Background

Recovery Ohio

The DeWine Administration identifies mental health and substance use disorder (collectively “behavioral health”) prevention, treatment, and recovery as a top priority for the state. Immediately upon taking office, the Governor launched the RecoveryOhio initiative to ensure the state acts aggressively to invest in the health and wellbeing of Ohio’s citizens, particularly those affected by opioid or other substance use disorders and those struggling with mental illness.

In January 2019, Governor DeWine created and named members of the RecoveryOhio Advisory Council, which is chaired by RecoveryOhio Director Alisha Nelson and includes a diverse group of individuals who are working to address mental illness and/or substance use issues in prevention, treatment, advocacy, or support services within government, private industry, law enforcement, health care, learning institutions, and faith-based organizations. The Council also includes individuals with behavioral health conditions and their families.

The Initial Report of the RecoveryOhio Council was issued by Governor DeWine in March 2019 and makes recommendations in eight key areas on how to improve prevention, treatment, and recovery support efforts that address the state’s public health crisis – mental health and substance use.

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Opportunity for Every Ohio Child, Including Multi-System Youth, and Transforming Ohio’s Child Protection System

The DeWine Administration and its new Cabinet-level Director of Children’s Initiatives, LeeAnne Cornyn, are working to assure Opportunities for Every Ohio Kid. These efforts are elevating the importance of supports and services for children in Ohio and driving improvements within the many state programs that serve children by advancing and enhancing policy in the following areas:

- Increasing access to prevention, education, and prevention services, and increasing access to early intervention services.
- Better identifying and treating children’s behavioral health needs and creating new access to treating behavioral health conditions in schools.
- Transforming Ohio’s child protection system.
- Enhancing and coordinating supports and services for children who are served by multiple state and local entities, including those whose challenges in accessing services may force parents to relinquish custody of their children.
- Improving maternal and infant health outcomes, including reductions in infant mortality and its racial disparities.
- Improving access to and quality of early childhood education.
- Creating a culture of wellness while improving children’s physical health.
The Office of Children’s Initiatives is also improving communication and coordination across all state agencies that provide services to Ohio’s children. As part of this work, Governor DeWine tasked Ohio Family and Children First and its new Executive Director, Sarah LaTourette, with coordinating new and existing investments to provide a safety net for Ohio’s most at-risk children and families and ensuring these families receive the supports they need. Similarly, Ohio’s new Director of the Office of Child Welfare Transformation, Kristi Burre, is leading Ohio’s child protection and foster care reform efforts, including implementation of the Family First Prevention Services Act. Behavioral health services, including Medicaid funding, are key to both of these important efforts.

SFY 2020-21 Budget Priorities and Request for Stakeholder Input

The biennial budget reflects the Governor’s priorities for the Administration related to Investing in Ohio’s Children and Families, Investing in Local Communities, and Investing in Recovery. Agency budgets include these priorities and reflect the cross-agency coordination needed to carry out this work.

The Administration is committed to ensuring broad understanding and actively soliciting feedback about Ohio’s vision and steps for achieving these goals, particularly as they relate to essential behavioral health treatment and supports funded by Medicaid and other state and federal payers.

The May 29, 2019 Behavioral Health Stakeholder Update and Discussion, jointly hosted by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Medicaid (ODM), is the first of several opportunities for stakeholders to engage in dialogue with state leadership and meaningfully contribute to conversations about ongoing work and future system reforms.

Guiding Principles

OhioMHAS and ODM are committed to the following approach for designing and implementing potential changes to Ohio’s behavioral health system:

- Pursuing development of a system that provides access to a person-centered, well-coordinated, outcomes-driven continuum of behavioral health care services.
- Developing a continuum that incorporates prevention and early intervention through primary care and other community care settings, including schools and homes.
- Working to stabilize service changes made as part of Ohio’s previous Behavioral Health Redesign (BH Redesign) efforts.
- Enhancing service coordination for adults and youth with the most intensive needs.
- Exploring alternative payment methodologies for behavioral health treatment and support services, particularly for evidence-based treatment practices. These methodologies will reward high quality care resulting in improved health and behavioral outcomes while reducing administrative burden on our community partners.
- Seeking policy changes that recognize the importance of systems that support the sustainability and quality of the current workforce and promote the ongoing development of a greater number and mix of professionals and paraprofessionals in the future. We also recognize workforce development is necessary to meet demand and achieve the best possible behavioral health service outcomes in the future, and we know that network adequacy depends on a robust workforce.
• Paying priority attention to behavioral health initiatives as ODM procures managed care partners.

