective July 1, 2019, for services delivered to managed care enrollees on and after July 1, 2019.

- Some MCPs have chosen to be less restrictive than the guidelines (see the updated MCP Resource Guide available HERE).
- For more information, see the June 20th MITS Bits issue available HERE.

Laboratory Policy

- When the MCP is contracted with a SUD treatment provider (PT 95) that is also enrolled with ODM as an appropriately credentialed laboratory and meets Medicaid provider-eligibility requirements as a laboratory, the MCP is directed to accept the laboratory into their panel to allow for continuity of care.
- ODM and the MCPs have updated systems to allow SUD treatment providers with a CLIA-certified laboratory to bill for those services using their PT 95 NPI. Laboratory codes may be billed in alignment with the lab's CLIA certification level.
- Further information on laboratory contract and SUD treatment providers guidance to the MCPs is available HERE.

Updates to the Managed Care Provider Agreement

- Extended BH redesign transition of care patient protection requirements (both Medicaid Managed Care-MMC and MyCare)
- Revised prompt pay standards for behavioral health claims (MMC only)
  - » Effective July 1, 2019, plans must pay 90% of clean claims within 15 days
- Revised notification requirements for denied, pended and/or suspended claims (both MMC and MyCare) – to be effective January 1, 2020
- Clarification that all managed care plans accept claims for BH services for 365 calendar days from the date of service

Additional Managed Care Updates

- Third-Party Liability (TPL)
  - » TPL State Plan Amendment (SPA) has been approved to ensure that access is not impeded.
  - » Ohio will be developing policy and procedures related to implementation.
  - » Change will not be effective until OAC rule is finalized.

- Updating provider screening rule requirements related to the following BH practitioners working at OhioMHAS-certified agencies:
  - » Practitioners licensed or certified by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board, the Ohio Chemical Dependency Professionals Board, or certified by OhioMHAS as a peer recovery supporter.

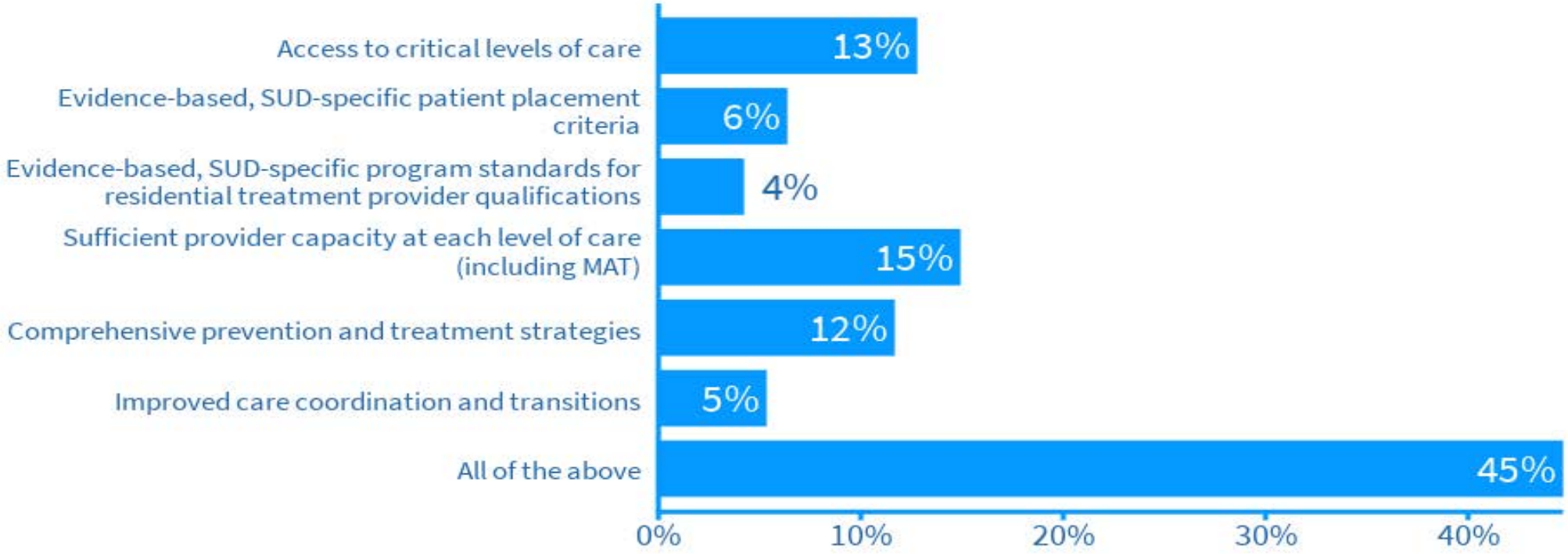
Questions?

1115 Medicaid Waiver for Substance Use Disorders

Audience Opinion from May 29th Stakeholder meeting

What do you view as the most important reason for Ohio to pursue an SUD 1115 Medicaid waiver?

