OhioRISE Training - Module 1 Questions and Answers

Question	Response
Do families who are not eligible for OhioRISE or the 1915A waiver then go to FCFC? What will be the role of FCFC's?	Families who are not eligible for OhioRISE will work with their managed care organization and may work with their local Family and Children First Council (FCFCs). For children enrolled in OhioRISE, FCFCs may become part of the OhioRISE care coordination Child and Family Team, or a family may choose to continue to use the FCFC to provide care coordination. FCFCs will continue to provide local services to families not enrolled in Medicaid and who are not being served by the OhioRISE program.
Would music therapy be an example of using primary flex funds?	Additional OhioRISE trainings will provide details about the requirements for the Primary and Secondary Flex Funds service. Decisions on whether a type of therapy would be approved will be based on a case-by-case basis upon review of the individual's needs and service criteria.
Who will educate the public of the avaiability of the funds to secure the secondary care of families?	Aetna and CMEs will engage in efforts to educate and raise awareness of OhioRISE and it's services in local communities and across the state. At the individual level, OhioRISE Plan (Aetna) and CME care coordinators are required to educate the child and family when services may be appropriate during care planning and coordination.
What is the time between referral and determining eligibility and the family being informed?	Once Aetna becomes aware of the new member on their enrollment roster, they and / or the CME will reach out to the member / family within 4 business days to provide education about the OhioRISE program, discuss the care coordination tier assignment, and schedule the initial face to face meeting at the member's home or preferred location in the community. Aetna will also mail new member materials within 10 days of receiving the daily enrollment rooster.
will Aetna be able to contract with non-traditional agencies to ensure youth and family access to ancillary support such as respite? or will any contract agency need to be a behavioral health provider able to bill Medicaid?	Aetna will have flexibility to contract with agencies to provide access to medically necessary services. All providers of Medicaid services need to enroll with and be screened by the Ohio Department of Medicaid.
Does the CANS Assessment details of the answered questions and actual assessment goes to OhioRISE portal from the CANS IT Portal?	Aetna's Family Connect portal will include a pdf version of the CANS assessment(s). The pdf will include domains, items and ratings for each item. The CANS decision support model recommendations will also be included in this pdf.
Who is permitted to attend the COE trainings for Intensive and moderate care coordination, aside from the CME staff?	Anyone providing intensive and moderate care coordination for the OhioRISE program will be able to attend the training. Anyone else would need to reach out directly to the COE for additional information.
Why do providers check MITS Portal before providing services?	Assuming this question related to checking OhioRISE enrollment: beginning in July 2022, providers can check for a youth's enrollment via the Provider Network Management (PNM) provider portal.

Question	Response
How do I become a provider for the OhioRise program?	To become a provider with Ohio Medicaid you need to enroll by calling 1-800-686-1516 and speaking with the enrollment unit, or you can visit our online MITS provider application at https://portal.ohmits.com/Public/Providers/Enrollment/tabId/49/Default.aspx . If you would like to be part of the Medicaid provider panel with Aetna, please contact Aetna, 1-833-711-0773 (TTY: 711) . If you are currently a provider of behavioral health services with ODM, please note new OhioRISE provider specialties are part of the program. Beginning March 9, several new provider specialties associated with the implementation of the OhioRISE program will be available for providers. The new services will require the addition of a provider specialty to the provider's enrollment type for the provider to bill for services rendered under the next generation of Ohio Medicaid. The managed care entities (MCEs) are working to build their provider networks in preparation for the implementation of the next generation of Ohio Medicaid on July 1. Enrolling and adding the appropriate specialties to the provider's enrollment information will help members make an informed decision when selecting a managed care organization (MCO) during open enrollment and will allow for prompt billing and claims payment after go-live. Please email ODM at Medicaid_Provider_Update@medicaid.ohio.gov to request the addition of the applicable specialty for the new service to your existing provider type.
common to the stories is the agression of the youth in the stories. . Behavioral Health is defined as ? Lisa note: we're receiving a LOT of questions/comments from Jude D'Souza, who is a peer supporter. She commented earlier: I am a Peer supporter in this audience and so everything is totally new to me. Thanks for making this presentaastion simple enough but sometimes I get lost in definitions of terms.	Behavioral health describes both mental health substance use disorders. Thank you for making ODM and future presenters aware of this helpful feedback about using certain terms.
Which provider types will be performing the CANS assessments? Will this be BH providers only, 84/95 facilities, or is it likely that non-BH providers will also be performing the CANS assessments?	Please see our provider specialty guide for a list of eligible billing and rendering provider types for OhioRISE services, including the CANS. https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/a7a815b5-3a59-4b97-be28-5dae9c3bee6b/ODM+Procurement_New+OhioRISE+Provider+Specialties+Guide_vFinal.pdf?MOD=AJPERES&CVID=n-TqqPP
And will every county board of DD have a CANS accessor? Or can smaller counties utilize an accessor from a larger county?	CANS Assessors can be used across counties. Assessors can use telehealth technology when appropriate in order to increase access to this assessment.
will cans assessors be hired by Aetna or will they be contractors?	CANS assessors may work for the Managed Care Organizations (MCOs), the OhioRISE Plan (Aetna) and other agencies / provider organizations across the state. CANS assessors employed by the MCOs and the OhioRISE plan will only provide CANS assessments for OhioRISE eligibility purposes when no other CANS assessors are available to serve the child or youth and their family.

Question	Response
Will FCFC's be working with/linking and coordinating services for the Tier 1 youth and families?	Children and youth enrolled in OhioRISE will be offered OhioRISE Care Coordination, which is intended to be the primary care coordination for children/youth and their families/caregivers enrolled in the program. It would be duplicative and possibly confusing to the member to receive entirely separate care coordination from two separate entities. Since OhioRISE Care Coordination is based on High Fidelity Wraparound principles that honor family voice and choice, families may choose to include various parties (BH service providers, other family members and supporters, FCFC staff) in their OhioRISE Child and Family Team. Children/youth and families/caregivers may also chose to decline OhioRISE care coordination from the CMEs or the OhioRISE Plan, and similarly they may choose to have another party lead their care coordination. Should Children/youth and families/caregivers elect to receive care coordination from other parties, the OhioRISE plan will support those parties in their care coordination efforts.
Will the state be directly creating any of the new service options (for example, creating facilities for respite) or will it all be contracted through existing agencies?	Community partners and providers will provide the new and enhanced OhioRISE services and care coordination.
Could you please explain how the OhioRise program fits with the CPC for Kids program? Does it replace CPC for Kids or is it an add-on to the processes for care coordination that CPC for Kids aims for?	CPC for Kids is a patient-centered medical home model that provides pediatric primary care practices that choose to enroll with payment for implementing population health activities, including care coordination. In cases where a child is attributed to a CPC for Kids practice and also enrolled in OhioRISE, OhioRISE is expected to be the lead entity for ensuring care management and care coordination for the child. The CPC for Kids practice is expected to work with the OhioRISE plan and the child's MCO if applicable to ensure the child's needs are met. If appropriate and chosen by the youth and their family, the CPC for Kids practice will be asked to participate in the child and family team and in developing the child and family-centered care plan. The CPC for Kids practice will be expected to share information that is integral to the child's care planning with the OhioRISE program and the child's managed care organization (when applicable).
Will IHBT only be available to Rise enrollees 7/1/22+, or will IHBT still be rendered to non-Rise enrollees after 6/30/22?	Effective July 1, 2022, IHBT will only be available to those enrolled in the OhioRISE program. Youth who meet medical necessity criteria for IHBT will also meet OhioRISE eligibility.
Do families have voice and choice in OH RISE and Aetna enrollment?	Enrollment in OhioRISE is mandatory and OhioRISE-specific services (ICC/MCC, IHBT, PRTF, inpatient BH) are only covered by the OhioRISE plan. There is no option to have these services covered by FFS or other managed care organizations. A family/youth that is mandatorily enrolled in OhioRISE can ask to be disenrolled for just cause. ODM will evaluate just cause requests and will ensure the child/youth and their family/caregivers understand that disenrolling from OhioRISE means they can’t access OhioRISE/their EPSDT services that are only available through OhioRISE.

