OhioRISE Rules Overview Meeting

April 22, 2021

9:00 AM – 12:00PM

Housekeeping
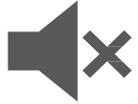
All participants can mute and unmute their own lines, **so please be sure to mute your line when you're not talking. If you are muted during the meeting and called in, you must press *6 to unmute.**

Please introduce yourself by entering your name, title, and organization in the chat feature.

We hope to have robust oral discussion among workgroup members. All other attendees may enter comments or questions using the **chat** feature in Teams.

The slides from this meeting will be available following the meeting on the [OhioRISE Website](#).

Meeting Agenda

#	Topic	Time (min)
1	Welcome and Introductions	15
2	Rules Filing Process	20
3	Eligibility and Enrollment Rule	20
4	Care Coordination and CME Rule	30
5	Break	10
6	Mobile Response and Stabilization Services Rule	30
7	Intensive Home-Based Treatment Rule	30
8	Respite Rule	15
9	Next Steps	10

OhioRISE Advisory Council & Workgroups – Membership and Purpose

Purposes of the OhioRISE Advisory Council & Workgroups

» Offer specific advice, expert opinions and suggestions to Directors and staff regarding the OhioRISE program

» Provide clinical and programmatic input on key components of new and enhanced services

» Review rule development and changes

» Provide critical technical feedback regarding initial implementation activities and OhioRISE operations

MEMBERS SELECTED FOR THE ADVISORY COUNCIL REPRESENT:

Diverse range of expertise and experience	Local system partners	Associations and providers of services	Youth and Families with lived experience	Ohio's geography

Rule Filing Process

Ohio Rules Process

Tommi Potter

ODM Rules Administrator

Rules@Medicaid.Ohio.gov

What is a rule? A rule is a formal written statement of the law that has been established by an administrative agency under the statutes that authorize the agency to adopt rules. Essentially, a rule is a communication of the law established by an administrative agency.

- Ohio Administrative Code (OAC) –Administrative rules adopted by state agencies.

- Ohio Revised Code (ORC) – All codified law created by the General Assembly.

- Code of Federal Regulation (CFR) – Regulation on federal level.

Why do we file rules?

- Content related to enforcement for purposes of health and safety, program integrity, and audits.

- New Program

- Change in Requirements

- New regulation or change in regulation (federal, or ORC) that requires we have a new rule or edit our current rule.

  » Not to restate what is already codified elsewhere.

- Five-year Rule Review

- In Response to Stakeholders

What does not belong in rule?

- General program and process information.

- Billing instructions.

- Information that is already codified elsewhere in OAC, ORC, or Code of Federal Regulation(CFR).

Rule Process Steps

- Clearance

- Business Impact Analysis(BIA)

- Original Filing

  » Chapter 119 Hearing

  » Joint Committee on Agency Rule Review (JCARR) Hearing

- Final file

Clearance

- Posting of draft rules with explainatory memo for public comment on ODM Rule Page

- Typically for seven calendar days.

- Link on ODM rule page to send email with comments, edits, and concerns.

- Notification sent to those who have registered to be notified of new postings.

- This is the best time to send a comment about concerns.

Business Impact Analysis (BIA)

- Submitted to the Common Sense Initiative Office(CSIO), part of Governor's Office.

- BIA form and draft rules are posted on ODM rule page for public comment, notification send to those who have registered.

- Links to send comments to ODM and CSIO are on rule page, comments are public record.

- This is the second-best time to send a comment.

- CSIO reviews the BIA and rules, comments and responses, then writes a recommendation.

- Once we receive the recommendation, we can original file the rule package.

Adverse Impact: Agencies are required per ORC 106.03 and 106.031 to determine if the rule has an adverse impact on businesses as defined by R.C. 107.52. Business is defined as any entity that is not a government agency including non-profits, community-based organizations and businesses that the department did not expected to be affected.

- Requires a license, permit, or any other prior authorization to engage in or operate a line of business.

- Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.

- Requires specific expenditures or the report of information as a condition of compliance.

- Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.

Original File

- Official proposal of the rule package with JCARR.

- Beginning of JCARR's sixty-five-day jurisdiction over the rule package.

- Chapter 119 hearing thirty-one days after original file, any person can give testimony.
  - » Limited time to edit rule without affecting earliest possible effective date.

- On agenda for the last JCARR hearing during JCARR jurisdiction.
  - » Testimony for certain issues.
  - » Edits to rule package will cause a delay in the effective date of the rule package.

- Rule packages can be final filed on the first working day after jurisdiction ends or months later. Once filed the rule package can be in effect as early as ten days later or another date determined by the agency.

Chapter 119 Hearings

- Held no earlier than thirty-one days after a rule package is original filed.
- Currently held as MS Teams meeting.
- The purpose of the hearing is to receive testimony from any person or entity, there is no debate or rebuttal.
- Testimony can also be sent via fax, email, or the U.S. Postal Service.
- Testimony can be sent as soon as the rule package is filed, no need to wait for hearing.
- Edits to the rule need to be made within thirty-five days of filing to avoid delay of the earliest possible effective date.

