

***Monthly Meeting
Stakeholder Advisory Committee for
Ohio's Medicaid
SUD 1115 Demonstration Waiver***

*June 26, 2020
1:00 – 3:00 pm*

***OhioMHAS Director Lori Criss
ODM Director Maureen Corcoran***

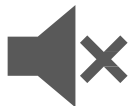
Webinar Instructions



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All participants, except members of the Stakeholder Advisory Committee and State staff, will have their microphones muted. However, anyone may enter comments or questions using the chat box feature in the webinar control panel.

Stakeholder Advisory Committee Member Instructions



Stakeholder Advisory Committee members will have their microphones unmuted and can speak during the webinar.

Please remember to **mute your microphone whenever you are not speaking.**

Agenda

1. Milestone 2 – Utilization Management
 - Review Milestone 2 goals and expectations
 - Review prior authorization data analysis for SUD residential
 - Discuss themes and potential solutions to improve prior authorization
2. Milestone 3 – SUD Residential Provider Standards
 - Discuss next steps re: implementing Providers Standards for ASAM Residential Levels of Care

Milestone 2: Assure Evidence-Based, Individualized Placement Criteria



CMS Requirements

- Provider assessment of an individual's treatment needs must be based on SUD specific, multi-dimensional tools, such as ASAM
- Utilization management should assure access equivalent with patient diagnosis & level of need
- Independent process for reviewing placement in residential treatment



Ohio Status

- Assure use of ASAM in patient assessment & placement tools
- Review MCO UM policies
- Collect & analyze utilization data & develop & make UM policy changes (comply with ASAM & MHPAEA)
- Develop guidance for MCOs & providers

Utilization Management Data Analysis

In response to waiver requirements and stakeholder concerns, we collected and analyzed data from MCOs on utilization management related to SUD residential treatment.

- Reviewed data from all MCOs – quantitative (number of approvals, denials, appeals, average length of stay, etc.) and qualitative (internal policies and procedures)
- Data was from first 15 months of SUD residential treatment integrated into MCO oversight (7/1/2018 – 10/31/2019)
- Analysis included both community-based residential treatment (3.1-3.7) as well as inpatient, hospital-based SUD-related stays (ASAM 4)
- Data pulled by each MCO from their utilization management systems using common data elements and applied standardized definitions

Types of Prior Authorization Requests

- “Initial” requests refers to the first authorization request during an admission to 3.1-3.7 (OAC 5160-27-09):
 - » Up to thirty consecutive days are covered without prior authorization per Medicaid enrollee for the first and second admission in a calendar year. If the stay continues beyond the thirty days of the first or second stay, prior authorization is required.
 - » Third and subsequent admissions during the same calendar year must be prior authorized from the first day of admission
- “Continued stay” requests refer to authorization requests for additional days beyond what was authorized in the initial request

| Data Element | Definition |
|-------------------------------|---|
| Approvals | Decisions which yield authorizations based on the member meeting the medical necessity for the requested service(s), and the requested number of units. |
| Limited Authorizations | An authorization of the level of care requested by the provider but in lesser amounts than were requested. The authorization is based on the member's medical necessity. |
| Clinical Denials | A denial for the specified level of care based on the member not meeting medical necessity for the requested level of care. If utilization management recommends an alternative level of care based on the client's need for a lower level of service and the requesting provider accepts this alternative service, it is considered a new request for the alternative level of care and a clinical denial of the original service request. |
| Administrative Denials | A denial of authorization due to the requested procedure, service, level of care or item not being covered by Medicaid or due to provider non-compliance with administrative policies and procedures established by either the MCO or the Ohio Department of Medicaid. |
| Appeals | Appeals of authorization denials submitted to the MCOs, filed by or on behalf of the member or provider. |

| SUD Residential (all sublevels of ASAM LOC 3)* | Number of Requests | Percent |
|--|--------------------|---------|
| Initial Authorization requests | 11,237 | |
| Approvals | 8,785 | 78% |
| Limited authorizations | 1,122 | 10% |
| Denials** | 1,310 | 12% |
| Appeals | 62 | 5% |
| Continued Stay Authorization Requests | 4,023 | |
| Approvals | 3,547 | 88% |
| Limited authorizations | 388 | 10% |
| Denials** | 88 | 2% |
| Appeals | 0 | 0% |

*MCO UM data 7/1/18 – 10/31/2019

**Includes clinical and administrative denials

Identification of SUD Residential Admission and Discharge Dates

- Current ODM policy requires MCO knowledge of dates of admission to and discharge from SUD residential to determine when prior authorization is required
 - » Prior authorization process does not adequately serve as notification of admission
 - » Limitations in relying on claims data as a source for admission and discharge dates
- MCO's lack of knowledge of admission and discharge dates create operational issues in administering current policy; inconsistent application of policy across MCOs

Potential Solutions for Discussion

- Develop a notification process for SUD residential admission and discharge
 - » Supports coordination between MCOs and providers to plan for discharge and improve transitions of care
- Other suggestions from SAC

Changes in ASAM Levels of Care During SUD Residential Stays

- Current utilization management policy does not sufficiently address changes in ASAM level of care (LOC) during a residential stay
- Sublevels of ASAM LOC 3 are not always transparent during the utilization management process

Potential Solutions for Discussion

- Develop guidance to address changes within ASAM level of care 3 during an SUD residential stay to ensure consistent application of prior authorization policy
- Consider notification of sublevel of care changes
- Other suggestions from SAC

Application of ASAM Criteria in the Utilization Management Process

- Inconsistent application of ASAM criteria
- Varying requirements and practices for clinical documentation to support authorization requests

Potential Solutions for Discussion

- ASAM training to increase knowledge and consistency in decision making and treatment planning
- Develop uniform requirements in sources and contents of clinical documentation required for prior authorization requests
 - » Revise and expand current Uniform Prior Authorization Request form
 - » Align with existing documentation requirements
- Other suggestions from SAC

Milestone 3 – SUD Residential Provider Standards Summary of February 28th Discussion

Initiated ASAM residential LOCs discussion at our February 28th meeting.

We reviewed ASAM criteria for LOC 3.1 and began review of ASAM LOC 3.5.

Committee members discussed the following themes regarding current implementation of SUD residential treatment in Ohio:

1. ASAM LOC 3.1 and Recovery Housing
2. Medication access
3. Staffing needs and challenges
4. Adult and adolescent specific considerations of ASAM

Meeting minutes are available at:

<https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee>.

Summarizing May 29th Discussion

The May 29th meeting finished ASAM LOC 3.5 and ASAM LOCs 3.3 and 3.7.

Committee members discussed the following themes regarding current implementation of SUD residential treatment in Ohio:

1. Co-occurring capable and co-occurring enhanced
2. Staffing needs and challenges
3. ASAM LOC 3.3 populations

ASAM LOCs 3.2-WM and 3.7-WM **have not** been reviewed by this committee.

Meeting minutes will be made available at:
<https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee>.

Provider Standards

Milestone 3:

Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

- Update state policy (OAC rules, manuals) to meet CMS requirements for provider standards
- Assess the need for changes to state policy or credentialing standards to assure ASAM compliance and MAT access

OhioMHAS certification rules

ODM coverage rules

CARF ASAM certification

BH Provider Manual

OTP Manual

Upcoming Meetings

- July 16 – SUD 1115 Public Forum
 - » 10 am Webinar
 - » Registration here:
<https://register.gotowebinar.com/register/2668350201322027535>
- July 31 – Next Meeting of Stakeholder Advisory Committee
 - » 1-3 pm
 - » Registration here:
<https://register.gotowebinar.com/rt/6562744516890665997>