



Department of  
Medicaid



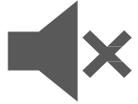
Resilience through  
Integrated Systems and Excellence

## OhioRISE Advisory Council

August 10, 2021

9:00 AM – 11:00 AM

# 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 Advisory Council 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

- 1** | 1915(c) Waiver OAC Rules Update
- 2** | 1915(b) and (c) Waiver Applications
- 3** | Second ODM Rule Package
- 4** | First Rule Package Updates
  - » ODM Rule Package One: post-clearance amendments, next steps
  - » OhioMHAS OAC rules update
- 5** | CANS Training & Website Updates
- 6** | Next Steps

# 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**

# 1915(c) Waiver OAC Rules Update

## Summary of Stakeholder Comments

- ODM received a total of 46 comments related to the draft OAC rules for the OhioRISE 1915(c) waiver, first discussed with the Advisory Council on June 22, 2021.
- Some comments replicated what was received for the public comment posting of the waiver application.
- Common themes of comments included, but were not limited to the following:
  - » Ensuring continuity between the two OhioRISE eligibility rules;
  - » The use of the CANS and definitions for level of care (LOC);
  - » Naming conventions for services and provider types;
  - » Necessity of several proposed services; and
  - » Provider expectations.

## Process for Updating Rules

- ODM reviewed each comment and is in the process of formulating formal responses back to each specific question, comment, or concern.
- Some comments have resulted in language changes to the rules; you will see these changes in the OAC draft copies submitted for clearance.
- Some comments, while beneficial, were operational in nature and will likely result in the need for information to be drafted in guidance documentation, rather than a rule change.
- Other questions were programmatic in nature; you will find responses to these questions in the formal document ODM is preparing.
- ODM finished “pre-clearance” on August 9<sup>th</sup>. Preclearance resulted in some edits as well.

## OAC 5160-59-04 OhioRISE Waiver Eligibility

- Changes made to date for OAC 5160-59-04 include the following:
  - » Clarifications regarding how an assessment for LOC is conducted, and what is included in that assessment. For the purposes of the OhioRISE waiver, a CANs assessment, an SED diagnosis, and a documented risk factor is all evidence of an inpatient psychiatric (IP) LOC;
  - » Clarifications in language to illustrate that regardless of the Care Coordination Tier a youth is enrolled, they can enroll in the OhioRISE 1915(c) waiver if they meet other program eligibility.
  - » Standardized language as appropriate between the OhioRISE waiver eligibility rule and other Home and Community-Based waiver eligibility rules.
- No rule change questions/concerns include but were not limited to the following:
  - » Changes to references to OhioRISE Program eligibility located in 5160-59-02.
  - » How will waiver costs be calculated?
  - » Is PRTF covered under the waiver cost cap?
  - » Will dates of disenrollment occur at any time during the month?

## OAC 5160-59-05 OhioRISE Covered Services and Providers

- No changes to this rule were made based on stakeholder feedback, though ODM does anticipate continuing conversations on how best to operationalize the service planning process.
  - » This will be especially important for youth with needs which must be met immediately.
- The ODM internal “preclearance” process did result in minor edits:
  - » One edit was made regarding criteria for eligible providers of the proposed OhioRISE 1915(c) waiver services.
  - » Service names were updated to reflect suggestions received from stakeholders and internal ODM staff.

## OAC 5160-59-05.1 OhioRISE Waiver Out-of-Home Respite

- Changes made to date for OAC 5160-59-05.1 include the following:
  - » Additional provider conditions of participation were added due to specific provider licensure and conditions of participation for Federal 1915(c) reporting;
  - » Incorporated suggested language regarding the limitation of 90 days “within 365 days.”
  - » Clarifications in language to delineate activities between care management entities (CMEs) and the OhioRISE Plan, dependent on the Tier of Care Coordination a youth is enrolled; and
  - » Clarifications regarding documentation details.
- No rule change questions/concerns include but were not limited to the following:
  - » The addition of MHAS licensed Class 1 MH Residential Treatment programs-This is still under discussion.
  - » Questions regarding the availability of respite to non-waiver enrollees.
  - » Clarifications around funding limitations and enrollment into the waiver.

## OAC 5160-59-05.2 OhioRISE Waiver Transitional Services and Supports

- Changes made to date for OAC 5160-59-05.2 include the following:
  - » Changing the name of the service from **Individualized Behavioral Supports and Training** to **Transitional Services and Supports**;
  - » Changed language from “independent provider” to “individual practitioner.”
  - » Clarified the intent of “immediately following” institutional placement to mean within 24 hours;
  - » Broadened language to include residential facilities as defined in rule 5122-30-03 in the list of institutional placements a youth could transition from when enrolling on the waiver with a need for TSS.
  - » Removed specific services not yet available to a youth as a qualifying condition to access TSS and replaced with “other appropriate behavioral health services provided under the OhioRISE Plan.”
  - » Clarified language to indicate that payment for TSS will not duplicate payment for other OhioRISE Plan covered services.
- ODM is continuing work on refining TSS to better distinguish this from other available OhioRISE Plan covered services.

## OAC 5160-59-05.3 OhioRISE Waiver Therapeutic Mentoring

- Changes made to date for OAC 5160-59-05.3 include the following:
  - » Addition of new definitions for “lived experience” and “natural supports”;
  - » Addition of “natural supports with lived experience” as an eligible provider type for therapeutic mentoring;
  - » Additional provider conditions of participation were added due to specific provider licensure and conditions of participation for Federal 1915(c) reporting.
- ODM is continuing work on refining Therapeutic Mentoring to better distinguish this from other available OhioRISE Plan covered services.