JCARR Hearing

- On the last JCARR hearing scheduled during the JCARR jurisdiction.
- Any person or entity can give testimony.
- JCARR will only consider rejecting a rule package if there is a JCARR prong.
  - » Exceed the rule-making agency's statutory authority?
  - » Conflict with a rule of that agency or another state rule-making agency?
  - » Conflict with the intent of the legislature in enacting the statute under which the rule is proposed?
  - » Has the rule-making agency prepared a complete and accurate rule summary and fiscal analysis?
  - » Has the rule-making agency met the incorporation by reference standards for a text or other material.
  - » If the rule has an adverse impact on business, has the rule-making agency demonstrated through the BIA that the regulatory intent of the rule justifies its adverse impact on business.

Final File

Rule packages can be final filed on the first working day after jurisdiction ends or months later. Once filed the rule package can be in effect as early as ten days later or another date determined by the agency.

How to Find ODM and OhioMHAS Rule Information

- ODM rule page to view drafts of rule packages posted for public comment and other rule information, <u>click here</u>.

- OhioMHAS rule page to view current and draft rules, <u>click here</u>.

- Enroll in the OBG Regulatory Reform eNotification System to be notified when ODM posts draft rules, with and without Business Impact Analysis (BIA), for public comment, <u>click here</u>.

- Enroll in RuleWatch for notification when ODM original or final files rules, <u>click here</u>.

OhioRISE Rules

Eligibility and Enrollment in OhioRISE

- Under the age of 21

- Enrolled in Ohio Medicaid – either managed care or fee for service

- Not be enrolled in MyCare

- Experiencing sufficient behavioral health challenges and functional impairment that require coordinated intervention as identified by the Child and Adolescent Needs and Strengths (CANS) assessment, **OR**

- Be an **inpatient in a hospital** with a primary diagnosis of mental illness or substance use disorder

- Be an **inpatient in a psychiatric residential treatment facility** (PRTF)

- Have an **immediate need for OhioRISE services due to a behavioral health crisis** as indicated by a CANS assessment completed by a mobile response and stabilization services provider

Key Areas for Stakeholder Engagement
- ✓ **Inform enrollment based on experience with population**
- ✓ **Administrative and best practices**

Eligibility and Enrollment in OhioRISE Rule Summary

Eligibility and Enrollment Rule Impact Summary

3
Number of Workgroup meetings held

60+
Number of CANS and Care Coordination Workgroup members participating

36
Comments received for Eligibility and Enrollment Rule

General themes found across stakeholder feedback:

- ❖ Anticipation of CANS threshold score to determine eligibility

- ❖ Desire to have behavioral health crisis defined

- ❖ Questions about the primary diagnoses of mental illness and substance use disorders in an inpatient setting for enrollment purposes?

- ❖ Questions about age – and an ask to have alignment with the Developmental Disability system through age 22

OhioRISE Care Coordination – New Services

- OhioRISE care coordination will use high-fidelity wraparound (HFW) built on key system of care values:
  - » Family- and youth-driven
  - » Team-based
  - » Collaborative
  - » Individualized
  - » Outcomes-based
- OhioRISE Care Coordination will be delivered in three tiers:
  - » Tier 1: Care coordination provided by the OhioRISE Plan – following HFW and system of care principles
  - » Tier 2: Moderate Care Coordination service delivered by CMEs using a wraparound-informed approach to meet the needs of youth and families with lesser complex needs
  - » Tier 3: Intensive Care Coordination service delivered by CMEs using a high-fidelity wraparound model for children and youth the most complex needs.

Key Areas for Stakeholder Engagement
- ✓ **Tier 2 & Tier 3 service and staff specifications**
- ✓ **Activities: assessment, facilitation of Child and Family Teams, development of Child and Family Centered Plans**

Care Management Entities (CMEs) – New Type of Entity

- CMEs will provide intensive and moderate care coordination consistent with System of Care principles and a Wraparound Approach

- Criteria and competencies for Care Management Entities (CMEs) will aim to provide equitable statewide access to excellent care coordination for children service by the OhioRISE program

- The OhioRISE Governance team, in partnership with the selected OhioRISE Plan, will develop a process for soliciting and selecting CMEs based on the criteria and competencies referenced above

Key Areas for Stakeholder Engagement
- ✓ **CME organizational criteria and competencies**
- ✓ **Care coordination services**

Care Coordination and Care Management Entity Rule Summary

Care Coordination and Care Management Entity Rule Impact Summary

4

Number of Workgroup meetings held

75+

Number of CANS and Care Coordination Workgroup members participating

200+

Comments received for CANS and Care Coordination Rule

General themes found across stakeholder feedback:

- Need to understand differences between Intensive and Moderate Care Coordination
- Recommendations to increase flexibility in service delivery:
  - Allow more time for the updated CANS for ICC
  - Remove required CC hours per month
  - Consider mixing or increasing ICC/MCC caseload ratios
- Recommendations and questions about care coordinators:
  - Three years of experience to align with other coordination services
  - Requirement to "navigate" the various child serving systems as required background and experience.

