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

September 25, 2020
1:00 – 3:00 pm

OhioMHAS Director Lori Criss
ODM Director Maureen Corcoran
Webinar Instructions

If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.

If you are using sound via your computer, make sure sound is turned ON.

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 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. Medicaid eligibility and transition supports for justice involved individuals
2. Preliminary Provider Capacity Scan – Baseline SFY 2019
3. Monitoring overdose
4. Update / progress report on targeted work group meetings
5. Other announcements and questions
Medicaid Eligibility and Transition Supports for Justice Involved Individuals
Setting the Stage....

- Incarceration does not preclude an individual from being eligible for Medicaid

- Individuals who meet states’ eligibility criteria may be enrolled in Medicaid before, during, and after incarceration

- Prior to 2014, most incarcerated individuals could not enroll as non-disabled, childless adults

- Affordable Care Act in 2014 allowed the opportunity for states to expand their eligibility criteria for Medicaid coverage to all individuals under age 65 who earn up to 138 percent of the federal poverty level

- Removed a key barrier for states to enroll justice involved individuals into Medicaid
Medicaid Coverage for Incarcerated Individuals

• Dependent on whether individual meets the definition of “inmate”*:
  » **Is** an individual: serving time for a criminal offense or who is confined to a state/federal prison, jail, detention facility, or other penal facility; or residing in a public institution awaiting criminal proceedings, penal dispositions, or other detainment determinations
  » **Is NOT** an individual: residing in a public educational or vocational training institution for purposes of securing education or vocation; residing in a public institution temporarily while living arrangements are pending; residing in a detention center, jail, or other county penal facility post-adjudication; or who is on parole or probation

• States may only provide Medicaid coverage to inmates for health care services delivered outside the institution at a hospital when the person has been admitted for 24 hours or more.

• Federal Medicaid match is not available for inmates living in public institutions with the exception of the limited inpatient benefit.

*Ohio Administrative Code 5160: 1-1-03 Medicaid: restrictions on payment for services
Maintaining Medicaid Coverage for Justice-Involved Individuals

Ohio is not a Medicaid suspension or termination state!

Individual enters criminal justice system

→

Does the individual meet the definition of an inmate?

Yes →

Medicaid recipient upon incarceration

→

Manual reclassification to limited inpatient benefit plan

→

Activate full coverage if meet eligibility requirements upon release as part of re-entry planning*. 

No →

Uninsured upon incarceration

→

Manual enrollment in Medicaid at time of inpatient stay; limited inpatient benefit plan

→

*Prison: Medicaid Pre-Release Enrollment Program
Jail: Partner with CDJFS; Application Counselors

Individual enters criminal justice system

E.g., drug court participant residing in community

→

If Medicaid eligible, retain full Medicaid benefits.
If uninsured, assist with Medicaid application.
Medicaid Pre-Release Enrollment Program

- Goals are to provide a continuum of health care services within the criminal justice system, improve health outcomes, reduce recidivism, and make communities safer
- Facilitates direct Medicaid enrollment in a managed care plan prior to release for individuals incarcerated in a DRC facility
- Started in 2014 and is now active in all 28 DRC facilities
- Unique attributes:
  » Inmates serve as peer educators during the pre-release enrollment process
  » Pre-release re-entry support available to individuals with complex needs
- As of September 2020, approximately 45,000 individuals transitioning from prison to the community have been enrolled in Medicaid with ability to access health care services upon release
Medicaid Enrollment Process Overview

**Pre-enrollment class**
Peer to Peer Medicaid Guides

120 days prior to release

**Enrollment class**
- Sign Medicaid Authorization
- Provide forwarding address
- Complete Release of Information
- Select Managed Care Plan

Medicaid eligibility determined
- If eligible, individual is enrolled in selected managed care plan

Released from facility:
Insurance card provided and individual can access Medicaid benefits on day of release

If an individual chooses to opt-out, he/she is educated about how to apply for Medicaid as a restored citizen.

If Medicaid is denied, individual can appeal decision
Re-Entry Support for Medicaid Individuals with Complex Needs

30 – 60 Days prior to release
DRC identifies who is eligible:
• Meets 2 or more: mental illness, substance use, or chronic condition; OR
• Automatically eligible: Infectious Disease, Pregnant, or Medication Assisted Treatment participant
DRC shares clinical information with the MCP
MCP assigns care manager & develops draft transition plan

7 – 14 Days prior to release
Care manager and individual review transition plan via teleconference.
Identification of additional health and social related needs: appointments, medications, housing, food, etc.
Coordination and collaboration between MCP and other programs supporting individual (e.g. MHAS Community Linkages).