Priority Work

The DeWine Administration identified several key priorities for individuals with behavioral health needs and their families that will require collaborative policy development and planning across key state agencies. OhioMHAS and ODM share a common goal to develop a robust continuum of behavioral health services and supports for individuals and families. Providers and communities are critical partners in this work, and we plan to deeply engage and support stakeholders as we prioritize work in the following areas:

1. **Stabilizing Ohio’s behavioral health system.** Updating the behavioral health codes and integrating Medicaid behavioral health services into managed care via the BH Redesign initiative significantly changed the financing and delivery of mental health and addiction services in Ohio. The changes required providers to transform clinical and programmatic models, business operations and administration, staffing and hiring patterns, and claims payment and information technology systems. BH Redesign continues to be challenging for all involved parties. OhioMHAS and ODM are actively working with Medicaid managed care organizations and BH stakeholders to make adjustments that assure access and stabilize the system of services for individuals.

2. **Improving the physical health of Ohioans who are diagnosed with mental health or substance use disorders.** We know that Individuals with behavioral health conditions continue to have high mortality rates and are at high risk of co-morbid conditions. In addition, they measure lower than the general population across social determinants of health. Ohioans with behavioral health conditions often lack resources to meet daily needs (e.g., safe housing and nutritional food) and often lack access to education, job opportunities, health care services, and community-based resources, including community living and opportunities for recreational and leisure time activities. OhioMHAS and ODM are committed to improving overall health and wellness outcomes for this population and supporting efforts to provide integrated, holistic, person centered services.

3. **Continuing efforts to treat SUD and opioid use disorders (OUD) and enhance the continuum of services.** While significant progress has been made to address the state’s OUD crisis, our work is not yet done. Additional access to treatment services and life-saving medications is needed, especially in rural and Appalachian areas of the state, and for pregnant and postpartum women. OhioMHAS and ODM are committed to improving access and outcomes for individuals with SUDs. We will continue efforts to ensure adequate access to treatment services that are consistent with nationally accepted clinical best practices while working to treat addictions to other substances such as stimulants (cocaine, methamphetamines) and alcohol, which continue to plague thousands of Ohioans.

4. **Addressing needs of multi-system youth and other children and families with significant behavioral health conditions.** More than 15,000 children are served through Ohio’s child protection system in out-of-home care, and this group of youth have significant behavioral health needs. There are also many youth involved with law enforcement or the Department of Youth Services who have similar needs. Challenges in accessing needed services extend beyond
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the child protection and juvenile justice systems. Many multi-system children across the state receive services from multiple state and local entities, and care for kids with the most complex needs could be better coordinated among our systems. OhioMHAS and ODM are committed to building trauma-informed programs to protect and support the healthy development of all children and address early intervention. We are also committed to enhancing efforts to prevent out-of-home care for children with significant behavioral health needs, particularly those involved in the child protection and juvenile justice systems.

To address these priorities, OhioMHAS and ODM are proposing several major initiatives to improve Ohio’s behavioral health delivery system. These coordinated reforms aim to strengthen and expand the quality of treatment available to Medicaid enrollees, with special focus on addressing adults with the most severe mental health and SUD conditions, and children and youth with serious behavioral health conditions, including those at risk of or involved with the child protective services and the juvenile justice system. Strategies for children and youth will be based on a Systems of Care approach. While our work must be divided into projects or initiatives, with phases and timelines, this is system work that is designed to affect lasting systems change.

These initiatives are a combination of new projects and previously planned or implemented projects that need re-tooling and rethinking. All this work is an expression of the priorities of the DeWine Administration and demonstrates a fundamentally different way of engaging stakeholders. Several of these initiatives are in the “design” phase and will greatly benefit from stakeholder input on the proposed design and critical implementation decisions. Other initiatives are in a “contemplative” phase and require additional work on design and implementation strategies, as well as additional discussion with stakeholders. These initiatives and their sequencing are discussed in more detail below.

**Shorter-Term Initiatives: Three to Six Months**

OhioMHAS and ODM recognize the need to continue the work that is underway with BH Redesign. In addition, the state is also prioritizing activities proposed in discussions with federal partners to address practices that require alignment with existing federal policies. The two areas for more short-term work are remediation of the behavioral health design and the submission of an 1115 Demonstration Waiver for SUD.

**BH Redesign Remediation**

The implementation of several large-scale initiatives in rapid succession over the past few years (i.e., introduction of new coding for services, institution of national correct coding methodologies, requirement of third-party liability, and financial integration of community behavioral health services into Medicaid managed care) are requiring service providers to transform their business operations, staffing and hiring patterns, and claims payment and information technology systems. Ohio’s behavioral health providers have worked diligently to make the adjustments required by these initiatives, and in some cases have struggled with financial instability.

