Medicaid Eligibility and Transition Supports for Justice Involved Individuals

- ODM provided overview of Medicaid coverage and community transitions for individuals involved in the justice system.
- SAC Question: For people who are in alternative settings to prisons, are they considered incarcerated?
  - If an individual has freedom of movement or association and is not under the control of a jail or prison, then they are eligible for Medicaid. But need to look at the individual person’s circumstances
- SAC Question: Are services that are provided to inmates in jail/prison eligible for Medicaid funding?
  - No. Medicaid only covers services provided to the person outside of prison and the only Medicaid benefit available to inmates is inpatient hospital treatment. ODM does not have the same Medicaid enrollment process with county jails. The transition and release process is done at a local level via partnership between the jails and the county JFS.
- Many MCPs strive to engage with individuals after they are released to assist with access to treatment and for individuals with SUD referrals to and finding recovery housing. However, communication can be a challenge because often there is not good contact information for people when they are released from prison. If people are engaged pre-release, the chance of enrollment post-release is higher.

OhioMHAS initiative - Transitional programming for Individuals Leaving Prison:

- OhioMHAS provided an overview of the Community Linkage Program and Community Transition Program (CTP)
- SAC Question: Most recovery housing operators have not heard of some of these housing programs. How is housing first option being offered to folks coming from prisons? Waiting lists can be long and funding can be difficult to receive so how is recovery housing as a choice provided?
  - CSH funds recovery housing if the person needs. Boards can also provide funds for recovery housing.
  - Each board runs it differently. Person would go through their community transition program provider and then through the board to get recovery housing
  - MHAS suggested that their agency will pull together an offline meeting of reps of the SAC, Ohio Recovery Housing, ADAMHS boards and other stakeholders to continue this discussion
Preliminary Provider Capacity Scan Baseline SFY 2019

- ODM reviewed preliminary data slides showing the capacity of SUD providers; data reviewed include types of providers and levels of care across the state.
- The data reviewed was from State Fiscal Year 2019. ODM has additional data for COVID 19 impact that may be shared in a future meeting.
- ODM provided overview of the data including both percentage and count to allow a different view for smaller counties that may have smaller population but a high percentage of people in need of SUD. Small numbers for early intervention (ASAM 0.5), IOP (ASAM 2.1 & 2.5) and WM (ASAM 2-WM, 3.2-WM, & 3.7-WM). But some counties have larger numbers.
- Outpatient (ASAM 1) has the greatest number of patients and it is also very broadly defined.

MAT Services

- The maps for MAT data are at the census tract level and show claims of how many Medicaid recipients are being seen by a provider. The larger the circle, the more people are receiving services.
- The data includes billing providers in pink and prescribing providers in green, and also includes data at the county level.
- Reviewed map of MAT providers developed by MHAS. Maps shows OTP and OBOT facilities across the state.

MCP Provider Capacity Requirements

- ODM reviewed the agency’s capacity requirements of Medicaid MCPs and My Care Plans for MAT providers per county.
- ODM reviewed their requirements for time and distance of Medicaid members to obtain access to services. The population of the county determines distance acceptable to travel for BH services. The current requirement for BH services is less than the distance required for access to primary care services.
- SAC Question: How were the minimum requirements for MCPs determined?
  - The minimum standards are derived using an algorithm including the number of members, number of available providers in the system, claims data, service numbers by areas and capacity limits.
- This data was presented to show current requirements. They may be used to identify service gaps and will be a focus for future discussion.
- MCPs are required to send data monthly to ODM documenting that they are adhering to the standards.
- SAC Question: What codes were used to ensure that all claims for Medications used to treat addiction were included?
  - The ODM pharmacy team has provided a list of medications that is regularly updated. We look at both professional claims and pure pharmacy claims.
- Group discussed next steps for future discussion in which the group can work to better identify problems. ODM will work on developing this data future discussions.
Monitoring Overdoses

- The Government Resource Center (GRC) presented on how drug overdoses and related deaths are being monitored by the state
- CMS requires certain measures of drug and opioid related deaths that States must track. Group reviewed CMS definition of overdose and the methodology for tracking and monitoring these deaths.
- ICD 10 codes on death certificates are used to identify drug related overdose deaths. CMS also requires that opioid overdose related deaths be tracked.
- It takes time for causes of death to be finalized and reflected on death certificates. So there is a gap in obtaining data.
- Will continue to share this data in the future as it is updated
- Question: Does Ohio monitor if someone overdosed due to MAT?
  - Yes, Ohio is planning to look at opioid overdoses and will do it by different types of opioids

MHAS Monitoring Overdose

- Group reviewed two dashboards of data from the Ohio Dept of Health that provide data updated weekly:
  - Dashboard 1 – counties in which recent 7-day deaths have exceeded the 60-day death average
    - There are 30-35 counties like this and that is concerning for us. The surge occurred April-May. The state is working to reduce these numbers
  - Dashboard 2 – # of Suspected Drug Overdose ED Visits
- SAC Question: Does this data include all types of overdoses?
  - Yes. These are any drug OD. We look at diagnostics and case notes to get these numbers. So, these are not just opioids.
- SAC Question: Are these all survivors or just deaths?
  - Suspect that most of these survived the OD. But would need more data to be certain
- SAC Question: How does it compare to 2017?
  - Depends on the month. 2020 won’t be as bad as 2017. However, some 2020 weeks were worse than 2017 in May and June.

Update on Targeted Workgroup meetings

- Utilization Management:
  - Currently focusing on the prior authorization form. Previously heard concerns about each MCP requiring different information so intent is to standardize that form. Group is working on a draft.
- Access to Medication, Adult & Adolescent Considerations, Recovery Housing & Staffing Needs and Challenges:
  - All groups have met multiple times and had insightful conversations. Adult & adolescent group has been put on hold. One more meeting of each of the other three groups is scheduled two weeks from now. Currently working on recommendations for medication and staffing but have more work to do for recovery housing. Will provide more details of the recommendations to the SAC group in the October meeting

Other Updates

- Next SAC meeting will be on October 30, 2020