## OAC 5160-59-03.5 and 5160-59-05.4: Wraparound Supports

- Changes made to date for OAC 5160-59-03.5 (Wraparound Supports) include the following:
  - » Name changes to the 1915(b)(3) and 1915(c) service (formerly known as “Flex Funds”)
  - » Additional provider conditions of participation were added due to specific provider licensure and conditions of participation for Federal 1915(c) reporting;
  - » Change in language to better define what is meant by “12 month period.” Language now indicates that youth have access to a total of \$1,500 within three hundred sixty-five days.
- There were several comments received relative to 5160-59-03.5 that are operational in nature and will be addressed through guidance.
- One change was made to date for OAC 5160-59-05.4 (Supplemental Wraparound Supports) per feedback. Change made was to include a statement that *“Supplemental Wraparound Supports are additive to Wraparound Supports as described in rule 5160-59-03.5.”*

# 1915(b) and (c) OhioRISE Waiver Applications

## 1915(b) Waiver Application History and Updates

- Amending an existing ODM Waiver to incorporate OhioRISE managed care
  - » Specifically for children and enrollment into managed care.
  - » Effective since January 1, 2013.
  - » Will be renamed, “Children in Managed Care”.
- Contains several “authorities” related to managed care
  - » b(1), b(3), b(4)
- Posted for public comment from June 15, 2021, through July 15, 2021, with the OhioRISE 1915(c) waiver.
  - » Received one comment and updates were made accordingly.
- Will be filed with the OhioRISE 1915(c) waiver and become a “combination”
  - » Now renewed every five years.
  - » Dual submission to CMS with the OhioRISE 1915(c) waiver in late August.

## 1915(c) Waiver Application Updates

- Public comment period was from June 15, 2021 through July 15, 2021.
- ODM received comments from family members, associations, providers, a private healthcare company, and a University Center for Excellence in Developmental Disabilities (UCEDD).
- ODM is in the process of incorporating and responding to public comments.
- Stakeholders will find public comments incorporated into the final waiver application submitted to CMS in Main 6.
- ODM anticipates submitting the waiver to CMS in late August.
  - » It's important to correlate feedback received on the OAC rules and the waiver application to ensure alignment!

# Second Rule Package

# New Rule: 5160-59-02.1, “OhioRISE: first day eligibility and enrollment.”

Purpose: to establish “go-live” population that will be automatically enrolled in OhioRISE for the program’s effective date

## Meet general program eligibility

- Twenty years of age or younger;
- Determined eligible for Ohio medicaid in accordance with Chapters 5160:1-1 to 5160:1-6 of the Administrative Code;
- Not enrolled in a MyCare Ohio plan



## One or More Recent BH Service(s) Prior to Program Effective Date

- Six months prior:
  - Admission into an out of state PRTF
  - Inpatient admission into a hospital, with a primary diagnosis of mental illness or substance use disorder
- Three months prior:
  - Intensive home-based treatment (IHBT) service
- Two months prior:
  - Therapeutic behavioral group services – hourly or per diem service
  - Qualified residential treatment program (QRTP) services as defined in rule 5122-29-09.1.

## Second Rule Package – Preparing for Clearance

- **5160-59-02.1**, “OhioRISE: first day eligibility and enrollment.”
  - » Defines the look back time period and describes the services that will be considered for individuals to be automatically enrolled into the OhioRISE program on January 5, 2022, the first day of the program.
- **5160-59-03.5**, “OhioRISE: wraparound supports.”
  - » Defines flex funds-level one as a service, sets yearly amount available, and how can be used for the purchase of wrap around support. It also includes eligible providers and condition of participation.
- **5160-59-03.9**, “OhioRISE: reimbursement.”
  - » Describes the reimbursement of the OhioRISE services and includes the fee schedule for various services as an appendix.
- **5160-59-04**, “OhioRISE 1915(c) waiver: eligibility and enrollment.”
  - » Describes the eligibility criteria for enrollment into the OhioRISE 1915 (c) waiver. Eligibility criteria includes level of care (LOC) criteria, having a demonstrated need for at least one waiver service, waiver cost cap information, and disenrollment and denial criteria.
- **5160-59-05**, “OhioRISE 1915(c) waiver: covered services and providers.”
  - » Describes the services available through the OhioRISE 1915 (c) waiver and the provider enrollment criteria.

## Second Rule Package – Preparing for Clearance

- **5160-59-05.1**, “OhioRISE 1915(c) waiver: out of home respite.”
  - » Defines the out of home respite as the service included in the 1915(c) waiver, eligible providers of service, and limitations to the delivery and coverage of this service.
- **5160-59-05.2**, “OhioRISE 1915(c) waiver: individualized behavioral supports and training.”
  - » Defines the transitional services and supports services included under the benefit package offered under the 1915(c) waiver, eligible providers of service, and limitations to the delivery and coverage of this service..
- **5160-59-05.3**, “OhioRISE 1915 (c) waiver: therapeutic mentoring.”
  - » Defines the therapeutic mentoring as the service included in the 1915(c) waiver, eligible providers of service, and limitations to the delivery and coverage of this service.
- **5160-59-05.4**, “OhioRISE 1915(c) waiver: OhioRISE: supplemental wraparound supports.”
  - » Defines flex funds-level two as a service, sets yearly amount available, and how it can be used for the purchase of wrap around support included in the 1915(c) waiver.
- **5160-59-05.9**, “OhioRISE 1915 (c) waiver: reimbursement.”
  - » Describes the reimbursement of the OhioRISE waiver services and includes the fee schedule for various services as an appendix.