OhioMHAS and ODM continue to meet regularly with a broad range of stakeholders including consumers, family members and advocates, service providers, health plans, ADAMH Boards, trade associations, and interagency leadership to assess and rectify the unintended consequences of BH Redesign.
Over the last several months, intensive work has been underway with the Medicaid managed care plans (MCPs) regarding the progress and stability of the behavioral health system and claims payment. ODM has catalogued and is prioritizing stakeholder input to better understand and resolve issues relating to provider payments and cash flow, billing and documentation, service coverage and authorization, and other barriers to successfully delivering care to Ohioans in need of behavioral health treatment.

The interventions have been discussed and metrics to track the progress have been shared with the MCPs and BH stakeholders through regular meetings. There have been two major tracks of work – one at the system level, and a second at the provider level. At the system level, ODM continues to work with MCPs regarding IT system and data claims processing. At the provider level, ODM is working with provider agencies identified by OhioMHAS, through ODM data analysis, and through self-referral to provide technical assistance and act as a liaison with the MCPs to resolve issues.

As a result of these efforts, monthly claims payment volume has increased to expected levels and payment of aged accounts receivable is occurring. With the system work for provider rostering, duplicate claims denials and third-party liability also progressing, cash flow will improve further. This work will continue with the same urgency and priority as has occurred in recent months.

The state will continue to place a high priority on BH redesign remediation issues and communicate to stakeholders about progress made to-date, as well as clarifying which issues can be addressed with short-term corrections and those that will require intermediate or longer-term solutions.

**Continuing Efforts to Improve Access to and Quality of SUD Services, including a Medicaid Demonstration Waiver**

Over the past six years, many states, including Ohio, have boosted their efforts to improve beneficiaries’ access to a continuum of services to address substance use disorders, driven in part by the public health crisis posed by an opioid epidemic in the US. During this same time, federal opportunities have enabled the expansion of eligibility and are continuing to provide additional resources, e.g. Medicaid expansion, implementation of parity in Medicaid, the Medicaid section 1115 SUD demonstration opportunity, funding opportunities like the State Targeted Response to the Opioid Crisis Grant and State Opioid Response Grant, and most recently the Federal SUPPORT Act. These federal policy changes have helped cement SUD treatment as a critical part of the health care delivery system while advancing a more holistic view of individual and community needs.

In recent years, Ohio has enhanced its continuum of care for individuals with SUD treatment needs by adding Medicaid coverage for SUD residential treatment services previously not funded by the Medicaid program. The state has also proposed a Medicaid 1115 Demonstration Waiver specifically targeted to individuals with SUDs. The Centers for Medicare and Medicaid Services (CMS) offers this opportunity to support a state’s response to the ongoing opioid epidemic by ensuring their SUD benefits and delivery system meet the full continuum of addiction treatment services for individuals. The waiver will support Ohio’s ongoing SUD work and includes the following requirements:

- Assessment of the full SUD treatment system to ensure enrollees have access to all necessary levels of care.
- Implementation of national clinical standards of practice.
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- Assuring access to evidenced-based practices for opioid use disorder such as medication-assisted treatment in all levels of care.
- Reporting critical quality indicators to enable Ohio to determine if these changes achieve the intended objectives.

The DeWine Administration has reviewed the SUD 1115 waiver proposal sent by Ohio Medicaid to CMS in January 2019. OhioMHAS and ODM are now considering changes and refinements to important areas, such as approach to prior authorization and the review and information gathering process for SUD residential providers. In addition, several new provisions will be added to the Waiver, including:

- Services to meet the unique needs of pregnant and post-partum women and their infants, and
- Care coordination to integrate primary and specialty medical care for individuals with SUD who have co-morbid medical conditions and to improve linkages during a consumer’s transition across care settings.

Discussions with CMS are underway, and we expect a revised Waiver application will be submitted this summer.

Initiatives in the Design Phase: Six to Twelve Months

Several new behavioral health initiatives were proposed last year. While these initiatives largely align with the goals of the DeWine Administration and RecoveryOhio, they require further in-depth review to address design details and key implementation activities. The DeWine Administration priority on investing in children and families, including those who are involved in multiple systems, provides an opportunity to further refine these initiatives.

OhioMHAS and ODM are working with the Cabinet leadership to develop coordinated approaches across systems to serve children and families. Led by the Governor’s Office of Children’s Initiatives, our agencies are working with the Family and Children First Cabinet Council, the Department of Job and Family Services and and the Child Protection System transformation efforts (including the Ohio Family First Prevention Services Act leadership group), the Department of Youth Services, the Department of Education, and the Department of Developmental Disabilities. Two initiatives that will require significant attention over the next year include the re-engineering of the Behavioral Health Care Coordination program and developing a Systems of Care approach for children with complex and multi-system needs.