10-Minute Break

Welcome Back
Second Portion of the OhioRISE Rules Overview Meeting

Agenda Items

- MRSS
- IHBT
- Respite
- Next Steps

Mobile Response and Stabilization Services (MRSS) – New Service

- MRSS helps children and youth and their families to promptly address crises and get access to supports
  - » Goal is to intervene before something urgent becomes an unmanageable emergency
  - » Mobile response: Initial assessment and planning at request of child/family
  - » Stabilization service: Coordination and delivery of services, link to longer-term supports
- Ohio's approach will build on the existing OhioMHAS Mobile Response and Stabilization Services efforts (ENGAGE 2.0)
  - » Leverage the existing service approach and provider competencies
  - » Create a statewide capacity to offer the service
  - » Offer supports to MRSS providers to ensure fidelity to the service
- MRSS will be accessible across the Medicaid program: managed care, OhioRISE, and fee-for-service.

Key Areas for Stakeholder Engagement
- ✓ **Inform service based on experience with ENGAGE 2.0 MRSS**
- ✓ **Staff credentials and requirements**

Mobile Response and Stabilization Services Rule Summary

Mobile Response and Stabilization Services Rule Impact Summary

2

Number of Workgroup meetings held

50+

Number of MRSS Workgroup members participating

25

Comments received for MRSS Rules

General themes found across stakeholder feedback:

MHAS

❖ Defining "family" to include kinship and foster care

❖ Clarification needed for timeframe requirements

❖ Workforce challenges

✓ Telehealth

✓ Availability of 24/7 crisis response

ODM

❖ Covering payment for MRSS services for both the child and family

❖ Clarify prior authorization after six-week stabilization services and needed documentation

Intensive Home-Based Treatment (IHBT) – Enhanced Service

- IHBT provides intensive, time-limited behavioral health services for children, youth and families that helps stabilize and improve behavioral health functioning.
  - » Ohio's current IHBT Medicaid service implemented in 2018.
  - » Current Service: Umbrella over multiple evidence-based practices
- Enhancements are being considered:
  - » Based on experience with the service to date
  - » To increase access to care
  - » To align with Family First Prevention Services Act Prevention Services (MST and FFT)

Key Areas for Stakeholder Engagement
- ✓ **Inform revisions based on experience with current service**
- ✓ **Ex: staff credentials and requirements**
- ✓ **Alignment with FFPSA**

Intensive Home-Based Treatment Rule Summary

Intensive Home-Based Treatment Rule Impact Summary

2

Number of Workgroup meetings held

60+

Number of IHBT Workgroup members participating

44

Comments received for IHBT Rules

General themes found across stakeholder feedback:

<u>MHAS</u>

❖ CANS-related issues

❖ Workforce challenges

- ✓ Interns & Trainees
- ✓ Telehealth
- ✓ Availability of 24/7 crisis response
- ✓ Caseloads
- ✓ Training

❖ Include the use of evidence-informed or evidence-supported modalities

<u>ODM</u>

❖ Specify service as available through OhioRISE only

❖ Clarify payment policies for other services while in IHBT

❖ Allow for the provision of telehealth services for coordination of care or when face to face is not needed to complete the clinical intervention.

OhioRISE Respite – Enhanced Service

- Respite care - Support to a child while providing temporary relief to a child's parent/caregiver so they have time to attend to other "life activities."

- Respite care is instrumental in supporting the typical functions of family life in community settings while ensuring children have access to needed supports normally provided by a primary caregiver.

- The New OhioRISE BH respite service under OAC 5160-59-03.4 will help address the concerns regarding the current BH respite benefit

  » Authorized by OhioRISE plan in an amount and duration consistent with the member's needs and behavioral health history

  » Broader range of eligible providers

Key Areas for Stakeholder Engagement
- ✓ **Inform eligible providers of respite**
- ✓ **Number of hours allowable for respite**
- ✓ **Awake vs. asleep requirements during the delivery of respite**

OhioRISE Respite Rule Summary

Respite Rule Impact Summary

1
AC/Workgroup meeting held

50+
Number of Advisory Council and members participating

24
Comments received for Respite Rule

General themes found across stakeholder feedback:

❖ Integrate service into community settings for ex. parks, libraries, stores, events

❖ Incorporate need for respite as part of the care coordination process through the Child and Family-Centered Care Plan

❖ Include trauma-informed training

❖ Removed the requirement for a return demonstration for CPR

❖ Expand who can provide respite to include natural supports while safeguarding children and youth