## Second Rule Package – Clearance Timeline

- Rules will be posted for clearance review in the next week
  - » An email will be sent when the comment period is open
  - » Will be available to comment for two weeks
  - » Post clearance, comments will be reviewed, and rules will be updated as needed
  - » ODM will update the document on the ODM web page to include all comments and ODM responses
- After clearance, both sets of rules will be combined into one package and submitted to the Common Sense Initiative Office (CSIO) together within the month
  - » Allows for another comment period for all the OhioRISE Administrative Code rules
  - » An email will be sent when the comment period is open
- PRTF rules will be in a separate clearance posting at a later date

# First Rule Package Updates – ODM & OhioMHAS

## ODM First Rule Package – Post-Clearance Summary

**5160-59-01**, “OhioRISE: definitions.”

**5160-59-01.1**, “OhioRISE: application of general managed care rules.”

**5160-59-02**, “OhioRISE: Eligibility and enrollment.”

**5160-59-03**, “OhioRISE: covered services.”

**5160-59-03.1**, “OhioRISE: Utilization Management.”

**5160-59-03.2**, “OhioRISE: Care Coordination (ICC/ MCC).”

**5160-59-03.3**, “OhioRISE: Intensive Home Based Treatment (IHBT).”

**5160-59-03.4**, “OhioRISE: Behavioral Health Respite Services.”

**5160-27-13**, “Mobile response and stabilization service” (MRSS)

- Posted for clearance on ODM’s website from 6/9/21 – 6/18/21
- Received 133 comments, questions, and items of feedback
- All comments, with ODM responses, will be posted to the OhioRISE web page
- Next step: Rules will be submitted to Common Sense Initiative Office (CSIO) in the next month which will provide another period for comments to be submitted

# First Rule Package - Summary of Post-Clearance Amendments

## No Amendments, Minor/Technical Amendments

- 5160-59-01, “OhioRISE: definitions.”
- 5160-59-01.1, “OhioRISE: application of general managed care rules.”
- 5160-59-03, “OhioRISE: covered services.”
- 5160-27-13, “Mobile response and stabilization service” (MRSS)

## Clarification & Policy Amendments

- 5160-59-03.1, “OhioRISE: Utilization Management.”
  - Added Mental Health Parity and Addiction Equity Act (MHPAEA) language
- 5160-59-03.3, “OhioRISE: Intensive Home Based Treatment (IHBT).”
  - Limitations updates
- 5160-59-02, “OhioRISE: Eligibility and enrollment.”
- 5160-59-03.2, “OhioRISE: Care Coordination (ICC/ MCC).”
- 5160-59-03.4, “OhioRISE: Behavioral Health Respite Services.”

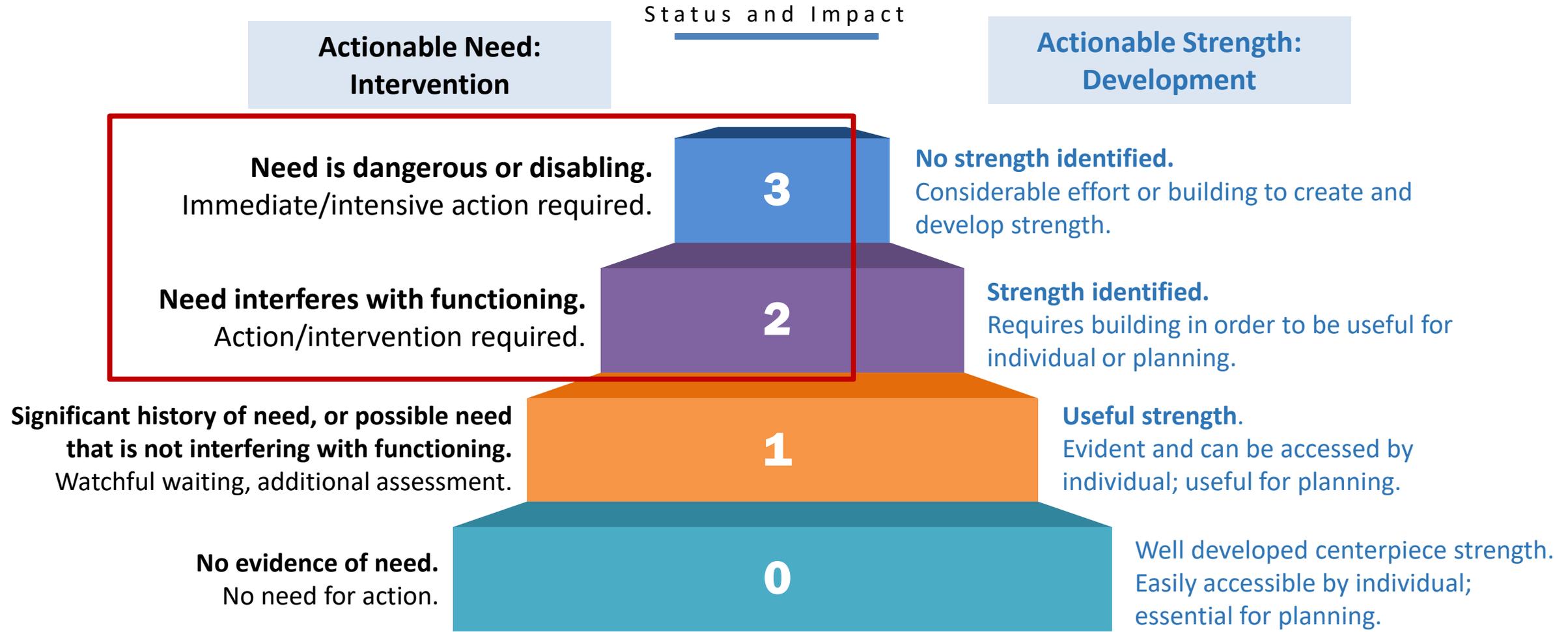
## Stakeholder Feedback Themes: 5160-59-02, “OhioRISE: Eligibility and enrollment.”