When poll is active, respond at **PollEv.com/odmtraining930**



Why is Ohio Pursuing an 1115 Waiver – The Challenge

- In 2018, CMS approached Ohio Medicaid regarding our payment model for SUD residential treatment services
- CMS strongly urged Ohio Medicaid to pursue an 1115 waiver to ensure continued Medicaid federal financial participation of individuals in residential treatment
- Ohio Medicaid and OhioMHAS hit the pause button to evaluate the situation

Why is Ohio Pursuing an SUD 1115 Waiver – The Opportunity:

Improve Access and Quality
Rebalance Residential/Community Service Capacity

- Begin to make residential treatment facility size and nature of services consistent with recent federal discussions and guidance
- Revisit Ohio's "continuum of treatment" for SUD, especially re: the role of residential treatment in that continuum

Ohio's SUD 1115 Medicaid Waiver: Then and Now

2018 SUD 1115 Waiver Submission	2019 SUD 1115 Waiver Submission
• Prior authorize SUD residential stays on day one • Site visits to each SUD residential provider • Require all SUD residential facilities to assure patient access to medication assisted treatment • Implementation timeframes	• Continue current Medicaid PA policy until sufficient data collected to revise UM policy • Site visits will be required for each SUD residential provider to collect information about facility and offer technical assistance on ASAM Levels of Care • At end of waiver implementation period, all SUD residential facilities will be required to provide or assure patient access to Medication Assisted Treatment • Implementation timeframes will be extended • Propose 12 month post birth Medicaid eligibility extension for post partum women as future amendment

Ohio is also exploring specialty SUD residential treatment for addicted mothers and their infants (known as the "mom and baby dyad")

Goal: To Create a Forum for Meaningful Stakeholder Dialogue and Input on SUD 1115 Waiver

Proposal For Discussion:

- Seek stakeholder input on program standards, provider qualifications, onsite review process, MAT policy, and other content areas requiring subject matter expertise
- ODM/OhioMHAS to select stakeholders by topic area to review and give input (possible “Focus Group” style)
- Allow any interested stakeholder to attend and observe the focus group discussions
- We will be asking for the best way of gathering your feedback in a questionnaire being sent out after this webinar

Questions?

Care Coordination

Major Goals for Care Coordination

- Revisiting the model to seek out individuals:
  - With greatest needs, and
  - Who are difficult to engage
- Use available data to identify potential sub-populations for care coordination
- Match care coordination length and intensity to population need
- Obtain meaningful stakeholder input on possible options
- Ensuring specific needs are addressed within populations (e.g., geographic, age, diagnosis)

Refreshed Data Analyses Underway

- Viewing Ohio by census tract
- Using Medicaid claims data to identify consumer service patterns, diagnoses
- Evaluating “Social Determinants of Health”
- Most common physical health diagnoses compared to most common MH and SUD diagnoses
- Co-Morbid MH and SUD Diagnosis
- SUD Diagnostic conditions: OUD, Cannabis, alcohol, others
- View conditions by sub-population, geography
- View geographic location of BH treatment agencies compared to home addresses of Medicaid consumers with BH diagnoses
- ODM is beginning work across state agencies to pursue data exchange (e.g., multi-system youth)

Why Ohio is Targeting Interventions for High Need and Multi-System Youth and Their Families

- Move from youth-serving silos to a system of care
- Must occur at both state level and local/county level
  - » Build on the work of Family and Children First Councils
  - » Collaboration among state agencies and funding systems

Driving Forces:

- Increased number of youth in custody due to parental addiction
- Family First Prevention and Services Act
- Out of state residential placements of youth in custody
- Urging from Governor DeWine and Ohio General Assembly

Creating a System of Care That Best Serves Ohio's Multi-System Youth

Medicaid services for kids with complex needs

- Children with the most complex needs and their families often struggle to access the services they need
- Number of PCSA kids requiring out of state services
- In collaboration with partner state agencies and funding systems, ODM will identify additional Medicaid services that are needed to support a coordinated and comprehensive benefit package for children with the most complex needs
- Services will be identified through multi-system policy workgroups with state and local representation to understand need and inform priorities

Opportunities of the Family First Prevention and Services Act

- Expanded flexibility in how Title IV-E funding can be used
- Regarding services, the interplay between Medicaid and FFPSA will be critical
- Review of the need for residential placement
- Quality-of-care standards for qualified residential treatment program
  - » Requirement for trauma-informed care, family involvement, clinical staff
  - » ODM and OhioMHAS staff actively involved in committee & leadership work
- Services for children with behavioral health conditions and multi-system needs that are licensed, certified and regulated by OhioMHAS, ODJFS, Ohio Medicaid, ODYS, DODD
- Qualified Residential Treatment Program (QRTP designation under Family First Legislation) requires review of all regulations

Rebalancing Residential / Community Services Capacity (continued)

