



Resilience through
Integrated Systems and Excellence



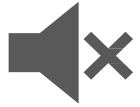
Department of
Job and Family Services

OhioRISE Intensive Home-Based Treatment (IHBT) Workgroup Meeting

February 19, 2021

2:30-4:30PM

Webinar Instructions



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](#).

Note about OhioRISE procurement

Meeting Agenda

- Summary of OhioRISE
- IHBT Overview
 - »MHAS
 - »ODM
- Discussion
- Next Steps



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.

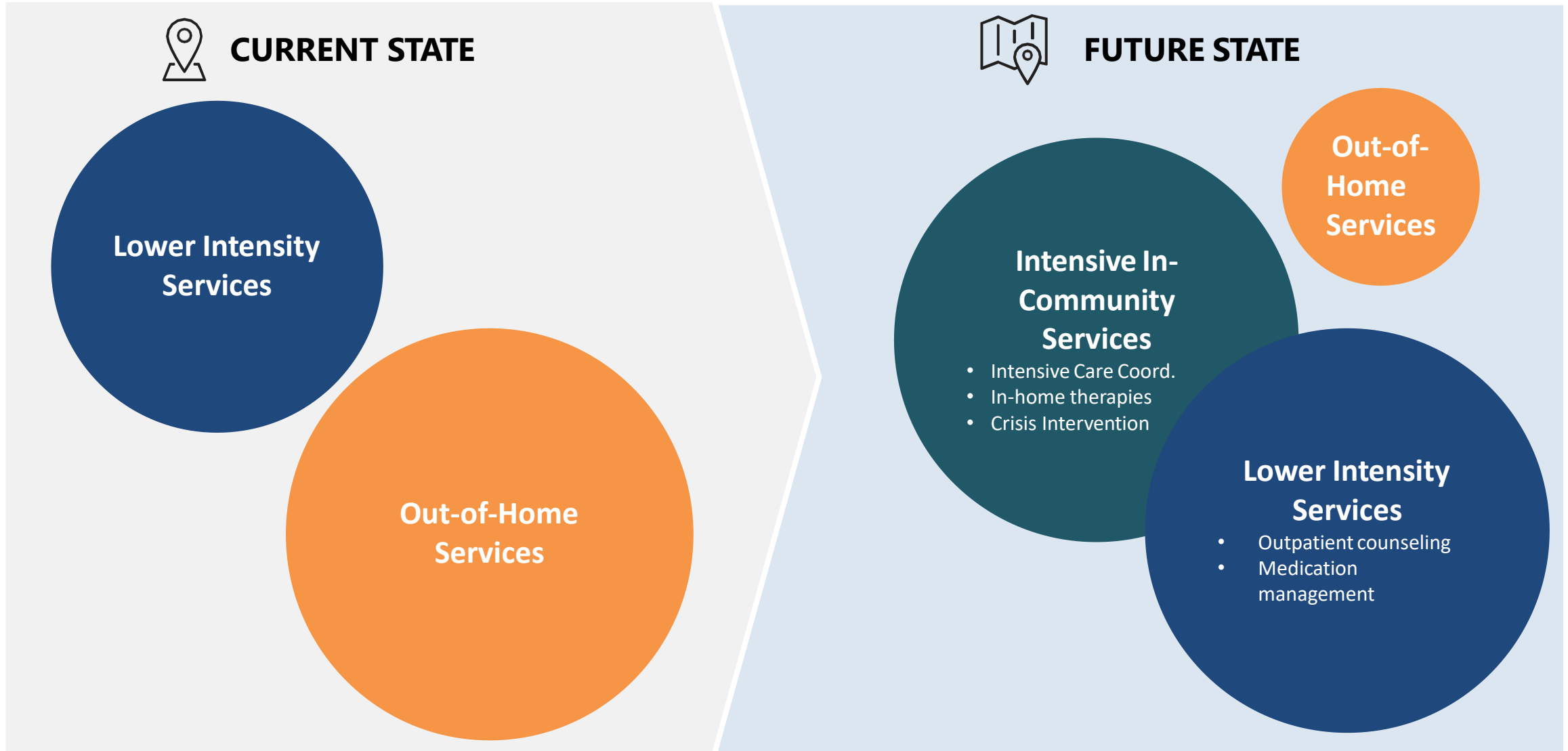
OhioRISE Enrollment

- ✓ 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



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



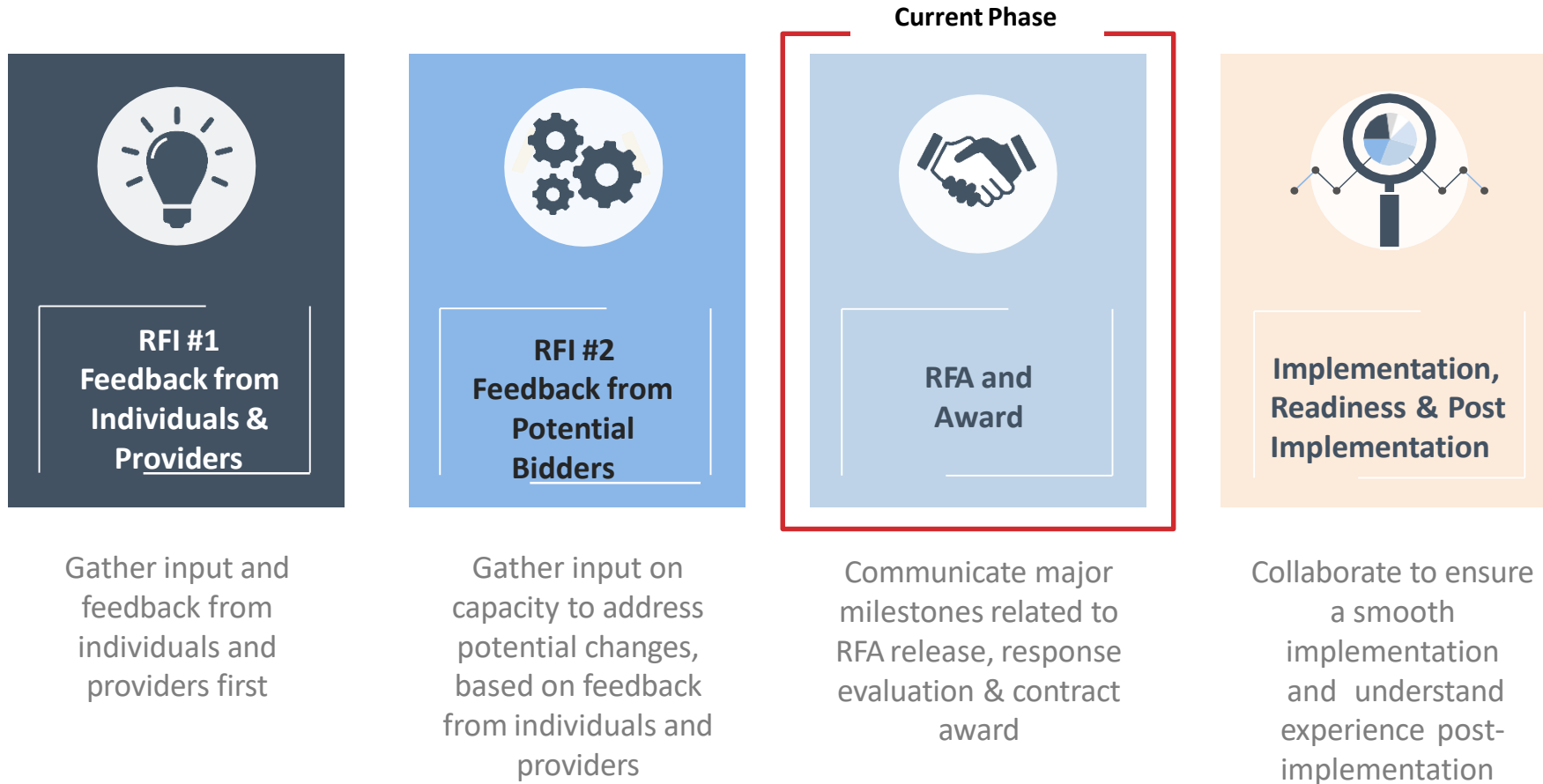
Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High
Fidelity Wraparound