Question	Response
Can a family choose to stay with their managed care organization and their local service coordinator if they are already getting the services they need? Is there a requirement that they sign up for OhioRise if they are eligible?	Enrollment in OhioRISE is mandatory and OhioRISE-specific services (intensive and moderate care coordination (ICC/MCC), Intensive Home Based Treatment (IHBT), psychiatric residential treatment facilities (PRTFs), inpatient behavioral health services) will only be covered by the OhioRISE plan. There will not be an option to have these services covered by the fee for service program or other managed care organizations. A family/youth that is mandatorily enrolled in OhioRISE can ask to be disenrolled for just cause. ODM will evaluate just cause requests and will ensure the child/youth and their family/caregivers understand that disenrolling from OhioRISE means they can't access OhioRISE and the services that are only available through OhioRISE.
Does a youth who becomes incarcerated while in the OhioRISE program maintain medicaid eligibility? Many of our youth lack access to services due to incarceration.	Federal law prohibits Medicaid from paying for any services other than inpatient care for incarcerated Medicaid-eligible individuals. The agency with custody or control (typically the Ohio Department of Rehabilitation and Corrections or the Department of Youth Services) over an incarcerated individual is responsible for covering all other care.
Will your claim portal follow the Medicare inpatient only list?	For claims routing through ODM's system to an MCE, ODM only checks that a valid diagnosis code is received on the claim. Medicare's inpatient only list will be used to adjudicate fee-for-service (FFS) claims, in accordance with chapter 5160-2 of the Ohio Administrative Code. If managed care plans and/or the OhioRISE plan are using grouper software, it will also enforce the same inpatient only edits as the Medicaid fee for service program.
What is the role of FCF Cabinet Council?	Governor DeWine's Family and Children First Cabinet Council is composed of cabinet directors from child-serving state agencies. The Council works to coordinate, align, and collaborate on child-serving programs and initiatives. In the context of OhioRISE, the Council helped to develop the OhioRISE program, is supporting its implementation, and will carefully monitor its outcomes.
What service code will these CANS Certified Assesors be using?	H2000
Can you clarify... those who will doe MCC and ICC may not have to be licensed?	Individuals rendering ICC and MCC must have appropriate experience and training, but are not required to have a license. The experience requirements are graduated by the type of education the person has: High School Diploma - 3 years of experience; Bachelor's Degree - 2 years of experience, Master's Degree 1 year of experience. Experience includes: children's behavioral health, child welfare, developmental disabilities; juvenile justice or a related public sector human services or behavioral health care field, providing community-based services to children and their families or caregivers
If a child qualifies for the 1915c waiver, but later they improve/stabilize, will they return to their regular insurance plan? For example, if a child stabilizes, do they discharge from the 1915c waiver services and then only re-enroll if they have a relapse or decompensate to meet level of care again?	If a child no longer meets the eligibility criteria for the 1915c waiver, the child will be disenrolled from the waiver and receive appropriate notice and hearing rights. A child who was eligible for the waiver under the SIL category of Medicaid eligibility and no longer meets the waiver criteria will be explored for potential Medicaid eligibility under another category before being disenrolled from the waiver and discontinued from Medicaid. Individuals who disenroll from the 1915c waiver and who remain eligible under another eligibility category will maintain Medicaid coverage through the fee for service or managed care programs and may still meet OhioRISE eligibility criteria.

Question	Response
If a family chooses another entity (not a CME) for care coordination, will the youth still be able to access IHBT and other services available through OhioRise?	Ideally, all children enrolled in OhioRISE will receive care coordination to support their child and family teams and provide longitudinal coordination of services and supports. If a family does not want Care Coordination through OhioRISE, but wants/needs IHBT or other OhioRISE covered services, the OhioRISE plan (Aetna) will review medical necessity for those services.
If a child is not in OhioRISE could a child in a different MCO be able to get some of these services under an EPSDT request?	If a youth does not meet OhioRISE baseline eligibility (as determined by the CANS assessment), they would continue to have access to the standard behavioral health benefit package, including EPSDT services. EPSDT applies to all youth covered by Medicaid, including those in traditional managed care and/or enrolled in the OhioRISE plan. Medical necessity for specific services is determined on a individual basis, and is based on established clinical criteria for the service (including CANS assessment results, where applicable).
In general, how will family's refusal of Enrollment be handled?	Enrollment in OhioRISE is mandatory and OhioRISE-specific services (intensive and moderate care coordination (ICC/MCC), Intensive Home Based Treatment (IHBT), psychiatric residential treatment facilities (PRTFs), inpatient behavioral health services) will only be covered by the OhioRISE plan. There will not be an option to have these services covered by the fee for service program or other managed care organizations. A family/youth that is mandatorily enrolled in OhioRISE can ask to be disenrolled for just cause. ODM will evaluate just cause requests and will ensure the child/youth and their family/caregivers understand that disenrolling from OhioRISE means they can't access OhioRISE and the services that are only available through OhioRISE. If an individual is not enrolled in OhioRISE program, the managed care plan or the fee for service program will be responsible for covering both their physical health and behavior health services when included in Medicaid's benefit package and medically necessary.
If a youth doesn't qualify for Ohio Rise services, will their outpatient level counseling services etc be paid by the MCO's not Aetna?	If an individual is not enrolled in OhioRISE program, the managed care plan or the fee for service program will be responsible for covering both their physical health and behavior health services when included in Medicaid's benefit package and medically necessary.
I want to make sure I'm understanding. Anyone who is assigned a 1915C waiver will then become eligible for Medicaid, and extended services through RISE. The financial cap on the 1915C waiver, of 15k, is separate from the benefits they will access through Medicaid.	If individuals meet the 1915(c) waiver eligibility criteria, and not currently enrolled with Medicaid, they will need to meet Medicaid eligibility criteria. The special income limit (SIL) will be considered when determining eligibility. The $15,000 cap only applies to the 1915(c) waiver services. Other services provided through the OhioRISE program (aside from the OhioRISE 1915(c) waiver services) and Medicaid program do not count towards the cap limit.