Next Steps

Next Steps

- Advisory Council Meeting May 11, 9 – 11:00 AM
  - » Health Equity
  - » Meet Aetna Better Health of Ohio, the OhioRISE Plan
- PRTF Workgroup Meeting 5/6, 10 - 11:30 AM
  - » Learn about Federal Regulations
  - » QRTP vs. PRTF
  - » Best Practices in Ohio
- CANS Decision Support Model
- Rate Discussion
- Implementation & Operations

OhioRISE Stakeholder Timeline

JANUARY 2021 - TBD 2022

OhioRISE Advisory Council Meetings
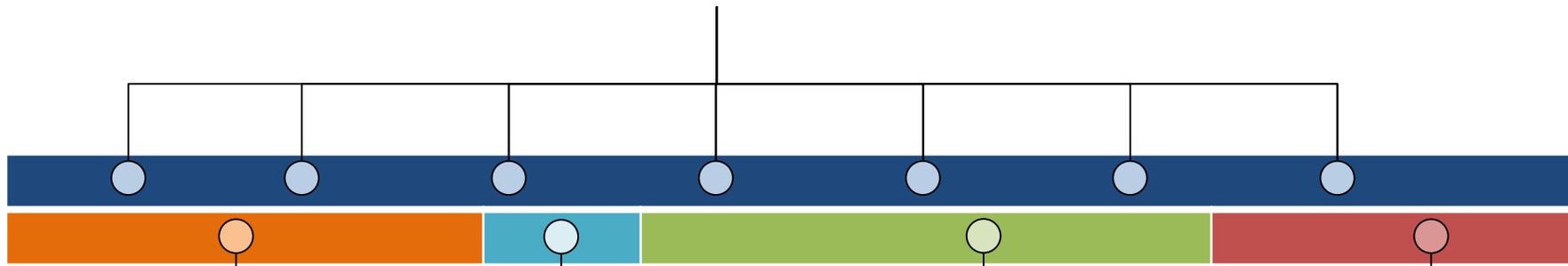
JANUARY – APRIL 2021

Services & Care Coordination / Eligibility Workgroups

SPRING 2021

Start Rule Filing Process

APRIL 2021 & BEYOND

Operations and Implementation Workgroup

FALL 2021

Final Rule Filings

OhioRISE Website

On the **OhioRISE website** we post the dates and times of future meetings, links to join the meetings, and presentation materials.

OhioRISE Advisory Council and Workgroups

Beginning in 2021, OhioRISE Advisory Council and Workgroup meetings will commence. The purpose of these meetings is to engage with stakeholders to obtain critical feedback and expert advice for OhioRISE's services and operations. You can find the members selected to be in the Advisory Council here and the presentation for the kickoff OhioRISE Stakeholder meeting on December 18, 2020 here.

Please select the 'Advisory Council and Workgroup Meetings' dropdown tab below to view presentation materials and meeting registration links.

Advisory Council and Workgroup Meetings ⌄

Select **'Advisory Council and Workgroup Meetings'** dropdown tab

Advisory Council and Workgroup Meetings

Meeting Name (Link to Materials)	Date	Time	Registration Link
OhioRISE Advisory Council Meeting	01/11/2021	12:00 – 1:30 PM EST	Registration Has Closed
MRSS Workgroup	01/22/2021	12:00 – 1:30 PM EST	Registration Has Closed
CANS & Care Coordination Workgroup	01/28/2021	12:00 – 2:00 PM EST	Registration Has Closed
Advisory Council Meeting	02/09/2021	9:00 – 11:00 AM EST	Registration Has Closed
MRSS Workgroup	02/09/2021	1:30 - 3:30 PM EST	Registration Has Closed
CANS and Care Coordination Workgroup	02/11/2021	12:00 - 2:00 PM EST	Registration Has Closed
IHBT Workgroup	02/19/2021	2:30 - 4:30 PM EST	Registration Has Closed
CANS and Care Coordination Workgroup	02/25/2021	12:00 - 2:00 PM EST	Registration Has Closed
Advisory Council Meeting	03/09/2021	9:00 – 11:00 AM EST	Click here to join the meeting - Registration not required

Access meeting presentations by clicking on the **'Meeting Name (Link to Materials)'**