Date of release
Individual receives:
1. Final copy of transition plan
   • Upcoming appointments in the community (e.g., mental health, MAT, etc.)
   • Important contacts at the MCP
2. Insurance card

Post-Release:
Transition safely to the community with continued engagement with the health care system
Transitional Programming for Individuals Leaving Prison
The Community Linkage Program

- Community Linkage staff provide behavioral health linkage in each ODRC prison to the Community Transition Program (CTP). Linkage is provided for offenders approximately 30-45 days prior to release. The Community Transition Program is administered in conjunction with local ADAMHS Boards and designated providers.

- Community linkage staff meet with offenders, review files and records and then develop a community linkage referral packet that is sent to community behavioral health providers. The providers then set up post-release appointments. Linkage staff meet with offenders and provide them with an appointment letter, so they are aware of their post-release appointments.

- Notification to all involved parties: CMHC, MHB/ADAMH, ODRC/APA, MCPs
The Community Linkage Program

• Provide continuity of care for offenders leaving an ODRC prison or ODYS facility.
• Reduce de-compensation rates of released offenders to increase chances at recovery and successful reintegration.
• Reduce recidivism of offenders with behavioral health disorders.

• Build and strengthen information sharing and alliances across systems.
• Facilitate problem solving between the corrections and behavioral health systems and offenders related to accessing community services.
• Enhance public safety by arranging post-release services.
The Community Linkage Program

Eligibility Criteria for ODRC (must meet at least one criteria)

- Diagnosed with a Serious Mental Illness (C1) on the MH caseload.
- Participated in Recovery Services treatment while incarcerated.
The Community Transition Program (CTP)

• The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Bureau of Criminal Justice expanded community capacity to continue treatment services and provide access to recovery supports for people with behavioral health disorders when they return to the community from Ohio’s adult prison system.

• People who receive treatment while incarcerated and who continue treatment upon release are less likely to relapse and recidivate. The CTP program offers adults returning home from prison a transitional benefit for drug and alcohol treatment and help with recovery support services like housing, transportation, work and education. Other areas of recovery support include peer recovery support, life skills development, relapse prevention/recovery, spiritual support and help with gathering necessary identification documentation.

• The C1 (SMI) population was added to the program in November of 2019.

• Most treatment services will be reimbursed by Medicaid so the majority of funds will be used for recovery support services.
Recovery Supports

**Housing**
- Recovery Housing
- Room & Board for Residential Treatment
- Rent Deposits
- Short term Housing
- Utilities

**Employment**
- Job Training/Educational Services
- Interview & Job Uniform/Attire
- GED Test
- Vocational Certifications
- License Reinstatement Fees

**Transportation**
- Bus Passes
- Gas Cards
- Cab/Uber Fare

**Non-Vocational Education**
- Parenting Classes
- Life Skills
- Self-Care

**Childcare During Treatment or Support Groups**

**Peer Support Activities**

**Relapse Prevention/Recovery Check Ups**

**Support Groups**

**Identification**
- Driver’s License
- Social Security Card
- Birth Certificate

**Emergency Basic Need Items**
- Food Vouchers/Pre-Paid Store Card
- Clothing Vouchers
- Hygiene Products & Cleaning Supplies
Chemical Dependency Specialists (CDS)

• Screening for substance use disorders
• Referrals for substance use disorder programming
• Referrals for the community transition program (CTP)
• Consultation on substance use disorders
• Telephone Screening and Referral
• DRC MAT follow-up assistance/motivational interviewing
• Substance abuse education/training for new officers
• Collaboration with community boards and service providers
Medication Assisted Treatment

- ODRC is providing eligible offenders Vivitrol injections prior to leaving prison
- MCP’s schedule second injection in community
- Community linkage shares post release appointment information with both the APA and MCP’s
- Assigned Parole Officer will receive notification prior to an inmate’s release that an offender on their caseload has participated in MAT
Any questions, comments, concerns?
Preliminary Provider Capacity Scan
Baseline SFY 2019
SUD 1115 Waiver: Preliminary Provider Capacity Scan

• Overall summary of Medicaid recipients with SUD compared to providers delivering SUD services
  » Geography
    • County
    • Census Tract
  » Levels of Care
    • Early intervention
    • Outpatient
    • Intensive outpatient and partial hospitalization
    • Withdrawal management
    • Residential
    • Inpatient
    • MAT
SUD 1115 Waiver Baseline Provider Capacity Scan: Overlay of Providers Delivering SUD Services for All Levels of Care vs. Medicaid Recipients with SUD*