Question	Response
As an SSA who would we make connection with to coordinate Ohio Rise services. The MCO or the CME?	If the youth is not yet enrolled in OhioRISE, a Child and Adolescent Needs and Strengths (CANS) assessment will need to be completed by a certified CANS assessor to determine eligibility. If the youth is enrolled in managed care, their MCO can assist with linkage to a CANS assessor. If not enrolled in managed care, Aetna can help to identify a local CANS assessor. If determined eligible for and enrolled in OhioRISE, the youth will be assigned to one of three care coordination tiers. When assigned to tier 1, services will be coordinated with a care coordinator at the OhioRISE Plan (Aetna). When assigned to tiers 2 or 3, services will be coordinated with a care coordinator at the youth's Care Management Entity (CME). Future modules will dive deeper into the OhioRISE care coordination model and its operations.
Will current IHBT PAs be accepted for the enhanced services?	If there is an existing prior authorization for IHBT services when an individual is enrolled in OhioRISE, the prior authorization will be accepted by Aetna. If additional services are needed after the services under the prior authorization has been completed, a new prior authorization may be needed.
if the individual is already enrolled on a DD Level One, I/O or Self Waiver, are they still eligible for the OR Waiver?	Individuals cannot be enrolled in two 1915(c) waivers. If an individual is already enrolled on another 1915(c) waiver and they are found to be eligible for the OhioRISE 1915(c) waiver, they would have to chose between their current waiver and the 1915(c) OhioRISE waiver. Please also note that the eligibility criteria for the OhioRISE 1915(c) waiver is different from the eligibility for the DD 1915(c) waivers. The individual would need to be assessed for the OhioRISE waiver to determine if they would be eligible for that waiver.
With Aetna being the chosen insurance plan, what does this mean for families who are utilizing other managed care plans (Caresource, Buckeye, etc.)?	Individuals enrolled in OhioRISE will access their behavioral health benefits through Aetna. If the individual is also enrolled in a traditional managed care organization they will maintain that coverage for their physical health care benefits. The managed care organization and Aetna will work together to oversee the care coordination of the individual.
So the 1915 (c) is for those who are not enrolled in Medicaid?	Individuals need to be enrolled on Medicaid to obtain access to the OhioRISE 1915(c) waiver, but their Medicaid enrollment could happen as part of the process in which they apply for and are enrolled on the 1915(c) waiver.
Is there a limit on the number of 1915 waivers that will be approved?	For the 1915(c) waiver, OhioRISE plans to serve a maximum of 1,000 individuals in the first waiver year.
Will kids recently in a QRTP in Ohio be considered for Day 1 Enrollment?	It is likely that youth recently placed in a QRTP would be considered for day 1 enrollment. If youth recently in a QRTP received a CANS assessment that was submitted to the CANS IT system three months prior to go-live (that indicated, at minimum, baseline OhioRISE eligibility), they would be enrolled as part of the day 1 population/cohort. Additionally, if they received any of the behavioral health services within the defined timeframes prior to go-live, they would also be enrolled in OhioRISE. For example, if a youth received IHBT services within three months prior to go-live or was placed in a children's residential center (as defined in 5101:2-1-01) two months prior to go-live, they would automatically be enrolled in OhioRISE for day one.

Question	Response
So just to be clear, if our agency has received a referral for services and it is determined that they meet criteria for IHBT services (and let's say it was an internal referral), the CME does not need to be included in their care? They and we can use Aetna directly for care management? If that's what the family desires.	It will be important for agencies to involve Aetna or the CME depending on care coordination tier assignment. If you youth has Tier 1 Care Coordination, then the agency will need to reach out to Aetna for coordination, if the youth has Tier 2 or Tier 3 Care Coordination, the agency will need to work with the CME in the designated catchment area.
So are waiver services for kids that have commercial insurance and not medicaid?	Medicaid 1915(c) waiver services are available to individuals who qualify for Medicaid, meet the needs criteria for the waiver, and enroll on the waiver. Medicaid waiver services allow the state to provide services that may not be available under the Medicaid state plan to targeted Medicaid populations. A Medicaid eligible individual who is also eligible for a Medicaid 1915(c) waiver has access to both necessary Medicaid state plan services and the waiver services. An individual who is eligible for Medicaid can also have third party/private insurance coverage. In that instance, Medicaid will be the payer of last resort.
Are MST and FFT evidence based for youth who are dually BH and ID/DD or just BH?	MST is an evidenced based service for youth with externalizing disorders who are at-risk of involvement with the Juvenile Justice system
Do I understand that the CMEs will be the only agencies that will provide the services for the OhioRise program ?	No, CMEs are an entity contracted with the OhioRISE Plan to provides behavioral health care coordination to OhioRISE Plan enrolled members within a catchment area. A single CME serves each catchment area. CME's will work with providers of ither services to coordinate care for the youth.
Are CMEs eligible to provide 1915(c) respite services?	No, CMEs are not permitted to provide any of the 1915(c) waiver services. They can provide other Medicaid-billable services with appropriate firewalls in place to assure conflict-free coordination.
Question: are we going to get a notification that our client is now in OhioRISE? Will we have to change anything we do or provide as a general BH provider? Will our HIE Inpt Notification history be a good place for us to start to determine which kids will be enrolled in OhioRISE?	ODM does not have a way to notify providers directly when a youth enrolls in OhioRISE. Providers will be able to identify youth who are enrolled in OhioRISE through an eligibility search in MITS or the Provider Network Management (PNM) provider portal.
will there be a print out of the Chat Box conversations? They have been very informative	ODM is creating an FAQ using the questions from the chat box.
So kids who have been psychiatrically hospitalized between Jan 1-JUne 30th 2022 on July 1, 2022 will be transitioned to OhioRise? Is this correct? Do we have a statewide baseline of youth hospitalizations from MCOs for July 1-Dec 30th 2022? Is data available for each county? This would be helpful for the Boards supporting Providers launching new OhioRise based services.	ODM will be identifying youth who are in this category of eligibility for OhioRISE and will provide this information to Aetna as appropriate. Before July 1 (OhioRISE go-live) Aetna and CMEs may have estimates based on data regarding the 6 month, 3 month and 2 month look back. These numbers may be provided to Aetna and the CMEs to prepare for staffing that will need their community needs.
How do our current clients get enrolled in OhioRise on July 1?	ODM will be using claims, encounter, and SACWIS data to determine youth that meet day one enrollment criteria. This data, along with any youth with an approved CANS assessment, will be used to do the initial enrollments for July 1.