Center(s) of Excellence (COEs)


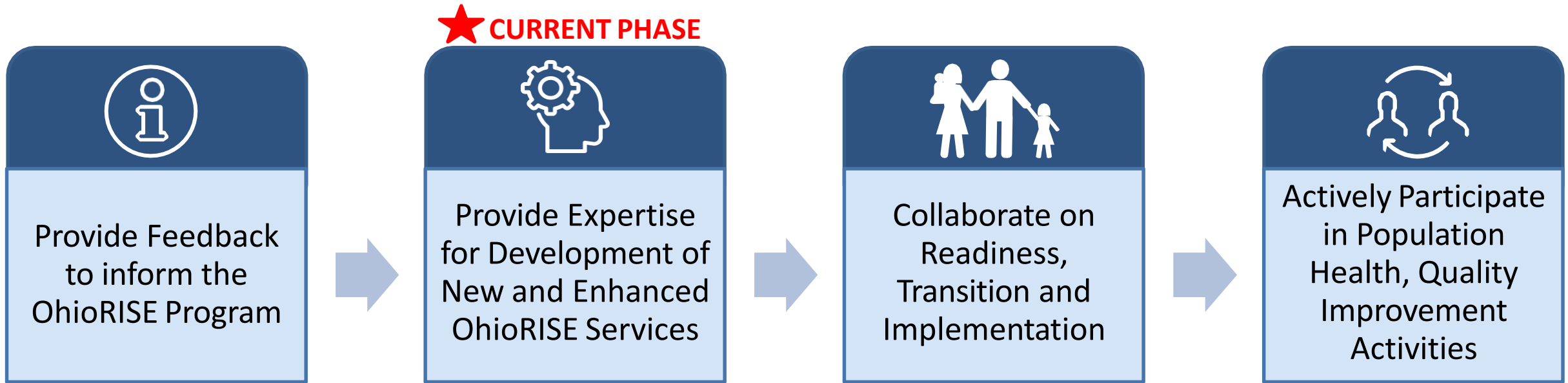
Support evidence-based practices, training,
fidelity reviews, workforce development