Underlying County Map: **Number** of Medicaid Recipients with SUD*

Underlying County Map: **Percent** of Medicaid Recipients with SUD*

*SUD defined with either a primary or secondary diagnosis. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
SUD 1115 Waiver Baseline Provider Capacity Scan by Level of Care
Early Intervention* (ASAM LOC 0.5): SFY 2019

Underlying County Map: **Number** of Medicaid Recipients with Early Intervention*

Underlying County Map: **Percent** of Medicaid Recipients with Early Intervention*

*Early Intervention is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
Underlying County Map: **Number** of Medicaid Recipients with Outpatient*

Underlying County Map: **Percent** of Medicaid Recipients with Outpatient*

*Outpatient is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
Baseline Provider Capacity Scan by Level of Care Intensive Outpatient & Partial Hospitalization* (ASAM LOC 2.1 & 2.5): SFY 2019

Underlying County Map: **Number** of Medicaid Recipients with IOP & Partial Hospitalization*

Underlying County Map: **Percent** of Medicaid Recipients with IOP & Partial Hospitalization*

*Intensive Outpatient and Partial Hospitalization is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
SUD 1115 Waiver Baseline Provider Capacity Scan by Level of Care Withdrawal Management* (ASAM LOC 2-WM, 3.2-WM & 3.7-WM): SFY 2019

Underlying County Map: **Number** of Medicaid Recipients with Withdrawal Management*

Underlying County Map: **Percent** of Medicaid Recipients with Withdrawal Management*

*Withdrawal Management is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
SUD 1115 Waiver Baseline Provider Capacity Scan by Level of Care Residential SUD Treatment* (ASAM LOC 3.1, 3.3, 3.5 & 3.7): SFY 2019

Underlying County Map: **Number** of Medicaid Recipients with Residential Treatment*

Underlying County Map: **Percent** of Medicaid Recipients with Residential Treatment*

*Residential Treatment is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
SUD 1115 Waiver Baseline Provider Capacity Scan by Level of Care Inpatient* (ASAM LOC 4): SFY 2019

Underlying County Map: **Number** of Medicaid Recipients with Inpatient*

Underlying County Map: **Percent** of Medicaid Recipients with Inpatient*

*Inpatient is defined per SUD 1115 Waiver criteria. The denominator for rate calculations is total number of Medicaid recipients for SFY 2019. Data Source: ODM EDW November, 2019
Drill Down into OUD MAT – SFY 2019
Census Tract View: MAT Billing & Prescribing Providers Overlay with Medicaid Recipients with OUD*, SFY 2019

Underlying Census Tract Map: **Number** of Medicaid Recipients with OUD*

Underlying Census Tract Map: **Percent** of Medicaid Recipients with OUD*

*OUD defined using primary or secondary diagnosis from ODM claims data. Data Source: ODM EDW November, 2019
County View, SFY 2019: Percent of Medicaid Recipients with OUD* Receiving MAT (pie charts) Overlay on Map of Percent of Medicaid Recipients with OUD*

*OUD defined using primary or secondary diagnosis from ODM claims data. Data Source: ODM EDW November, 2019
Medication Assisted Treatment (MAT) Programs in Ohio
Current Locations and Proposed Locations

Legend
- OTP Applicants
- OTP Facilities
- OBOT Facilities
- ADAMHS Board
- Counties

Map Information:
The following map shows locations of Ohio's MAT programs. Ohio has 129 office-based opioid treatment sites (OBOTs) and 72 federally licensed opioid treatment programs (OTPs). Additionally, 42 OTP applicants are displayed. Not shown are the active OBOTs who are still going through the Board of Pharmacy's licensing process, the sites that serve 30 or fewer buprenorphine patients, and stand-alone Vivitrol programs.

OhioMHAS anticipates nearly all applicants opening within the next 24 months. Some locations overlap one-another, so it may be difficult to see all current and proposed sites.

Data Source:
Data from OhioMHAS and SBOP
Map produced May 2020
Current Requirements of Managed Care Plans as of September 2020
Quarterly Listing of MAT Providers

• ODM produces a quarterly report from claims/encounter data listing MAT providers who have served 10 or more members during a six-month period.

• In identifying MAT providers, ODM looks at the ordering provider on pharmacy claims with MAT NDC codes and procedure codes from medical claims indicating that there was an administration of a MAT medication.

• The report is shared with the MCPs so that they can reach out to these providers to see if they would like to enroll.