Question	Response
There continues to be a hiring "crisis" to find qualified and interested social workers, what is being done to promote, increase pay, advocate for agencies to be able to pay more competitive salaries to do this work?	Ohio Medicaid, our sister state agencies, and our partners at Aetna recognize that workforce challenges will impact OhioRISE. We are offering provider supports and continuing to reexamine OhioRISE program requirements and staffing models for potential flexibilities while ensuring any changes made do not dilute the evidence-based care children and youth deserve to receive. We will monitor the program as it scales and provide support for provider expansion, as well as make any necessary changes, over time.
forgive me for not knowing but what do you mean when you say fee for service and managed care plan?	Ohio Medicaid's covered services are available through a number of types of care and payment system: two of the primary systems are called fee for service and managed care. When a person is in the fee for service program or managed care program, that program is responsible for managing the individual's health care needs and paying for their medically necessary health care services. The fee for service program is managed by the Department of Medicaid, and the managed care program is managed by contracted vendors. As individuals enroll in Medicaid, part of the eligibility process determines which system will be responsible for their care. More information can be found here: https://medicaid.ohio.gov/families-and-individuals/coverage/already-covered/benefits/getting-care
If a child is not already on Medicaid, and their family's income would make them otherwise ineligible for medicaid, would their CANs score or a psychiatric hospitalization make them eligible for RISE?	Ohio utilizes the Special Income Level (SIL) for individuals with specified long-term care needs, including 1915c waivers. This allows individuals with higher incomes who would otherwise be ineligible to qualify for Medicaid and to enroll when they meet specific level of care eligibility criteria and the SIL, as well as other required Medicaid enrollment criteria. Once enrolled on a 1915(c) waiver, individuals have access to Medicaid's state plan services and the applicable 1915c waiver services. If a CANS assessment indicated inpatient psychiatric hospital level of care and other functional/clinical criteria indicates that a child meets the criteria for the OhioRISE 1915c waiver, then it is possible that the child may be eligible for Medicaid under the SIL.
Some of our families, specifically our DD population have been denied services through the State due to a parent being over the income guidelines. However, in order for them to maintain a living they must work, but cannot work with their child needing intensive services through DD, Mental Health etc. How do we navigate and ameliorate this conundrum? Will OhioRise assist these families who need assistance in maintaining their child in the least restrictive environment?	Ohio utilizes the Special Income Level (SIL) for individuals with specified long-term care needs, including 1915c waivers. This allows some individuals with higher incomes who would otherwise be ineligible to qualify for Medicaid and to enroll when they meet specific level of care eligibility criteria and the SIL, as well as other required Medicaid enrollment criteria. Once enrolled on a 1915(c) waiver, individuals have access to Medicaid's state plan services and the applicable 1915c waiver services.
I am assuming that the 1915c waiver eligibility, like the local DD board waivers, helps families with private insurance or higher income levels attain the same level of service accessibility that is not present with commercial insurance.	Ohio utilizes the Special Income Level (SIL) for individuals with specified long-term care needs, including 1915c waivers. This allows some individuals with higher incomes who would otherwise be ineligible to qualify for Medicaid and to enroll when they meet specific level of care eligibility criteria and the SIL, as well as other required Medicaid enrollment criteria. Once enrolled on a 1915(c) waiver, individuals have access to Medicaid's state plan services and the applicable 1915c waiver services.

Question	Response
We have a number of children with intensive behavioral needs but they do not currently qualify for Medicaid. Will this waiver allow for only the child's income to be counted so they can qualify for Medicaid?	Ohio utilizes the Special Income Level (SIL) for individuals with specified long-term care needs, including 1915c waivers. This allows some individuals with higher incomes who would otherwise be ineligible to qualify for Medicaid and to enroll when they meet specific level of care eligibility criteria and the SIL, as well as other required Medicaid enrollment criteria. Once enrolled on a 1915(c) waiver, individuals have access to Medicaid's state plan services and the applicable 1915c waiver services.
If a child is in the custody of a PCSA and is auto-enrolled into OhioRise on July 1, will there be a notification through a MITS/SACWIS interface to the PCSA caseworker?	OhioRISE enrollment will be communicated to SACWIS via the existing interface with MITS. JFS is working on making updates to SACWIS to accommodate the MCO and OhioRISE enrollment.
how will this program help families who do not qualify for Medicaid?	OhioRISE is a program offered by the Ohio Department of Medicaid, so members must be enrolled in Medicaid to be part of the program. Collaborative work being conducted across Ohio's child-serving state agencies is beneficial to other targeted groups of children and families, and in some cases all Ohio children and families. For example, with backing from the Ohio Department of Job and Family Services, the Child and Adolescent Behavioral Health Center of Excellence is helping to grow access to and provide reimbursement for evidence-based services for children who are at risk for being in foster care - regardless of insurance status.
Will families with private insurance outside of Anthem be able to utilize these services.	OhioRISE is a program offered by the Ohio Department of Medicaid, so members must be enrolled in Medicaid to be part of the program. Some youth with other insurance coverage who meet eligibility requirements to enroll in one of Ohio's 1915(c) home and community-based services waivers can enroll in Medicaid through those waivers; once enrolled in Medicaid, they may be eligible for OhioRISE.
Will there be a transition from local team to CME?	OhioRISE members who receive tiers 2 or 3 care coordination will be assigned to a CME care coordinator. OhioRISE members who receive tier 1 care coordination will be assigned to an OhioRISE Plan (Aetna) care coordinator. Care coordinators at the CME / OhioRISE Plan will be responsible for engaging any current providers and supports, and incorporating them into the Child and Family Team. Youth and family have voice and choice into who participates in their Child and Family Team and we would anticipate significant collaboration between the current local team and CME / OhioRISE Plan care coordinator to support the youth and family as OhioRISE goes live.
When you say "short term" respite what exactly does that mean. Will there be guidelines stating max amount of hours and funds as well as other guidelines?	Out of Home Respite is limited to 90 days across a 365-day span, and the maximum amount of dollars that can be spent on OhioRISE waiver services is $15,000 per waiver year. Please see draft OhioRISE administrative code rules for OhioRISE program as well as the OhioRISE 1915(c) waiver at https://medicaid.ohio.gov/static/Stakeholders%2C+Partners/LegalandContracts/Rules/DR-BIA/BIAERF190726.pdf
For the children that are currently on Paramount, does this mean that they will need to change to a different MC plan?	Paramount will no longer provide managed care services for Ohio Medicaid after June 30. Individuals enrolled in Paramount will be transitioned to Anthem. They will be given the option to change to one of the other MCOs if they choose to do so.