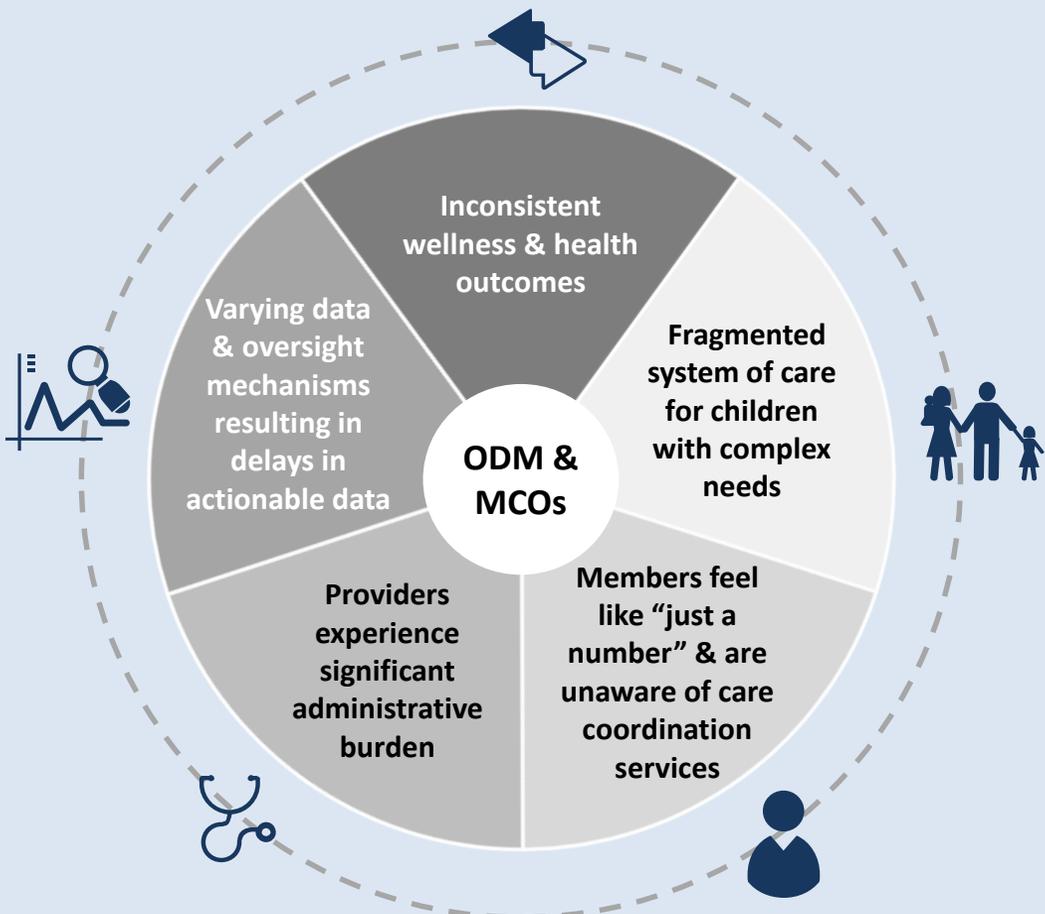Join meetings by clicking on the meeting links in the **'Registration Link'**

Thank you for attending!

Appendix