- Questions about responsible party for OhioRISE eligibility determination
- Age limit for program / question about serving 18-21 years of age in PRTF
- Desire for greater specificity in describing program eligibility, recommendation to include additional criteria beyond CANS and CANS threshold, question about where CANS tool and decision support model will “live”
- Timing
  - » Concern with MRSS as only pathway to urgent OhioRISE enrollment
  - » Concern with 1<sup>st</sup> of month enrollment for general CANS eligibility pathway, delaying access to coverage
- Questions about declining enrollment / services, informed consent, disenrollment timeframe
- Concern with “just cause disenrollment” concept
- Question about “OhioRISE plan's service area” including out of state residential tx facilities

# Reminder - Rating Sheet Format

<b>BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (Ages 6+)</b>				
<b>Items</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct (Antisocial Behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please write a rationale for any item in the Behavioral/Emotional Needs 1 -- For Substance Use, please describe the substance type, severity and environmental influences on use of substances.</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>				

# Action Levels → Now Described in OAC Rule Language



## Stakeholder Feedback Themes: 5160-59-03.2 “OhioRISE: Care Coordination”

- Tier assignment / level of need
  - » Desire for greater specificity in describing CANS and CANS threshold for each tier of care coordination, question about where CANS tool and decision support model will “live”
  - » Desire for better understanding of “other clinical documentation” used in addition to CANS
  - » Question re: why majority of ICC services will be delivered in the home
  - » Questions and comments re: assigned care coordination tiers for kids in QRTPs, discharging from inpatient or PRTF stays
  - » Suggestion for outlining Tier 1 (OhioRISE Plan-provided) care coordination requirements (staffing, contacts, etc.) in this rule
- Timeframes, telehealth, transitions
  - » Questions about use of virtual / telephonic outreach
  - » Desire to change required timeframes, questioning if timeframes only applying to kids experiencing crises
  - » Want to know if CME is required to respond to crises 24/7
  - » Want to understand CME role in transitions between treatment settings, level of care, at times of crisis or admission

## Stakeholder Feedback Themes: 5160-59-03.2 “OhioRISE: Care Coordination” (cont’d)

- Child and family care plan
  - » Process for OhioRISE plan “review and approval”, relation to utilization management
  - » Timeline for submission and approval
  - » Question about “template” or individual kid plan submission
  - » How will it will be shared with providers
- CME operations, staffing, ratios
  - » Ability for CMEs to subcontract for services (psychiatrist, care coordination)
  - » Understanding of conflict-free / firewall concepts
  - » Assurances for care coordination staff competencies, timing for staff training
  - » Will CMEs be required to provide both ICC and MCC?
  - » Questions about CME reporting, metrics
  - » Intersection of workforce challenges, CC and supervisor qualifications, questions about requiring license for supervisors
  - » Requests to change maximum caseloads
- Program operations
  - » How will OhioRISE Plan, CMEs, COEs, other public entities (particularly PCSAs) work together?

## OhioMHAS OAC 5122-29-28 Intensive home-based treatment

- Request to reinstate higher staff to patient or case load sizes. Staff to patient ratios or case load sizes will remain as drafted to support intensive individualized treatment.
- (D)(1)(d) “human services” updated to “child protective services” and added “would benefit from” so that child doesn’t have to be receiving services from another youth-serving system
- (K) added clarification about single provider when delivering functional family therapy and corrected references to licensed/licensed-eligible practitioners

## OhioMHAS OAC 5122-29-14 Mobile response and stabilization service

- Several questions/clarifications about practice that resulted in no rule changes.
- Changed crisis plan to MRSS plan throughout.
- Removed “face-to-face” from (A) as MRSS is covered under the current OhioMHAS telehealth rule.
- (2)(b)(ii) replaced “consultation” with “intervention”.
- (2)(b)(v) added “initiated”.

# CANS Training & Website Updates

## Child and Adolescent Needs and Strengths (CANS) Updates

- Added language to OhioRISE: Eligibility and Enrollment rule 5160-59-02 to better clarify criteria for OhioRISE enrollment, including Early Childhood decision support model criteria
- Additional clarification added to OhioRISE: Care Coordination rule 5160-59-03.2 to distinguish differences between Intensive Care Coordination (ICC) and Moderate Care Coordination (MCC) levels
- Updated rates for CANS assessment

## CANS Training

- This month, CANS training began for Qualified Residential Treatment Program (QRTP) level of care CANS assessors
  - » Prioritizing QRTP LOC as the requirements for the Family First Prevention Services Act go into effect on October 1, 2021
  - » Collaborating with ODJFS to reach out to stakeholders and share information about the training
- September training dates will be announced for all other CANS assessors who intend to participate from other systems
  - » Look for an email and a posting on the OhioRISE webpage

# Reminder: Training Process

## New Certified Trainers

- CANS General Overview (2 sessions)
- CANS Training of Trainers (2 sessions)
- Complete OH Comprehensive CANS Certification at .80
- Submission and Approval of Credentialing Materials (2 weeks)

## New Ohio CANS Users/Assessors

*no current certification*

- CANS General Overview (2x 3.5 hour sessions)
- Complete OH Comprehensive CANS Certification at .70