Question	Response
Parents will often not follow through to request or schedule the CANS appointment.	Parents may experience a variety of barriers and challenges to requesting or scheduling a CANS assessment. Their voice and choice is important. Formal and natural supports can be integral partners in helping a parent engage and connect with a CANS assessor. Additionally, if the youth is enrolled in managed care, their MCO can assist in scheduling a CANS assessment. When they receive an appropriate referral, the MCO is responsible for scheduling a CANS assessment within 72 business hours.
We are developing a Chronic Disease Management Model for Substance use disorders. Who at Ohio Rise can we speak with about our initiative? https://youtu.be/FrVbXRpK6xQ	Please contact Amy Swanson at SwansonA5@aetna.com.
Thank you, can you recommend who i would speak with. We have 32 learning smeinars ready for providers to use, but they will need toknow if they ave bill. : https://familiesimpactedbyopioids.com/educate-the-family-members	Please contact OhioRISE@medicaid.ohio.gov and provide additional information.
As a service provider, what are some steps our agency should be taking between now and July to ensure we can implement OhioRISE effectively with our clients?	In addition to learning and staying engaged, here are some suggestions: - Prepare the administrative staff for rolling enrollment and the process for utilizing MITS to check eligibility. - Determine if your agency wants to employ CANS Assessors and make sure they are certified. - Review the draft OhioRISE services rules to determine if you'd like to provide any of the new and enhanced OhioRISE / OhioRISE waiver services: https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/5a9066a1-e6c7-4c74-aed1-9e56c504d5d8/OhioRISE+DRAFT+Rule+Package+3.2022.pdf?MOD=AJPERES&CVID=nZCDN6u - Beginning March 9, several new provider specialties associated with the implementation of the OhioRISE program became available for providers. The new services will require the addition of a provider specialty to the provider's enrollment type for the provider to bill for services rendered under the next generation of Ohio Medicaid. See https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/a7a815b5-3a59-4b97-be28-5dae9c3bee6b/New+OhioRISE+Provider+Specialties+Guide_vFinal.pdf?MOD=AJPERES&CVID=n.0Lwqz for more information.
PRTF Psychiatric Residential Treatment facilities means opening new hospitals or as in sweden adopting patients with Behavioral Health problems by placing them in familes who become their caregivers. Or is it just providers becoming a part of the OhioRise intiatiative in January of 2023?	PRTF level of care does not currently exist in Ohio. Developing PRTF providers and services will provide an opportunity for children needing this level of service to remain in their home state and eventually step down to services within their community.

Question	Response
Day one - youth in the custody of Public Child Welfare agencies that meet the criteria - how will the agencies be contacted if the youth are eligible?	SACWIS will be updated with the OhioRISE enrollment via the existing SACWIS/MITS interface. JFS is working on updates to SACWIS to accommodate simultaneous MCO and OhioRISE enrollment.
Day one enrollment - will youth in the custody of children services - will the custodian be notified they are eligible?	SACWIS will be updated with the OhioRISE enrollment via the existing SACWIS/MITS interface. JFS is working on updates to SACWIS to accommodate simultaneous MCO and OhioRISE enrollment.
Will providers be able to provide services virtually as well as in-person?	Telehealth is available for certain services. The OhioRISE Plan must support providers in offering telehealth, including providing "how to" guides on the technical requirements, workflows, and coding, and billing. The OhioRISE Plan must ensure that providers comply with state requirements regarding telehealth, including but not limited to in OAC rule 5160-1-18. Please review specific service rules for additional virtual/telehealth guidance.
It would be good to have a slide showing where we are in the Topics covered. It was shown at the begining. Just a suggestion.	Thank you for the recommendation.
Will there be talking points for providers and/or education material available for families to be able to know what it is and if it's right for the family?	Thank you for this question. ODM is working with Aetna to develop educational materials regarding OhioRISE for partners and families. These materials will be shared as soon as they are finalized.
Many PCSA's are struggling with the high end behavioral children who self harm and/or threaten others and cannot be kept in the home safely. They require intensive inpatient care. Both acute and long term facilities are not available to meet the need and the few that exist are very costly. My hope is that work will be done with Mental Health and other arenas to develop more options.	Thanks for raising this important challenges our PCSAs and the kids and families they serve are facing today. Our collaborative multi-agency efforts to develop and launch OhioRISE responds to the needs of the very population of kids you're working to serve. In some circumstances, Medicaid may be able to assist with coverage for acute care facilities - please contact CiCTATeam@medicaid.ohio.gov if you'd like to inquire about coverage for specific services and/or facilities.
Is it possible for CMEs to be available for office hours?	Thanks for the suggestion. We can take this back to share with Aetna and the CMEs.
we have a complete learning series for family member's living with substance use disorders that an organization can provide to their local families. https://familiesimpactedbyopioids.com/educate-the-family-members	Thanks for this information. We recommend you reach out to Amy Swanson at SwansonA5@aetna.com to connect directly with the OhioRISE Plan.
I work in the DD field. Often, our disabled children are denied behavioral health services because their issues are "behaviors" and not "mental health". Can you speak to how this program will help these children who's complex behavioral health needs come primarily from their DD diagnosis?	The Child and Adolescent Needs and Strengths (CANS) assessment determines initial and ongoing eligibility for OhioRISE coverage, and it is a component of determining level of care for the OhioRISE 1915(c) waiver. The CANS is a functional assessment tool that is agnostic to diagnosis and assesses for a wide range of child and family needs related to OhioRISE populations. The CANS assessment includes domains and items that identify behavioral needs that may not be associated with a behavioral health diagnosis. This may help identify youth with DD needs and complex behavioral needs that will benefit from OhioRISE enrollment/services.

Question	Response
Some kids have an intellectual/developmental disability that is undiagnosed. Can they qualify with an IEP?	The Child and Adolescent Needs and Strengths (CANS) assessment determines initial and ongoing eligibility for OhioRISE coverage, and it is a component of determining level of care for the OhioRISE 1915(c) waiver. The CANS is a functional assessment tool that is agnostic to diagnosis and assesses for a wide range of child and family needs related to OhioRISE populations. The CANS assessment includes domains and items that identify behavioral needs that may not be associated with a behavioral health diagnosis. This may help identify youth with DD needs and complex behavioral needs that will benefit from OhioRISE enrollment/services. Because the CANS is a collaborative assessment tool, providers and supports who contributed to the IEP may have their stories and understanding of the youth and family included in the CANS assessment.
Will the cross system outcomes be compiled and reported on one reporting system?	The Department of Medicaid will be working with other agencies and state departments to improve outcomes, including within the educational and child protection systems. We will be measures/ metrics monitoring these outcomes and they will available for the public to review on a regular basis.
When and where will the questions and answers be posted?	The questions will be shared via email and on the OhioRISE website.
Where will we be able to view the recording of this webinar? I kept losing connectivity.	The recording is posted on the OhioRISE webpage under Community and Provider Training and we shared it via email.
Small counties are repeatedly left out of service programs. Is there any plan to expand services in small counties and to address this barrier to these families having services?	The OhioRISE plan and the CMEs will connect with all Ohio counties in their catchment areas to support service and system of care development and across the state in ways that catchment area and develop a structure and system of care that supports youth in their community. While this may take time, it is the expectation of the OhioRISE program that the Care Management Entities support all counties in their catchment area.
What is the process when member doesnt meet OhioRISE eligibility will the MCO be notified? Does the member/family receive notification they are not eligible ?	If a child or youth is found ineligible for OhioRISE, the youth/family will receive a denial notice with instructions on appeal rights. MCOs will only be notified when a child or youth is enrolled in OhioRISE.
Who would we contact to get a person certified to complete the CANS assessment	There are a number of ways to connect to a CANS assessor. The youth's managed care plan, the OhioRISE plan, and/or the local Care Management Entity (CME) can connect individuals with CANS assessors.
Could the CANS be completed virtually?	There is no prohibition to completing the CANS via telehealth. Please refer to OAC rule 5160-1-18 regarding telehealth. We encourage certified CANS assessors to refer to their specific licensing boards rules and guidance related to telehealth, where applicable.
Can children already in Foster Care qualify? or is this just for children in their biological homes	OhioRISE eligibility is based on functional needs, regardless of custodial status.
The members does it mean there is membership to ohioRise? Is there a fee and is it just agencies or individuals as well?	There is not a membership fee for the OhioRISE program. When an individual meets the eligibility criteria for the OhioRISE program, they will be enrolled as a member of OhioRISE.
where's the location for these office hours??	These are virtual office hours with links in the slide deck, posted on the OhioRISE webpage, and shared with the original invite.