Re-Engineering the Behavioral Health Care Coordination Initiative

The state recognizes that a singular approach to coordinate care for individuals with behavioral health needs will not work. Adults with serious mental illness often experience co-morbid chronic physical health conditions that require effective coordination and access to treatment, particularly to evidence-based services. Adults with SUD also have many chronic conditions that require a different approach to care coordination. In addition, care coordination is critical to achieving successful transitions across various levels of care and gaining access to evidence-based practices such as Medication Assisted Treatment (MAT).

Similarly, youth and their families involved with multiple service delivery systems require an intensive care coordination approach rooted in wraparound and system of care principles to prevent out-of-home placement, facilitate appropriate community transition, and support reunification and family stability.
where possible. Youth with SUD may need assistance accessing needed age-appropriate services and supports that are different than services for adults with SUD. Each of these populations requires a unique approach based on research or promising practices. Each model should also have clearly defined outcomes to measure its efficacy and to make program improvements over time. In addition, providers that offer care coordination should be offered necessary supports and assistance to develop both the competencies and infrastructure they need to deliver the model with fidelity.

With these principles in mind, the state is reviewing and re-engineering the Behavioral Health Care Coordination program to better meet the needs of differing populations. This work includes reviewing national care coordination models for various behavioral health populations, performing data analytics to identify the target populations most likely to benefit from intensive care coordination, and developing strategies to support providers. The state will work with stakeholders regarding the design and implementation strategies needed for this model. The state plans to seek approval by CMS for these models in late 2019 and aims to implement some of these care coordination activities in early 2020.

**Developing an Effective, Coordinated Approach to Serving Multi-System Children and Youth with Significant Behavioral Health Conditions**

The development and implementation of a benefit package and care coordination strategy for children with complex needs and their families is one of the Administration’s top priorities. OhioMHAS and ODM, as well as our sister child-serving agencies, are working to prevent out-of-home placement, minimize lengths of stay when out-of-home placement is necessary, successfully reunify families when possible, and support children’s continued stability in permanent and family placements. The state’s methods for better serving these children and families will reflect best practice approaches and system of care principles, including interagency collaboration, individualized strengths-based care; cultural competence; child and family involvement; community-based services, and accountability.

A core feature of this initiative is an intensive care coordination approach based on models that have proven to be successful in other states, such as New Jersey and Massachusetts. Based on national best practices, critical components of the model should include a standardized strength-based assessment that will inform a unique and Individualized Plan of Care for the youth and their family. In addition, the approach should include a Child and Family Team to assist in the development and monitoring of the Plan of Care. Often, these teams will have Family Support and Youth Peer Specialists who can assist the Care Coordinator and the Child and Family Team to develop, implement, and monitor the plan. In addition to a robust care coordination model, the state is considering other service options, including:

- **Unique services for children, youth, and their families.** Children and their families may need additional services to enhance the available system of care. Services such as youth and family peer support will enable care coordinators and team members offering intensive home-based treatment (IHBT) to have additional services and supports they need to effectively serve children and families. These types of services will align with and support the Family First Prevention Services Act and efforts to provide family services (to children and/or their parents) to prevent children from entering child protective custody.

- **Revised requirements for IHBT.** OhioMHAS and ODM, in collaboration with Case Western Reserve University, are considering modifications to the requirements for IHBT staffing to expand capacity for this critical service. In recognition of the a shortage of licensed clinicians, the state is considering revising current requirements to allow degreeed but unlicensed clinicians
and trained paraprofessionals to work with licensed professionals to deliver IHBT services. This change will be particularly helpful in expanding IHBT access in rural communities. In addition, the state is considering changes in IHBT reimbursement to reflect differences in the costs of licensed and unlicensed personnel.

- *Broadening access to and coverage for behavioral health respite.* A respite service for children with behavioral health conditions was added as part of the BH Redesign. However, utilization of this service has been minimal, and its current configuration does not appear to be meeting the intended need. The state will be working to this service and its requirements to promote access to this important service.

OhioMHAS and ODM recognize that these initiatives will have implications for behavioral health stakeholders, and our departments intend to solicit input via meaningful discussions about the roles of various stakeholder groups, service definitions and expectations, and technical assistance needed to assure smooth development and implementation. For example, for the second initiative listed above to *revise the requirements for IHBT*, the state will actively engage Family and Children First Councils, IHBT providers, local child protection representatives, and other stakeholders in design and implementation activities.

**Conclusion**

Over the next several months, OhioMHAS and ODM will continue to refine the ideas and timelines outlined above. Changes resulting from the state budget process, as well as discussions with federal agencies (CMS, SAMHSA, ACF,) will also be taken into account. Our departments are committed to ensuring stakeholders inclusion in discussions regarding the design and key implementation activities that will be critical to the success of these initiatives.

We welcome your feedback on any of these ideas.