Ohio's Medicaid Managed Care Program

Focus on the INDIVIDUAL rather than the business of managed care
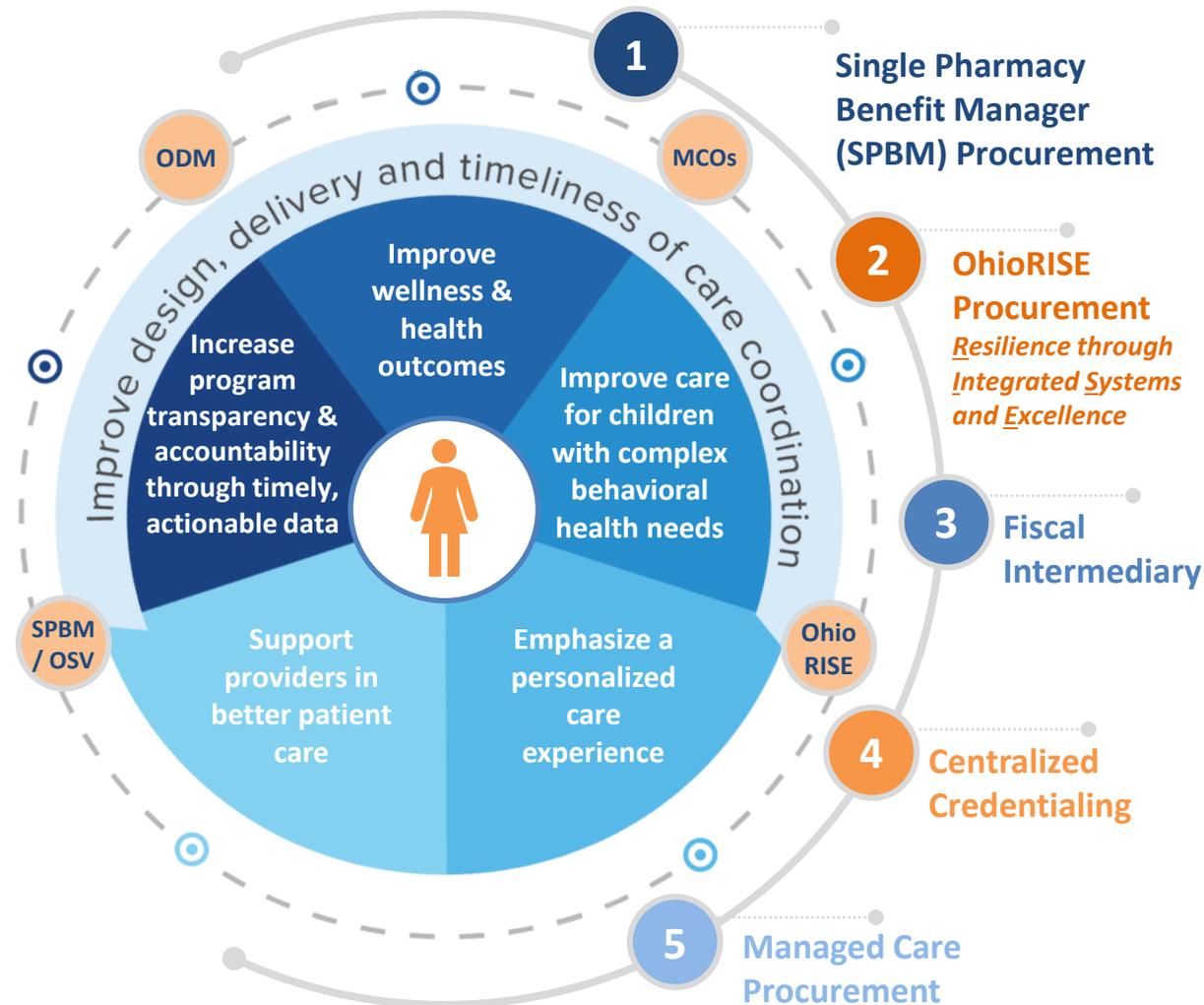*We want to do better for the people we serve*