Question	Response
Hello, Will you be offering any certificates or verification of attendance for any of the OhioRISE seminars in the future?	We are not offering certificates or verification of attendance for any of the trainings included in the OhioRISE community and provider training series at this time.
Do you have a map of current counties implementing MRSS/counties that still need to implement MRSS services?	Please see information about MRSS capacity development starting on slide 6 of the following presentation: https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/083447bd-0b37-4d3d-9db7-993f6fa29794/OhioRISE_Advisory+Council+Meeting_2022.3.08_vF.pdf?MOD=AJPERES&CVID=nZFPXkQ
Is there somewhere all of the acronyms are listed as to what they abbreviate? If not, could one be created?	We can create a listing of the acronyms. Thank you for the suggestion.
With the issues of agencies not being able to hirer enough staff to do the work now--how are all of these programs going to be up and running with the current hiring issues plaguing our state?	While some children and youth will be automatically enrolled into OhioRISE when the program goes live, most kids will enroll as their needs are assessed during the program's first year. CMEs and other service providers will scale their capacity over time. It will take time, collaboration, creativity, and determination over many years to more fully meet the behavioral health needs of kids and families in our state. OhioRISE is designed to be a platform for our long-term efforts.
How is this going to happen for each county? WE WOULD LOVE TO HAVE THIS in our county. I am referring to the MRSS	Work is underway to expand access to MRSS across the state, and it will take time to build that access to have MRSS providers located in every county. Building on grant programs from the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Medicaid and Aetna are now working to grant over $3.8 million dollars to expand MRSS into new counties.
So is every county going to ha MRSS??? I cannot see a MRSS 3 counties away coming out	Work is underway to expand access to MRSS across the state, and it will take time to build that access to have MRSS providers located in every county. Building on grant programs from the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Medicaid and Aetna are now working to grant over $3.8 million dollars to expand MRSS into new counties.
So will any kids be auto enrolled in ohio rise or will this have to be physically requested by a referral source.	Youth who meet criteria for day 1 enrollment will be automatically enrolled in OhioRISE 7/1/22. Some additional youth will be automatically enrolled for a brief period after 7/1/22 using day one criteria, as additional claim data from the look back period becomes available to ODM. Youth who are not automatically enrolled on 7/1/22 should be referred for a CANS assessment to determine eligibility, if it is believed they may benefit from the OhioRISE program.
Are FCFC's able to serve as the CAN's assessor in the local area if we have a certified individual? We have an MOU with our CPS to complete the assessments for QRTP currently.	Yes. Please note that only Medicaid-enrolled providers can bill for Medicaid-covered services.
Can one agency bill for a service such as MST and then another agency bill for service such as peer support for the same child?	Yes, if they are enrolled in OhioRISE and it is a part of the Child and Family Care Plan and has been approved through Care Plan Reviewers with the OhioRISE plan (Aetna). See the IHBT rule for a list of services that will require prior authorization when provided to a youth in IHBT/FFT/MST.

Question	Response
Are the 1915(b)3() services available to all OhioRISE youth or do they need to be enrolled on the waiver?	Yes, the 1915(b) services will be available to all members enrolled in the OhioRISE program when medically necessary. The 1915(c) waiver services would only be available enrolled on the 1915(c) waiver.
can you email out slides? I cannot open or copy and paste the link that was posted.	Yes, we emailed the slides with the recording of the training.
Can enrolling on the OhioRise 1915c waiver make a child eligible for Medicaid where the rest of their family may not be eligible.	Yes. Individuals who meet the 1915(c) waiver eligibility criteria, including the special income limit (SIL) and level of care criteria, among other Medicaid eligibility factors, may enroll with Medicaid when enrolling on the 1915(c) waiver
Not every county has sufficient IHBS will there be recruitment and training accompanied/coordinated along with Ohio Rise to strengthen this branch of service for the benefit of Families who really need this support?	Yes. Our child-serving agencies are working together to support the growth of evidence-based practices, including various types of intensive in-home treatment models. For example, with support from the Department of Job and Family Services, the Child and Adolescent Behavioral Health Center of Excellence (COE) recently awarded $1.8 million dollars in grants for program development in Butler, Hamilton, Stark, Tuscarawas, Carroll, Mahoning, Trumbull, Madison, Clark, Summit, and Lake counties. The COE will provide training, ongoing coaching, and fidelity monitoring for these new programs. Additional efforts will work to continue expansion of these important services.
Will there be any information about health equity initiatives within this effort?	Yes. The Ohio Department of Medicaid's population health and quality improvement plans are built on a foundation of improving health equity. Our managed care and OhioRISE programs have specific health equity requirements. Future modules will provide additional information on this topic.
What is the criterion for accessing OhioRISE? Meaning, if a child is with a MH practitioner or doctor, what will alert them to think, "I wonder if this child would qualify for OhioRISE?"	You can refer the child for a CANS assessment. A practitioner or agency who thinks a youth might qualify for OhioRISE services can reach out the youth's MCO and request a CANS assessment or if they have CANS assessors or know contracted CANS assessors, they can have one completed at the family's request or consent to determine eligibility. CANS results will be entered into the CANS IT system that will determine eligibility through the decision support model.
Can you explain how the direct service payment for MST and FFT will work if through Family First and not Ohio Medicaid?	Youth who have an open case with a Title IVE agency (PCSA or IV-E court) and have been determined by the Title I-VE agency to meet prevention services eligibility requirements, are eligible to have their MST and FFT services reimbursed through the FFPSA Transition Grant Funds that are managed through The Ohio Children's Alliance as a payer of last resort. The MST and/or FFT provider needs to have a provider agreement with the Ohio Children's Alliance for invoicing and payment purposes. Provider's interested in learning more about the funding program can find information at https://www.ohiochildrensalliance.org/programs Or email the program manager Carol Taylor at: carol.taylor@ohiochildrensalliance.org