## Current CANS Users/Assessors

*“grandfathered” group*

- CANS Booster Session (1, 2.5 hour session)
- Completed CANS Certification at .70 (no new test required)

# OhioRISE Website Changes

## Frequently Asked Questions (FAQ)

- Addresses questions asked by stakeholders from various meetings
- Organized by topic
  - The version that was emailed includes an expand/collapse feature for efficiency purposes
  - If you want an emailed version sent to you, email [OhioRISE@Medicaid.Ohio.gov](mailto:OhioRISE@Medicaid.Ohio.gov)
- You are encouraged to submit additional questions to the OhioRISE inbox
- The FAQ will continue to be updated and shared

## Provider Agreement

- ODM is pleased to share the Provider Agreement was signed by Aetna Better Health of Ohio
- The Provider Agreement is the official contract between ODM and Aetna for the OhioRISE program
- The agreement outlines the program requirements, expectations, coverage and services, provider network, and in-depth details to carry out OhioRISE
- This will be useful for the Implementation and Operations Work going forward

# Next Steps

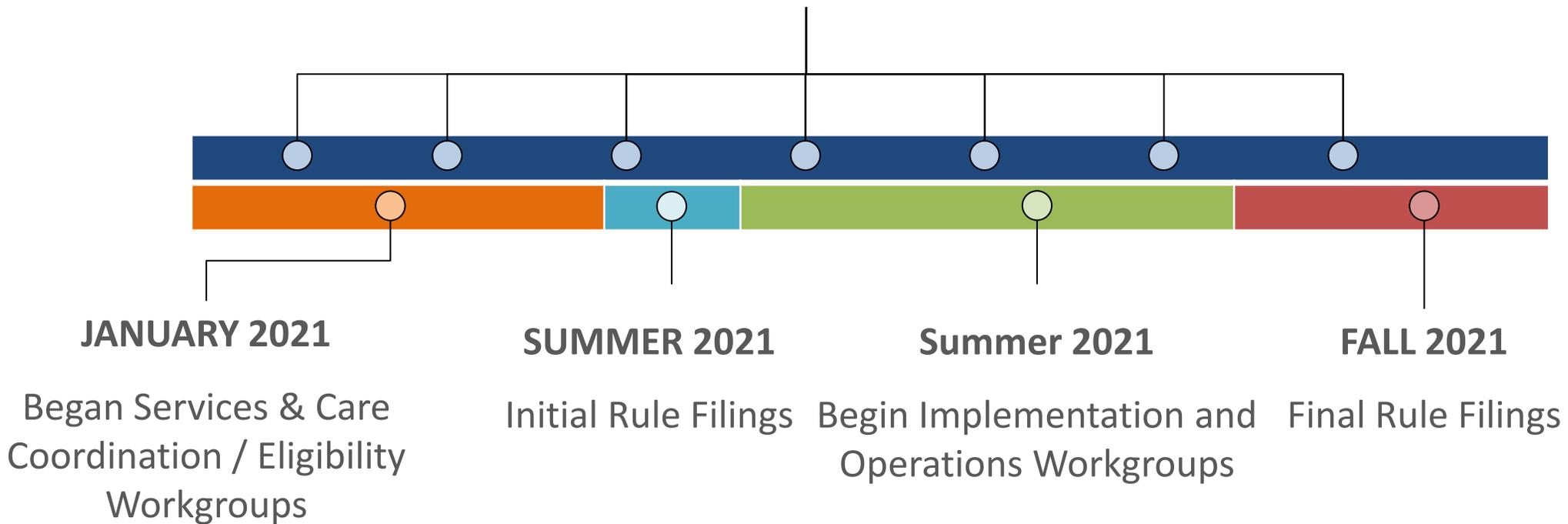
## Next Steps

- PRTF Workgroup Meeting tomorrow, 9am – 11am
  - » Discuss draft rule changes following written feedback
- Continue CANS training, announce training dates for September
- Look for second rule package to begin clearance to provide public comment
- ODM submission of 1915(b) and 1915(c) waiver applications

# OhioRISE Stakeholder Timeline

JANUARY 2021 - TBD 2022

OhioRISE Advisory Council Meetings



# 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
<a href="#">OhioRISE Advisory Council Meeting</a>	01/11/2021	12:00 - 1:30 PM EST	Registration Has Closed
<a href="#">MRSS Workgroup</a>	01/22/2021	12:00 - 1:30 PM EST	Registration Has Closed
<a href="#">CANS &amp; Care Coordination Workgroup</a>	01/28/2021	12:00 - 2:00 PM EST	Registration Has Closed
<a href="#">Advisory Council Meeting</a>	02/09/2021	9:00 - 11:00 AM EST	Registration Has Closed
<a href="#">MRSS Workgroup</a>	02/09/2021	1:30 - 3:30 PM EST	Registration Has Closed
<a href="#">CANS and Care Coordination Workgroup</a>	02/11/2021	12:00 - 2:00 PM EST	Registration Has Closed
<a href="#">IHBT Workgroup</a>	02/19/2021	2:30 - 4:30 PM EST	Registration Has Closed
<a href="#">CANS and Care Coordination Workgroup</a>	02/25/2021	12:00 - 2:00 PM EST	Registration Has Closed
Advisory Council Meeting	03/09/2021	9:00 - 11:00 AM EST	<a href="#">Click here to join the meeting - Registration not required</a>