Today's Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don't always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.

ODM & MCOs

- Inconsistent wellness & health outcomes
- Fragmented system of care for children with complex needs
- Members feel like "just a number" & are unaware of care coordination services
- Providers experience significant administrative burden
- Varying data & oversight mechanisms resulting in delays in actionable data

"Next Generation" of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.

Improve design, delivery and timeliness of care coordination

ODM · MCOs · SPBM / OSV · Ohio RISE

- Improve wellness & health outcomes
- Improve care for children with complex behavioral health needs
- Emphasize a personalized care experience
- Support providers in better patient care
- Increase program transparency & accountability through timely, actionable data

1. **Single Pharmacy Benefit Manager (SPBM) Procurement**
2. **OhioRISE Procurement** *Resilience through Integrated Systems and Excellence*
3. **Fiscal Intermediary**
4. **Centralized Credentialing**
5. **Managed Care Procurement**

OhioRISE
Resilience through Integrated Systems and Excellence

A specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth

🩺 Specialized MCO
ODM will procure a special type of MCO – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use of high quality behavioral health services.

🏛️ Shared Governance
OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.

⤴️ Coordinated and Integrated Care & Services
OhioRISE brings together local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth.

📄 Prevent Custody Relinquishment
OhioRISE will utilize a new 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.
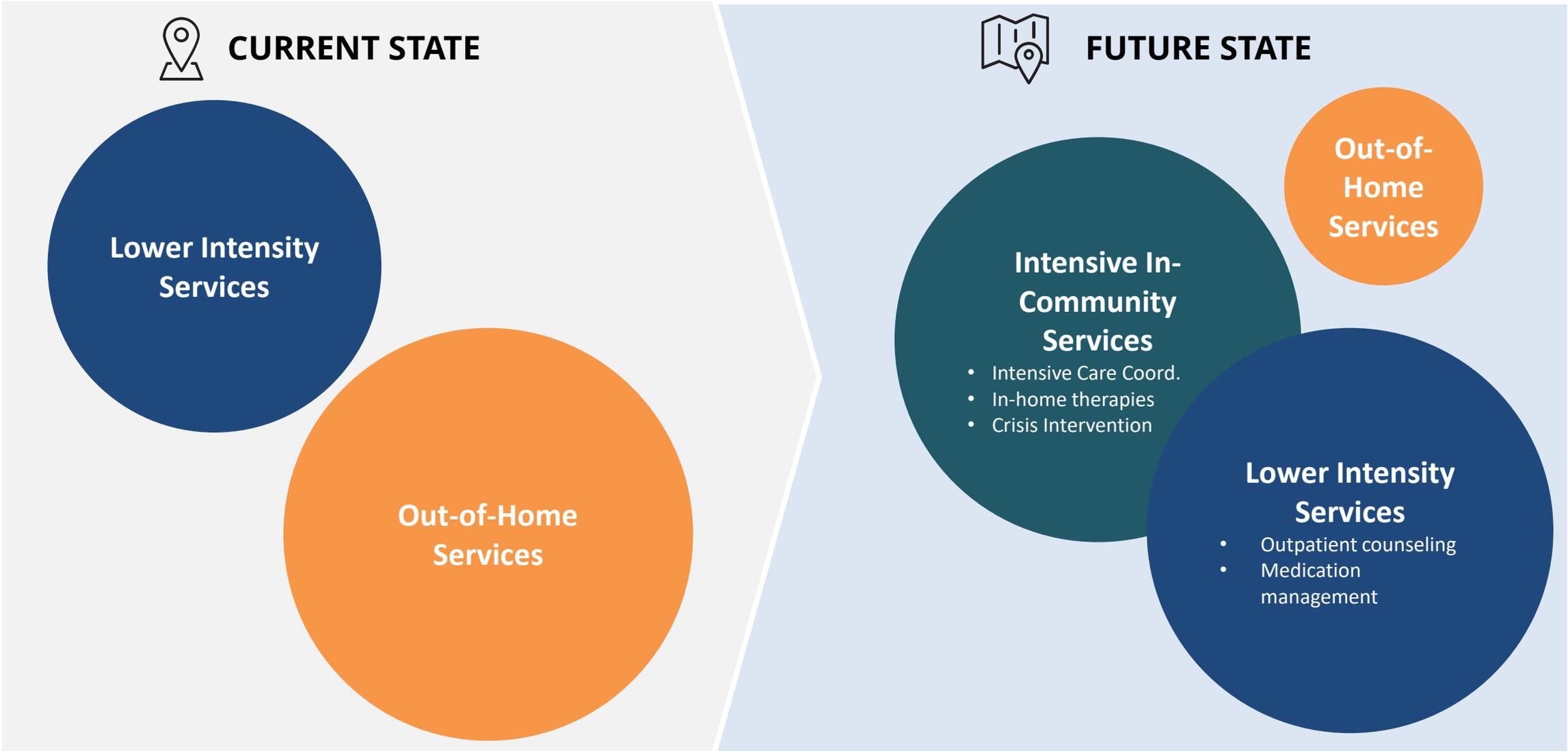
OhioRISE Enrollment
- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services
- ✓ All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
- ✓ Intensive Care Coordination
  - • Consistent with principles of High-Fidelity Wraparound
  - • Delivered by a regional "Care Management Entity"
  - • Two levels – intensive and moderate
- ✓ Intensive Home Based Treatment (IHBT)
- ✓ Psychiatric Residential Treatment Facility (PRTF)
- ✓ New 1915(c) waiver that runs through OhioRISE
  - • Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS)
  - • Also covered outside of OhioRISE (MCO and FFS)

We Need to Build Significant Capacity to Shift the System

CURRENT STATE

Lower Intensity Services

Out-of-Home Services

FUTURE STATE

Intensive In-Community Services
- Intensive Care Coord.
- In-home therapies
- Crisis Intervention

Out-of-Home Services

Lower Intensity Services
- Outpatient counseling
- Medication management

OhioRISE Ecosystem

Family and Children First Cabinet Council:
Governor's Office of Children's Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,
Federal and State funds | Governance and Oversight