Question	Response
Can you speak more on non-Ohio Rise Youth needing inpatient psych hospitalization? Access/Payment?	Youth would access inpatient psychiatric services the same way they currently do. Any inpatient psychiatric hospital admission will trigger an OhioRISE enrollment. The OhioRISE plan is responsible for psychiatric inpatient stays for all Ohio Medicaid youth under age 21, so all claim/authorization requests will be submitted to Aetna.
As an agency who provides a variety of services, including residential, outpatient, and foster care services, what staff within our agency should be certified to complete the CANS assessment?	It is difficult to provide specific guidance per agency on staffing, roles and responsibilities. Generally, it may be appropriate for any staff who works directly with youth and families to be trained and certified in the Ohio Children's Initiative CANS and able to complete assessments.
as school districts are able to refer for a cans assessment, will ODE be educating school districts?	The Ohio Department of Medicaid will continue to work with the Department of Education to do provide tools and information for school staff to learn about the OhioRISE program including the CANS.
Can a staff with a CDCA become a CAN Assessor?	Yes, CDCAs will need to add a CANS specialty to their CDCA provider type to bill Medicaid for CANS assessments.
can we bill to educate the foamily members ?	This depends upon the service you are providing, the youth/families care plan, and your provider type and/or agency. For specific billing questions and scenarios, ODM is available for technical assistance. ODM and Aetna are also in the process of developing an OhioRISE services specific billing manual. Please also refer to existing ODM behavioral health OAC 5160-27, our BH Manual (for existing behavioral health services billing guidance), and OMHAS OAC regarding certified services and their appropriate activities.
Can we get a full breakdown of the additional services, requirements and fee schedules??? I am specifically trying to find information on providing the Behavioral Health Respite service and have struggled to locate this information in the current documentation available.	The OhioRISE Ohio Administrative Code Rules are still in the filing process and are subject to change, and a provider billing manual is being developed. You can find the draft services rules, including respite services, here: https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/5a9066a1-e6c7-4c74-aed1-9e56c504d5d8/OhioRISE+DRAFT+Rule+Package+3.2022.pdf?MOD=AJPERES&CVID=nZCDN6u
Can you provide more detailed information regarding grant opportunities to staff and train IHBT? Thank You	Training for IHBT is available at no cost. You can visit IHBTohio.org to get more information about upcoming training and technical assistance regarding program implementation.
Do all wrap around services need to be billed by one agency or can multiple agencies provide care for one child	CMEs will bill for care coordination they provide to their tier 2 and 3 members. Tier 1 care coordination is provided by Aetna and is not a billable service. Multiple agencies may provide treatment for a youth and will need to follow appropriate Medicaid guidelines when billing.
For compliance purposes, when we have contracts that require annual consents being obtained, MHA's to be reviewed annually, Ohio Scales to be administered every 6 months and annually, WHO is responsible for this if they're now part of OhioRISE, receiving care coordination with a CME, but are still open with their General OP BH Provider?	ODM cannot provide guidance on contractual requirements and compliance items that are not related to OhioRISE or ODM.

Question	Response
For youth who are eligible for both the DODD and OhioRise waivers, will that youth be able to switch back and forth between the two?	Children and youth who are found to be eligible for multiple waivers may choose between them, but they cannot be enrolled on both waivers at the same time. If child or youth is interested in switching to a different waiver, they would need to reapply and be assessed for another waiver to determine eligibility, and then follow that waiver's enrollment processes, which may include a waitlist (depending on the waiver).
Given the workforce shortages, will the CME's be able to subcontract tier 2 or tier 3 care coordination duties to other entities?	Yes. While CMEs remain solely responsible for fulfilling CME services and activities, they may use subcontractors to assist with fulfilling their obligations, including the delivery of Tier 2 and Tier 3 care coordination.
How and where would we upload the completed CANS?	Assessors will input the CANS ratings for specific domains/items into the Ohio Children's Initiative CANS System. The system will be live in mid-May 2022. The web link will be: https://cans.medicaid.ohio.gov
How are you planning to staff for these services?	Ohio Medicaid, our sister state agencies, and our partners at Aetna recognize that workforce challenges will impact OhioRISE. We are offering provider supports and continuing to reexamine OhioRISE program requirements and staffing models for potential flexibilities while ensuring any changes made do not dilute the evidence-based care children and youth deserve to receive. We will monitor the program as it scales and provide support for provider expansion, as well as make any necessary changes, over time. Some examples of the steps our actions and considerations include: •Ohio Medicaid is investing $19.5 million in transition grants allowing CMEs to launch before the OhioRISE go-live on July 1, 2022. The grants will assist with hiring and onboarding new CME staff and getting them ready to serve kids enrolled in OhioRISE. •The state is sponsoring training for staff to deliver our evidence-based practices, including the CANS assessment, ICC and MCC, Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Mobile Response and Stabilization Services (MRSS). Trainings are being provided by the new Child and Adolescent Behavioral Health Center of Excellence. •Many of the new and enhanced OhioRISE services offer new options to allow an expanded set of practitioners, including people without licenses or certification who have appropriate experience, as well as non-agency providers and qualified community partners. Leveraging the expertise of all qualified providers who are willing to serve will be critical to meet the needs of our kids and families. Aetna Better Health of Ohio is working on creative contracts with providers that haven't historically served the Medicaid population. •Ohio's human-serving agencies are collaborating to make investments in provider relief and workforce development. Ohio Medicaid, our state agency partners, and Aetna will carefully monitor OhioRISE implementation to identify additional opportunities to support our workforce.

Question	Response
How do we access the monies allocated to help IHBT services?	Training for IHBT is available at no cost. Please visit IHBTohio.org to get more information about upcoming training and technical assistance regarding program implementation.
How do we get access to the state CANS IT System?	The CANS IT system will be live in mid-May 2022. The web link will be: https://cans.medicaid.ohio.gov. Trained and certified Ohio Children's Initiative CANS assessors will register in the CANS system once it is live and will be able to begin inputting assessments for real youth/families.
How does the CAN fit in with clients who have SUD	The Ohio CI CANS contains an SUD item that will assess for an SUD need -if this item is rated a "1" "2" or "3" an additional module will be triggered to be completed as part of the comprehensive CANS assessment. This SUD module digs into the youth's SUD needs and will assist the CFT with treatment/service planning. The CANS system also prompt the assessor and CFT to refer to ASAM criteria for SUD treatment/service planning purposes.
How in the world is Cincinnati going to support Lawrence and Scioto County????? We are three hours away and very rural. WOW	Each catchment area is intended to serve between 1,300 and 3,000 children and youth who will enroll in the OhioRISE program over the first year. Some catchment areas span multiple counties, and others contain part of a single county. Each CME will be required to serve OhioRISE members across their entire catchment area, including in-person care coordination services for children and youth enrolled in Tier 2 and Tier 3 care coordination. Some CMEs may develop contractual relationships and/or set up satellite locations to fulfill these requirements.
How is the Care Coordination being provided by the CMEs different than the care coordination currently provided by local FCFCs different? Addtl comment: My question regarding care coordination was not intended to be controversial, I'm truly curious at the different expectations. Can you please respond	OhioRISE Care Coordination through the CMEs will serve as the "locus of accountability" for services for youth and families. Care Coordinators will receive training in High Fidelity Wrap Around model or Wrap Around philosophy and have ongoing fidelity oversight through the Center of Excellence. Additionally, Aetna (the OhioRISE plan) will provide additional oversight and support to the CMEs as they build a system of care across each catchment area. The CMEs will be able to provide a consistent approach and increase the reach of care coordination across the state.
How many initial OR waiver slots, will there be in July?	There will be 300 waiver slots available in July.
How will CANS assessment providers be identified?	Currently, ODM is aware of individuals who are certified in the Ohio Children's Initiative CANS in the state. The Center of Excellence recently distributed a survey to all certified assessor to better understand their role and plans for administering the CANS. We hope to share the survey results with stakeholders, but also understand this is a snapshot in time of CANS assessors in the state. Assessors may begin enrolling with Medicaid with a CANS assessor specialty. ODM will create and maintain a list of CANS assessors who are enrolled as Medicaid providers. The OhioRISE Plan (Aetna) and the Medicaid Managed Care Organizations will each maintain a list of CANS assessors with whom they contract.