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

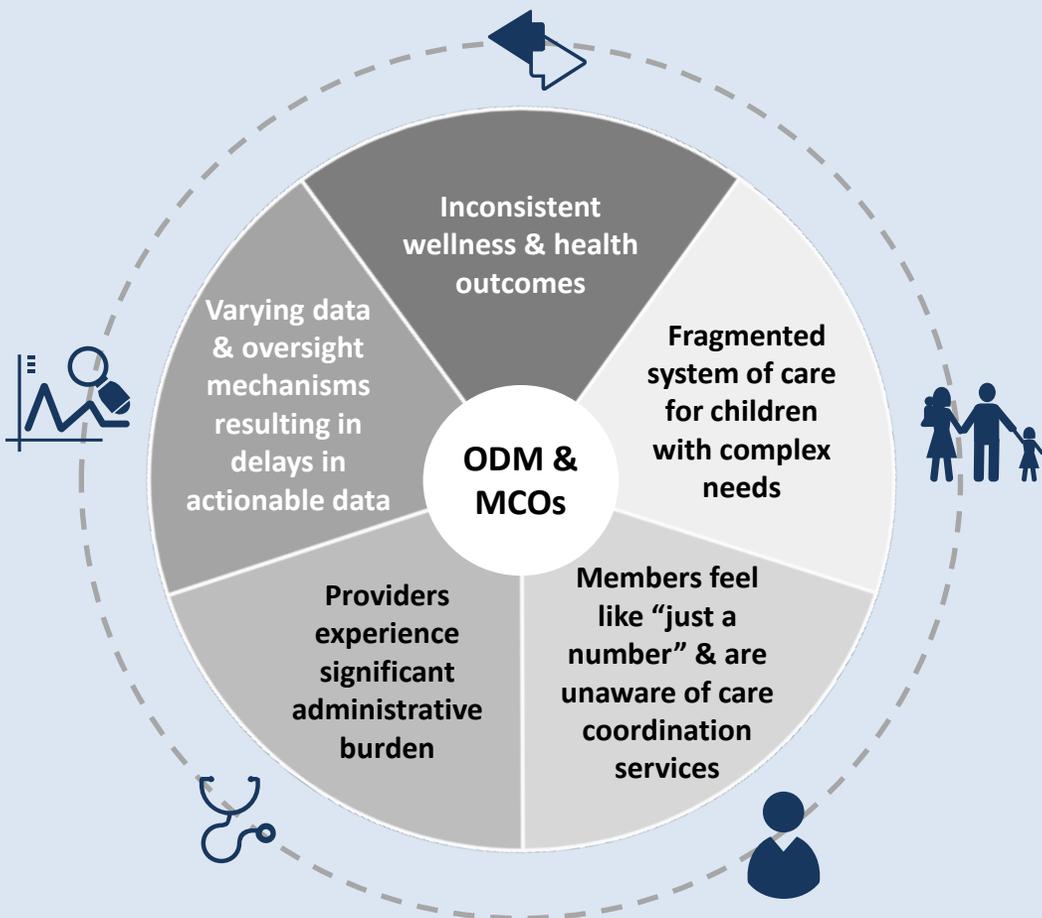
Join meetings by clicking on the meeting links in the 'Registration Link'

**Thank you for attending!**

# Appendix

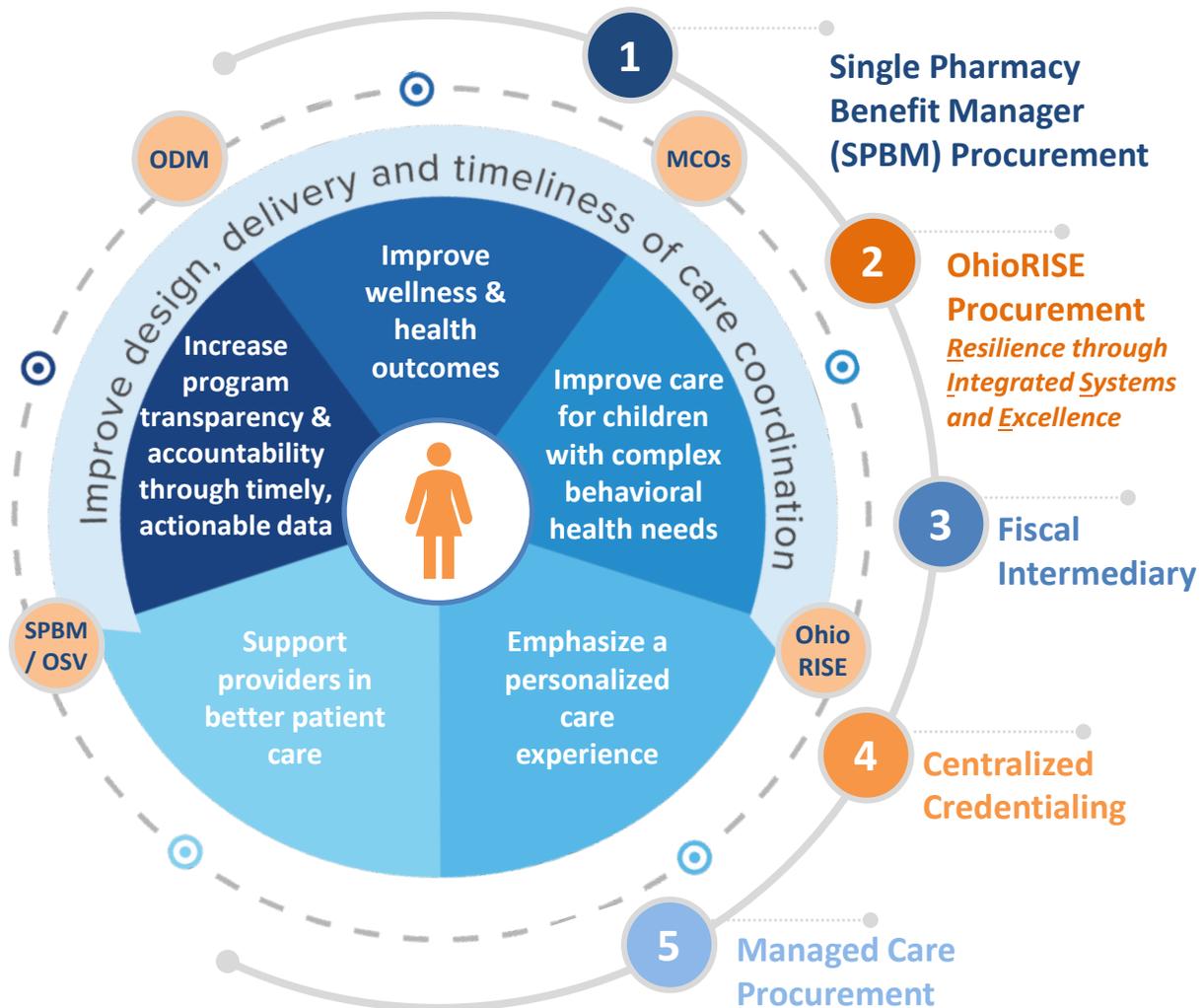
## Today's Ohio Medicaid Managed Care Program