Medicaid Managed Care Organizations (MCOs)
Physical health, limited BH services

Service Providers
Contract with OhioRISE & MCOs to provide services

OhioRISE Plan
Contract with CMEs, providers

Department of Medicaid
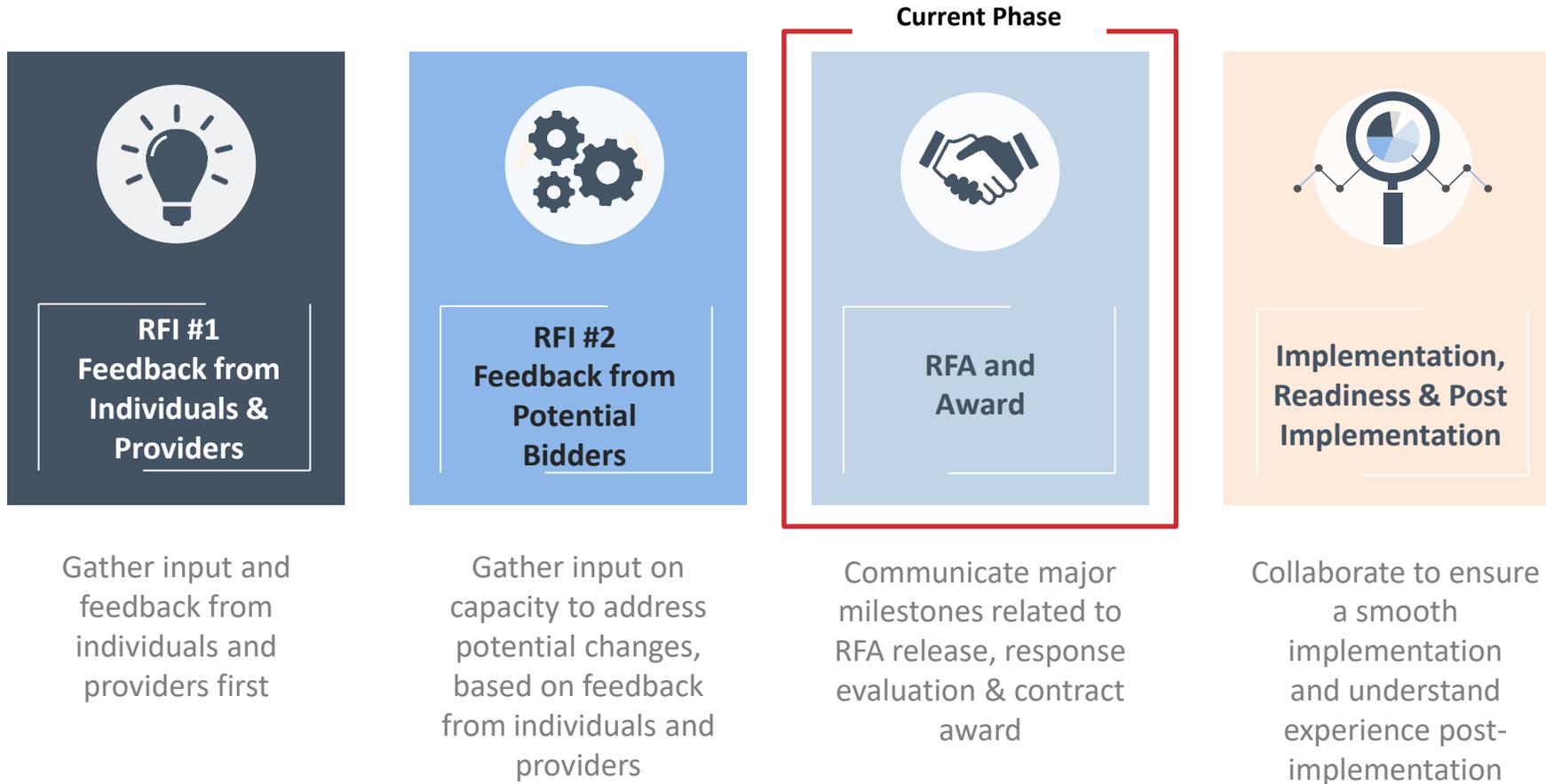Contract, provide oversight of the OhioRISE and MCOs

Network of Care Management Entities (CMEs)
Provide Intensive Care Coordination using High Fidelity Wraparound
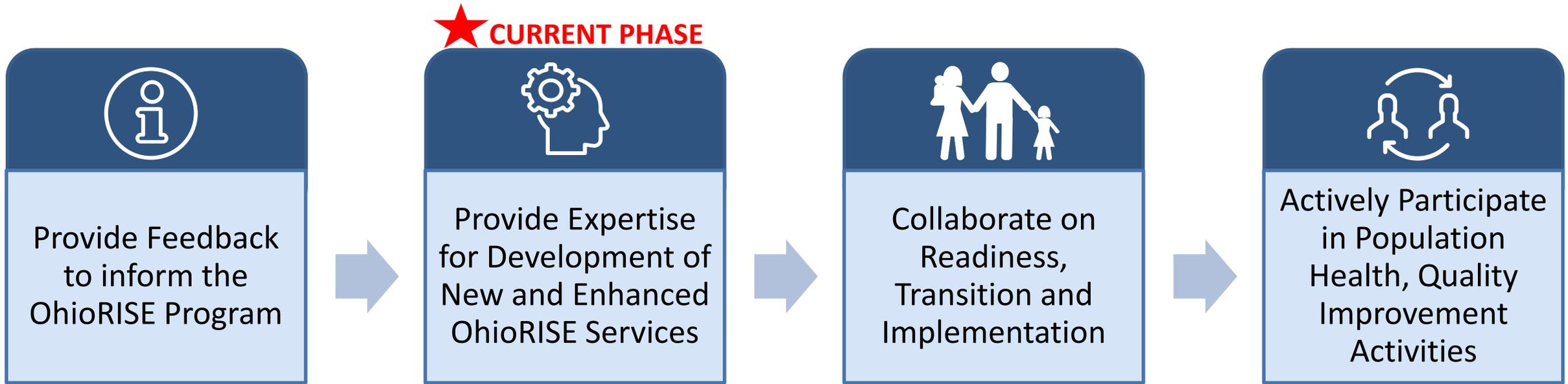
Center(s) of Excellence (COEs)
Support evidence-based practices, training, fidelity reviews, workforce development

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Stakeholder Input Through Program Phases

CURRENT PHASE

| Provide Feedback to inform the OhioRISE Program | → | Provide Expertise for Development of New and Enhanced OhioRISE Services | → | Collaborate on Readiness, Transition and Implementation | → | Actively Participate in Population Health, Quality Improvement Activities |

Communicate with individuals we serve and our shared community partners

Provide ongoing feedback to OhioRISE Governance

Network, collaborate, and learn across systems

OhioRISE Advisory Committee & Workgroup Structure

OhioRISE Advisory Committee

Services Workgroup (IHBT, MRSS, PRTF)

Eligibility & Care Coordination Workgroup (CANS, CME, ICC, MCC)

Implementation & Operations Workgroup