Medicaid Managed Care Procurement Project Phases



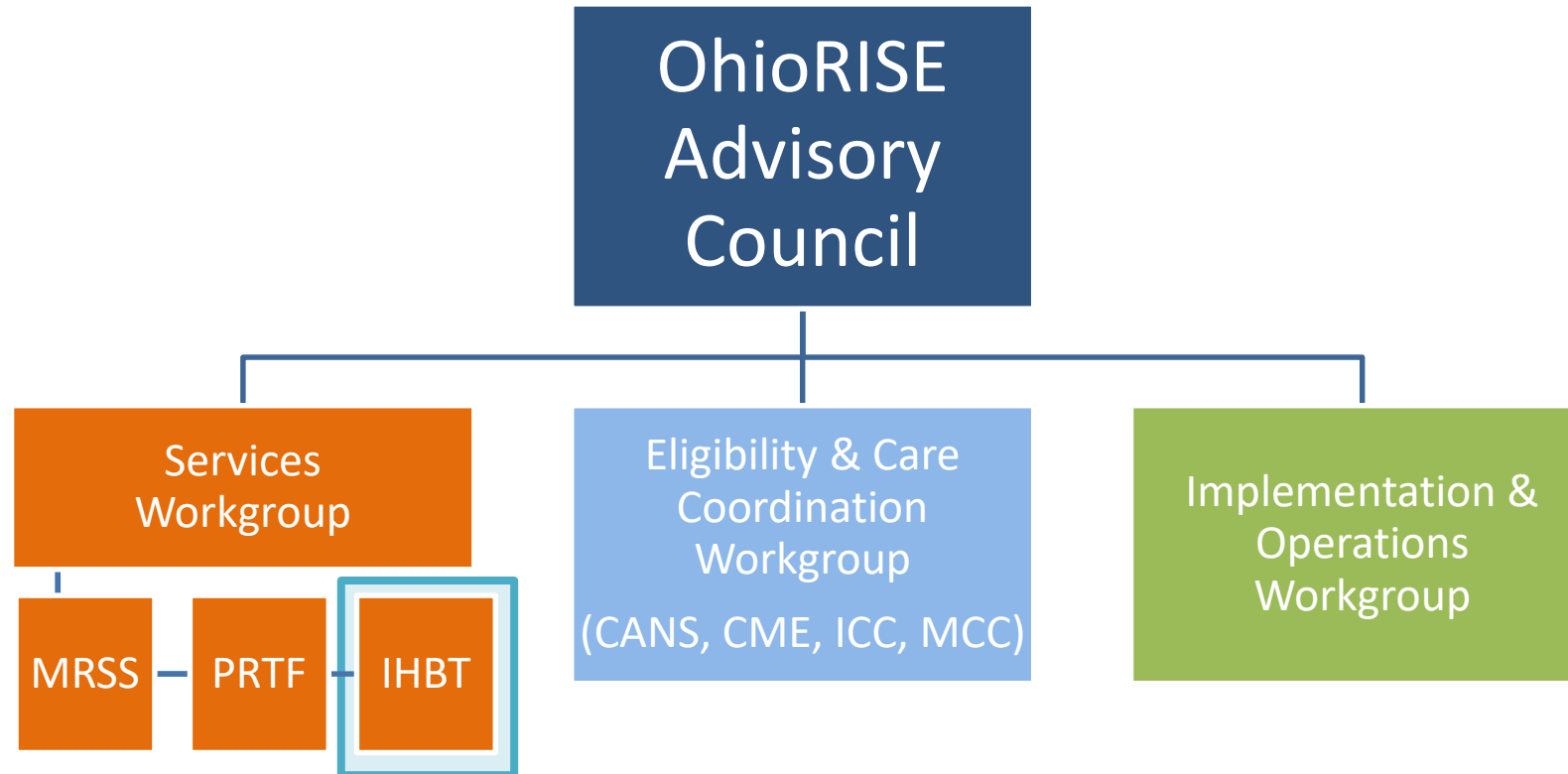
The current focus of the managed care procurement is on soliciting RFA responses and evaluating them in preparation for award.

Stakeholder Input Through Program Phases



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



IHBT Workgroup

IHBT Workgroup Purpose and Functions

- » Contribute personal experience from providing or participating in IHBT services
- » Provide expert clinical and programmatic input on key components of enhancements to the service
- » Review and provide feedback on regulatory concepts and rules
- » Provide critical technical feedback regarding service implementation



IHBT WORKGROUP MEMBERS:

OhioRISE Advisory Council members and others they suggested for workgroup participation

Diverse range of expertise and experience

Local system partners

Associations and providers of services

Youth and Families with lived experience

Ohio's geography

Intensive Home-Based Treatment (IHBT) Overview

What is IHBT

- An intensive, time-limited behavioral health treatment for children and adolescents with significant behavioral health challenges and related functional impairments in key life domains.
- Incorporates a comprehensive set of behavioral health services delivered in the home, school and community.
- Requires family involvement
- "Home" = any long-term family living arrangement including biological, kinship, adoptive, and non-custodial families with a long-term commitment to the child
- “Umbrella framework” incorporating a variety of different clinical models, e.g.
 - » Multi Systemic Therapy (MST); Functional Family Therapy (FFT);
 - » “Home builders”; Integrated Co-occurring Treatment (ICT)
 - » Problem Sexual Behaviors (PBS)

Intensive Home-Based Service Delivery Model

Location of Service	Home and Community
Intensity	Frequency: 2 to 5 sessions per week Duration: 4 to 8 hours per week
Crisis response & availability	24/7
Active safety planning & monitoring	Ongoing
Small caseloads	4 to 6 families per FTE; 8 to 12 for team of two; no mixed caseloads (e.g. Outpatient & IHBT)
Flexible scheduling	Convenient to family
Treatment duration	3 to 6 months
Systemic engagement and community teaming	Child and family teaming; skillful advocacy; family partnering; culturally mindful engagement
Active clinical supervision & oversight	24/7 availability; field support; individual & group
Program structure and credentials	Licensed Behavioral Health Professional: MA level preferred. Program size: 2 to 8; .5 to 1 FTE IHBT Supervisor; Individual provider versus teaming approach
Comprehensive service array: integrated and seamless; single point of clinical responsibility	Crisis stabilization, safety planning, skill building, trauma-focused, family-focused; resiliency & support-building; cognitive interventions