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.



## "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.





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

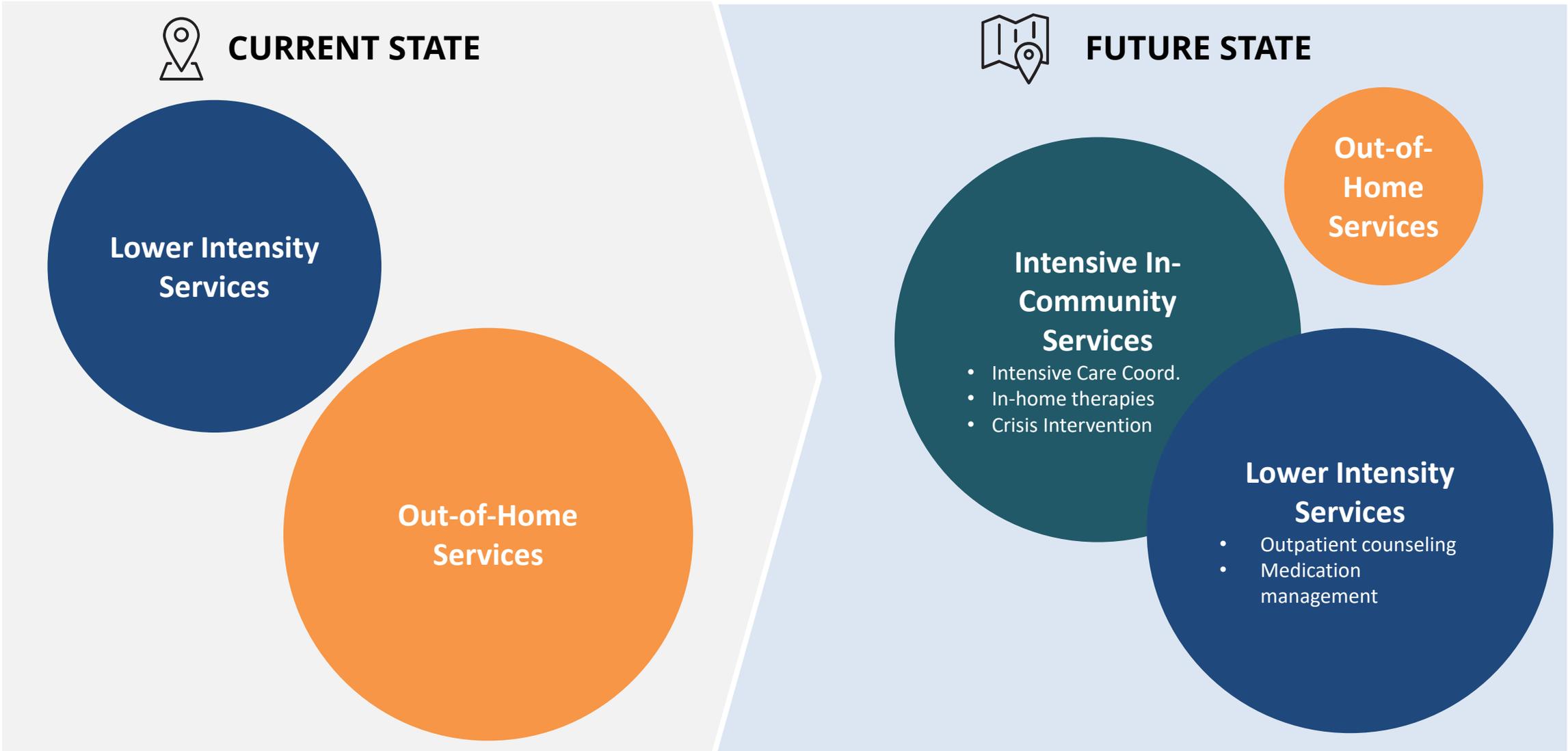
- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

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### 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