• The report shows which MCPs the provider is currently enrolled with and whether the provider has a DEA waiver.
Minimum Number of MAT Providers Required per County for Current Contract with Managed Care Plans
Minimum Number of MAT Providers Required per County for Current Contract with MyCare Plans
Minimum Number of Behavioral Health Providers [not type 84 or 95] per County for Current Contract with Managed Care Care Plans
Minimum Number of Behavioral Health Providers [not type 84 or 95] per Region for Current Contract with MyCare Plans
Time and Distance Requirements for Adult Behavioral Health for Current Contract with Managed Care Plans
Time and Distance Requirements for Pediatric Behavioral Health for Current Contract with Managed Care Plans
Monitoring Overdoses – Dr. Rachel Mauk
Overview of Monitoring Deaths Due to Drug Overdose

• CMS requires monitoring of SUD trends during the waiver period.
  
  »Ohio has selected the Government Resource Center.

• Drug- and opioid-related overdose deaths among Medicaid beneficiaries will be tracked annually for the duration of the waiver.

• First measurement period is October 1, 2019 – September 30, 2020.
Data Sources for Monitoring Overdose Deaths

• Monitoring overdose deaths for the 1115 SUD Waiver requires data from two agencies.
  » Ohio Department of Health death certificates
  » Ohio Department of Medicaid enrollment records
• Death certificates and enrollment data are linked using demographic information to identify overdose deaths among Medicaid beneficiaries.
Identifying Ohio Medicaid Beneficiaries

• Ohio Medicaid beneficiaries are:
  
  » Enrolled in Medicaid for at least 30 days between September 1 of prior year and September 30 of current year.
  
  » Living in Ohio during those 30 days.

• Not required to be enrolled in Medicaid on date of death.
CMS Definition of Overdose Deaths

• CMS provides specific criteria for monitoring drug and opioid overdose deaths.
  » Criteria are consistent with reporting through the CDC’s National Center for Health Statistics.
  » Include drug overdose deaths that are unintentional, suicidal, homicidal, and of undetermined intent.
CMS Definition of a Drug Overdose Death

• Drug overdose death defined as a death with drug poisoning (ICD-10 diagnosis codes) listed in the Underlying Cause of Death field.

• Drug overdose deaths reported for the following age groups:
  » Children < 18
  » Adults 18 - 64
  » Older adults > 64
CMS Definition of an Opioid Overdose Death

• Subset of drug overdose deaths.

  » Opioid poisoning (ICD-10 diagnosis codes) listed in at least one Contributing Cause of Death field.

  » Includes poisoning due to the following opioid types:

    • Heroin
    • Natural and semisynthetic opioids
    • Methadone
    • Synthetic opioids other than methadone
Ohio Reporting of Overdose Deaths to CMS

• CMS requires reporting both counts and rates of drug and opioid overdose deaths.

  »Raw count of deaths among enrolled Medicaid beneficiaries living in Ohio.

  »Rate (proportion) of overdose deaths among enrolled Medicaid beneficiaries living in Ohio.

    • Count of deaths divided by number of beneficiaries.
Next Steps in Monitoring of Overdose Deaths

• First demonstration year ends September 30, 2020.
  » Allow several months for death certificates to be finalized.

• Count and rate for the first year will be reported to CMS in 2021.

• Share overdose monitoring results at a future Stakeholder Advisory Committee meeting.
Additional Input

• Send any comments, questions or suggestions to: MCD_SUD1115@medicaid.ohio.gov

• State staff monitor this mailbox and will forward any related questions or comments to GRC
OhioMHAS Monitoring Overdose
Dr. Richard Massatti
# of Counties in which the Hospital 7 Day Suspected OD Avg > 60 Day Suspected OD Avg

Source: Data from the Ohio Department of Health adapted by the OhioMHAS
# of Suspected Drug Overdose ED Visits

Source: Data from the Ohio Department of Health adapted by the OhioMHAS
Questions & Discussion
Update / Progress Report on Targeted Work Group Meetings
SUD 1115 Waiver Targeted Workgroups (TW) Within SAC

- Regular meetings have continued for the following TWs
  » Utilization Management
  » Access to Medications
  » ASAM 3.1 Residential & Recovery Housing
  » Staffing Needs & Challenges in SUD Residential Treatment
  » Adult and Adolescent Considerations

- Members have continued to provide input for changes and updates to various items
Other Announcements and Questions
Upcoming Meetings

Next Meeting of Stakeholder Advisory Committee

• October 30
• 1-3 pm

• Registration here:
  https://register.gotowebinar.com/rt/6562744516890665997