History of Intensive Home-Based Treatment in Ohio

- **1986:** Intensive home-based treatment services begin in Ohio
 - » Initial Ohio providers were trained in HOMEBUILDERS and family therapy, which served as the foundation for the IHBT model moving forward
- **1991:** *Practitioner's Guide to Home-Based Services: A Resource Guide* developed; Initial IHBT 5-day training offered
- **1995:** Multisystemic Therapy (MST) begins in Ohio
- **2000:** Coordinating Centers of Excellence (CCOE) formed by ODMH; CIP designated CCOE for dissemination of MST and EBP's for youth.
- **2005:** Intensive Home-Based Treatment (IHBT) service standard, Ohio Administrative Code, OAC 5122-29-28 (IHBT funded by Medicaid as “ala carte” services)
- **2018:** IHBT model incorporated into Ohio Medicaid with BH Redesign

Current IHBT Youth and Family Eligibility

- Younger than 18 unless Serious Emotional Disorder (SED) onset occurs before age 18, then transitional age youth (18-21 year olds) may receive IHBT
- At risk of out of home placement due to BH or MH conditions OR
- Returned within last 30 days from out of home placement OR
- Requiring highly intense MH intervention to return or remain safely at home
- **Primary diagnosis:** diagnostic assessment that substantiates symptomatology that supports mental health diagnosis
- **Functional impairment:** documentation that behavioral health significantly impacts functioning (family, school, peers, community, etc.)
 - At risk of removal from school due to behavioral symptomatology
 - At risk of increased involvement in the juvenile justice system due to behavioral symptomatology
- **Risk and safety:** significant risk and/or safety issue related to youth's behavioral health
 - At risk of hospitalization due to self harm, other harm
 - At risk of re-traumatization due to impulsive risk-taking behaviors

Child and Adolescent Needs and Strengths (CANS) Assessment

Life functioning domain

» Family, legal, living situation, school behavior & attendance

Child behavioral & emotional needs

- Psychosis, impulse/hyperactivity, depression, anxiety, oppositional, conduct, adjustment to trauma, anger control, substance use

Child risk behaviors

- Suicide risk, self mutilation, other self harm, danger to others, sexual aggression, runaway, delinquency, judgment, fire setting, social behavior

Current IHBT Team Staff requirements (OAC 5122-29-28)

- Minimum 2 FTE staff
- Clinical supervision
- Training in skills and competencies to provide IHBT
- IHBT team practitioners treating youth with co-occurring MH and SUD must have credentials in both
- Team must be fully dedicated to IHBT program
- Annual fidelity review (agency level)

Current Medicaid Benefit and Coverage

Ohio Medicaid's Current Benefit and Coverage for IHBT

Eligibility for Youth and Family:

- Medicaid enrolled
- Meeting OhioMHAS eligibility criteria in [OAC 5122-29-28](#) (see slides 16 & 17)

Provider Requirements

- Certified by OhioMHAS as a qualified provider of mental health services
- Enrolled in Ohio Medicaid as a mental health provider (Type 84)
- Requires annual fidelity review