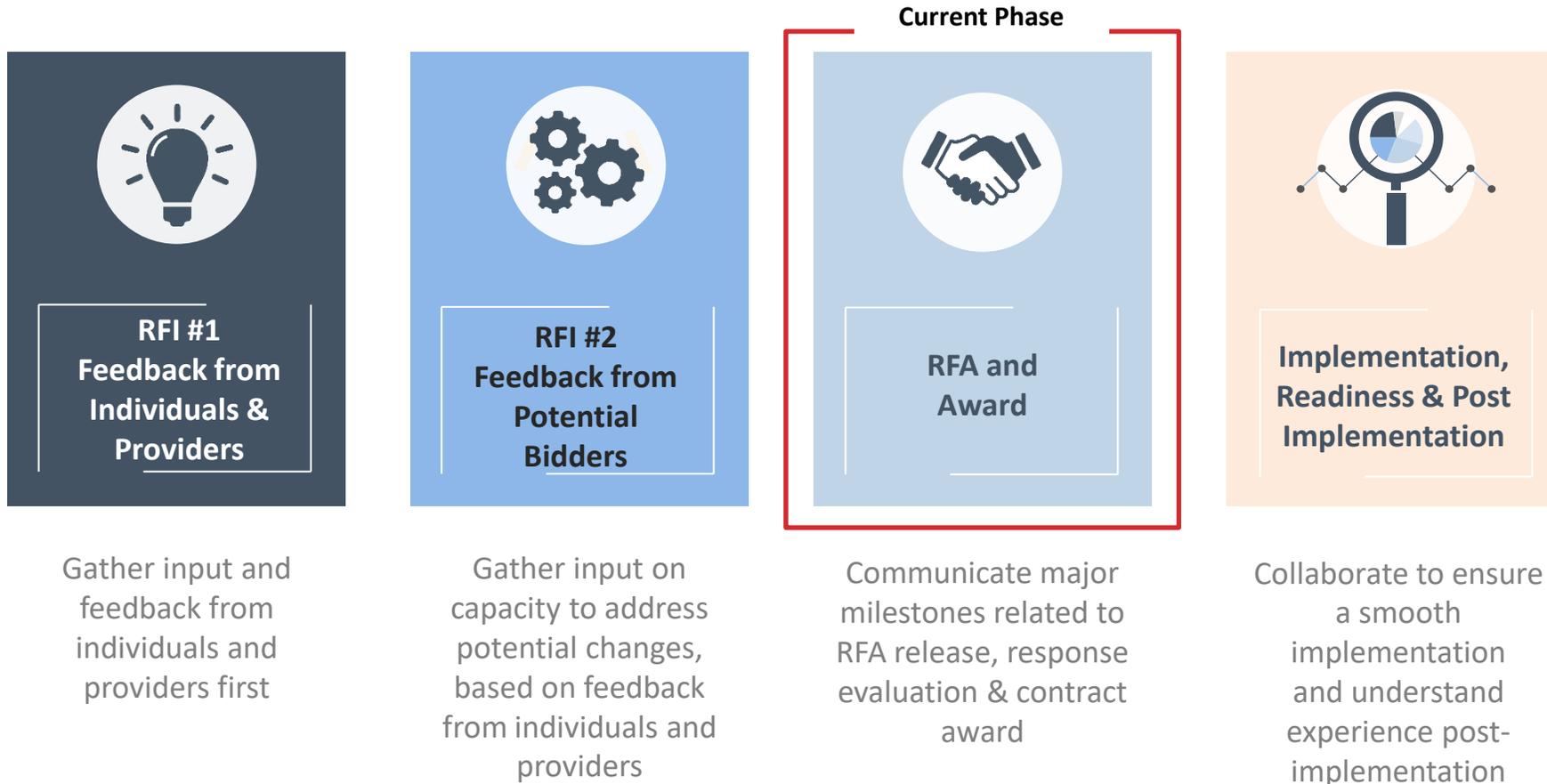
### Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High Fidelity Wraparound

### Center(s) of Excellence (COEs)

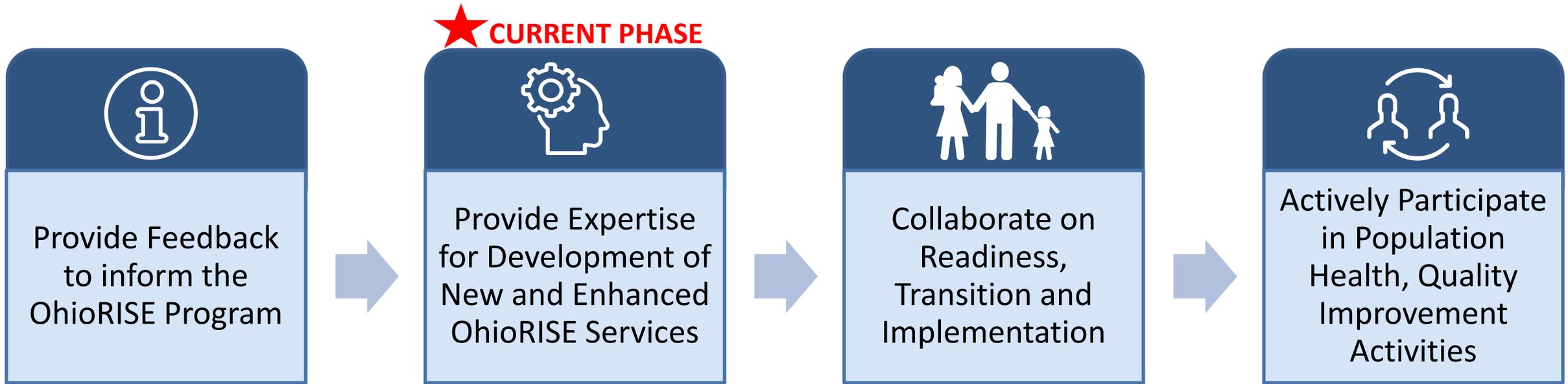
Support evidence-based practices, training,  
fidelity reviews, workforce development

# 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