- Create in-state psychiatric residential treatment facilities (PRTFs) to keep Ohio youth closer to home (vs. sending out of state)
- Ohio Medicaid to develop some limited in-state PRTF capacity and associated community services
  - » Correctly define most intensive residential treatment settings
  - » Develop UM strategy to promote discharge planning at admission
  - » Ensure care coordination is available for successful transitions to the community
- DODD, OhioMHAS and Ohio Medicaid exploring intensive residential services for multi-system youth with BH and IDD related needs

Stay Tuned

- Director Cornyn and Cabinet members continue working on how to implement Governor DeWine's priorities
- SFY 20-21 Budget provides many opportunities and resources
- Ohio's Family and Children First Council Director LaTourette is focusing efforts on coordinating services, building capacity, and engaging families
- Kristi Burre, Director of Children Services Transformation building team and developing transformational strategy in partnership with county child protection and state sister agencies
- Planning continues on how to implement Family First Prevention and Services Act

Questions?

Other Medicaid Budget Updates

Other Medicaid Budget Headlines

Total Ohio Biennial budget was $143.27 Billion

Medicaid portion = 37%

- $25.34 Billion SFY 2020
- $27.24 Billion SFY 2021

Support for Ohio's Kids and Families

- Improving health for moms and babies
  - » New maternal and infant support including expanded home visiting program
  - » Continued investment in reducing infant mortality
  - » Developing mom and baby dyad model of treatment for addiction
  - » Seeking 12 month continuous Medicaid eligibility for post partum women with an SUD condition
  - » Adding applied behavioral analysis for youth with Autism or ASD
  - » Custody relinquishment fund

- Children in custody/Multi-System Youth
  - » Support for specialty programs serving kids and families with complex needs

Pharmacy Program

- Increased transparency, accountability, and consumer access to prescription Medications
  - » Moving to a single preferred drug list
  - » Medicaid will procure a single Pharmacy Benefit Manager
  - » Maintain access to medications for behavioral health treatment
  - » Support access for individuals and pharmacies who serve them
  - » Increase transparency of drug expenditures and maximize drug rebates through direct negotiations
  - » Create the new Drug Transparency and Affordability Council

Long Term Care

- Rate adjustments for PASSPORT, Assisted Living, DoDD personal care direct support professionals
- Rate adjustment for wheelchair vans and ambulances
- State support for Home Choice program when Federal funding expires

Questions?

Managed Care Procurement Status Report

Managed Care Mission Statement

Recent Updates

- Procurement Requests for Information
  - » Various Ways to Access
    - ODM Homepage
    - Procurement-Specific Page: Medicaid.ohio.gov/procurement
    - Email request to MCProcurement@Medicaid.ohio.gov
  - » RFI #1 is currently scheduled to be open until July 31, but that date may be extended based on level of feedback
  - » RFI #2 is scheduled to be released later this fall

- Legislative Updates
  - » Behavioral Health still required to be incorporated as part of Medicaid's care management system per Ohio Revised Code
  - » Deadline for managed care partner selection was vetoed to give us adequate time for public participation and to design a program that meets the needs of the individuals whom we serve
  - » Procurement of a single PBM will be separate, but coordinated with the managed care procurement to ensure consistency

Feedback Highlights and Themes--Examples

- Concerns
  - » Administrative burden (billing/timely payment/prior authorization)
  - » Difficulty in getting questions answered by MCP staff
  - » Denials of prior authorization for addiction treatment
  - » Care coordination for children in rural areas

- Recommendations
  - » Increased standardization in billing, credentialing, and medical necessity criteria
  - » Use of a single drug formulary (note, Ohio is moving to a single preferred drug list)
  - » Care coordination/case management ideas for children in custody
  - » Additional dental coverage

Questions?

Wrap Up and Next Steps

Ongoing BH Stakeholder Input and Updates

ODM and OhioMHAS are committed to transparency and meaningful input from the BH stakeholder community.

We want your ideas about how best to provide that input on the following topics:

- SUD 1115 Waiver
- Care Coordination
- Managed Care Plan Procurement
- And Others

We will be soliciting your feedback on this proposal in a questionnaire following this presentation.

Thank you

For today's resources, visit:

https://bh.medicaid.ohio.gov/Provider/Overview

Appendix

Behavioral Health Provider Manual: Updated Tables

TABLE #	SERVICE TABLE
2.1	Evaluation & Management Office Visit
2.2	Evaluation & Management Home Visit
2.4	Psychiatric Diagnostic Evaluation
3.1	Psychotherapy for Crisis
3.2	Individual Psychotherapy
3.3	Family Psychotherapy
3.4	Group Psychotherapy
3-6.5	Smoking Cessation

TABLE #	SERVICE TABLE
3.7	Therapeutic Behavioral Services (TBS)
3.8	RN and LPN Nursing Services
3.9	TBS Group Service-Hourly and Per Diem (Day Treatment)
3.10	Psychosocial Rehabilitation (PSR)
4.3	Individual Counseling
4.4	Group Counseling
4.7	SUD RN and LPN Nursing Services