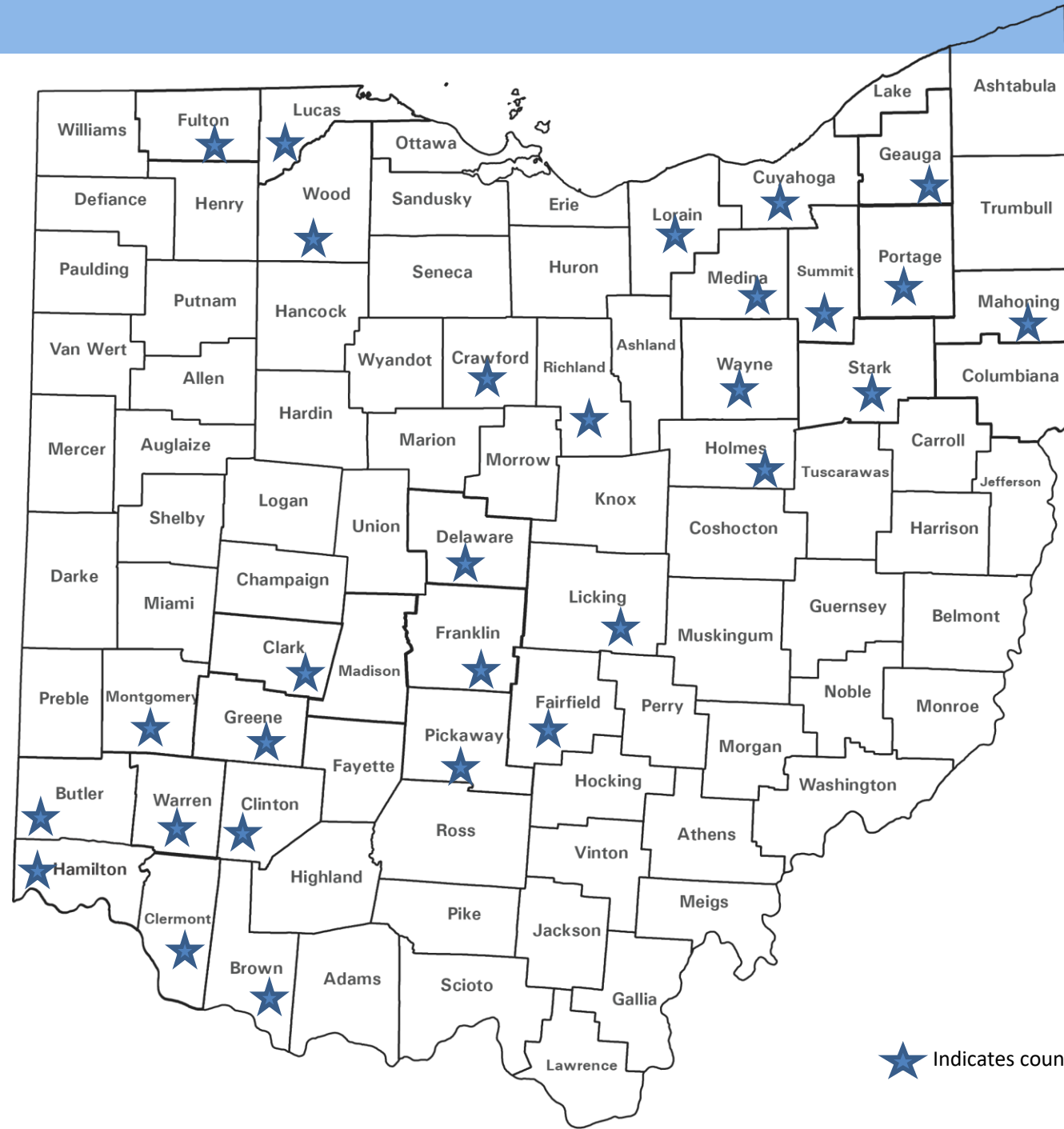
Reimbursement

- Single code (H2015) for reimbursement using a 15-minute rate (\$33.26)
- Requires prior authorization

* ODM IHBT intervention and eligibility of clients and providers is defined in OAC [5160-27-05](#)

Current Ohio Medicaid IHBT Teams

- Agencies hosting IHBT teams (meet fidelity standards) = 23
- IHBT teams in Ohio = 30 (5 agencies have > one team)
- Ohio counties WITH IHBT teams = 32
- Ohio counties withOUT IHBT teams = 56
- Note: this does not reflect home based treatments teams that may meet requirements that have not completed the fidelity review process



★ Indicates counties that have IHBT teams

CY 2020 Medicaid IHBT Data

- Youth receiving IHBT service = 1283
- Agencies serving those youth = 25

Future of IHBT Discussion

Discussion – The Future of IHBT - Opportunities

- Incorporate IHBT as part of the comprehensive responsive to serve children with complex behavioral health needs through OhioRISE
- Opportunity to incorporate “lessons learned” from 30 years of experience with IHBT

Discussion Questions:

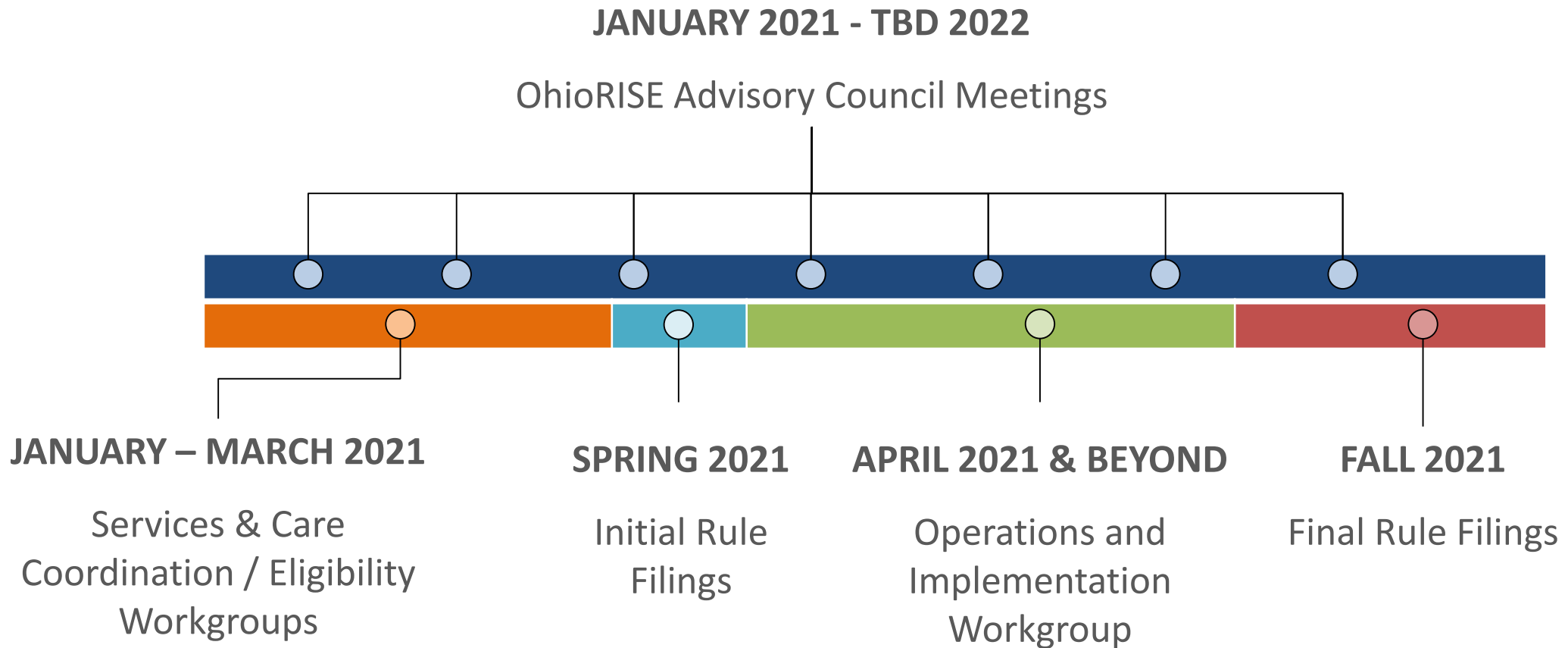
- What is working?
- What could be improved?
- What are your suggested changes?
- How do we get more services and teams?

Next Steps

Next Steps

- Today: Overview and discussion on future of IHBT
- Next:
 - » ODM and MHAS consider workgroup feedback to draft policy changes
 - » Share draft rule concepts
 - » March: Next stakeholder meeting

OhioRISE Stakeholder Timeline



OhioRISE Website

On the [OhioRISE website](#) we are posting

1. Dates and times of future meetings
2. Links to join meetings (pre-registration is no longer required)
3. Presentation materials from all meetings

Upcoming 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	Click here to join the meeting - Registration not required
CANS and Care Coordination Workgroup	02/25/2021	12:00 - 2:00 PM EST	Click here to join the meeting - Registration not required
Advisory Council Meeting	03/09/2021	9:00 – 11:00 AM EST	To be Updated

Thank you for participating!