Question	Response
How will CME care coordination be different from what FCFC and local partners are already doing?	OhioRISE Care Coordination through the CMEs will serve as the "locus of accountability" for services for youth and families. Care Coordinators will receive training in High Fidelity Wrap Around model or Wrap Around philosophy and have ongoing fidelity oversight through the Center of Excellence. Additionally, Aetna (the OhioRISE plan) will provide additional oversight and support to the CMEs as they build a system of care across each catchment area. The CMEs will be able to provide a consistent approach and increase the reach of care coordination across the state.
How will introduction and coordination with the CME happen with local providers, boards, and fcfc who have not worked with them before?	CMEs are engaging in outreach, system, and relationship building efforts in their catchment areas.
How will OhioRISE determine eligibility for a hospitalized youth with a primary medical condition (e.g., diabetes) and co-occurring, complex behavioral needs?	Youth can be assessed for OhioRISE eligibility through a CANS assessment. In the case of an inpatient stay, the youth would only automatically enroll in OhioRISE if the reason for the admission is due to the behavioral health condition.
How would this program work for young adults (18, 19, 20) who have emancipated from PCSA custody, some of which are now in extended foster care (Bridges) through ODJFS?	Youth who emancipated from PCSA custody can access OhioRISE the same way as other youth (CANS assessment) and would have access to the same package of enhanced services as other youth in the program.
I understand this is an overview but questions are churning in the mind at this time. Just sharing it for future thought. Nitty gritty I guess.	The Module 2 training will focus on how services will be provided across the state. The focus will be on care coordination and building a system of care across the state. Additionally, we will have office hours available after each module training in order to answer additional questions.
I wonder if the teams can provide service at the same time at different agencies. So one agency provides MST with a licensed providers and we provide peer support (IHBT) with paraprofessionals can we both bill OhioRise	A child or youth should be enrolled with and receiving services from a single IHBT/FFT/MST team at a time. Providers are free to staff those teams using a variety of relationships (employed staff, contracted staff, etc.). See the IHBT rule for a list of services that will require prior authorization when provided to a youth in IHBT/MST.
I would appreciate a quick summary of what changes will impact general OP BH providers with the implementation of OhioRISE. Thanks.	Changes that will impact OP BH providers: - BH providers should identify if youth are enrolled in OhioRISE - If BH providers anticipate serving youth enrolled in OhioRISE, they should look to contract with Aetna to provide such services - If BH providers anticipate providing new services associated with the implementation of OhioRISE (CANS, MRSS, respite, etc.), they may need to add new specialties to their Medicaid enrollment - BH providers may be asked to participate in Child and Family Teams for the youth they serve who are enrolled in OhioRISE - The OhioRISE plan will pay for medically necessary claims and provide utilization management for OP BH services

Question	Response
I'm a SW at a police dept. We often get called out for unruly children or emotionally distraught children. These kids are already having school issues, previous pink slips, possibly justic system, DD, Children's Services, etc. Every system points to another system b/c they don't have staffing and wait lists are long. Officers are often stuck between charging these children or just de-escalating each call which is not a solution. Will there be a way for law enforceement to make referrals?	With appropriate consent from a member, family, or guardian, anyone can make a referral to OhioRISE.
Im still not sure what the roles of FCFC's will be. Can you elaborate a little more?	Local Family and Children First Councils (FCFCs) play an important role in serving families as they navigate complex systems. All CMEs must develop relationships with the FCFCs in their catchment areas. FCFCs may continue to provide services to children and families who aren't enrolled in OhioRISE, and they may also provide services to children and families who are enrolled in OhioRISE if they contract with a CME (to assist with providing CME services), if they become or contract with another Medicaid provider to bill for medically necessary CANS assessments, and/or if the child/family elects to continue with FCFC service coordination.
In my role I facilitate wraparound teams. Do all CANS assessments need entered into the CANS IT system or just CANS for children who need to be involved in OHRise?	Ideally all CANS assessments will be entered into the CANS system. Even if you do not believe the youth would be eligible for OhioRISE enrollment, entering the CANS into the systems helps achieve the goal of "one child, one CANS" and may help avoid duplicative assessments and aligns with trauma-informed practice.
Is family choice considered medical necessity? Meaning, if a family wants their longstanding wrap team members to participate, can the members of their team bill?	This depends upon the service you are providing, the youth/families care plan, and your provider type and/or agency. For specific billing questions and scenarios, ODM is available for technical assistance. ODM and Aetna are also in the process of developing an OhioRISE services specific billing manual. Please also refer to existing ODM behavioral health OAC 5160-27, our BH Manual (for existing behavioral health services billing guidance), and OMHAS OAC especially related to specific service activities.
Is reimbursement for services similar to how a MCO would reimburse or can more information on the PIHP and how that works be provided for those who may not be familiar with what that looks like?	The OhioRISE Prepaid inpatient health Plan (PIHP) is very similar to other types of Medicaid managed care plans operating in Ohio, but it only covers a subset of services (vs. other managed care plans, which cover a more comprehensive service array). The OhioRISE plan has additional responsibilities in addition to those performed by Ohio's traditional managed care plans, including assisting the state with growing the OhioRISE program.
Is the state developing out-of-home respite, or providing funding for local agencies to develop those resources?	No, current funding is focused on developing CME, IHBT, and MRSS capacity

Question	Response
is there a place to educate the family members, is their a billing code?	This depends upon the service you are providing, the youth/families care plan, and your provider type and/or agency. For specific billing questions and scenarios, ODM is available for technical assistance. ODM and Aetna are also in the process of developing an OhioRISE services specific billing manual. Please also refer to existing ODM behavioral health OAC 5160-27, our BH Manual (for existing behavioral health services billing guidance), and OMHAS OAC especially related to specific service activities.
It seems like the CME's have received grant funding to be able to service the clients themselves bypassing contacting other Providers who can provide the same services.	The CMEs will only be providing Moderate and Intensive Care Coordination, and many will partner with other organizations to fulfill their contractual requirements. Families will continue to have access to other services and the CME will support the coordination of those services. CMEs providing other behavioral health services in the community will be firewalled from CME care coordination within that organization. Youth and family voice and choice is at the forefront of all OhioRISE services.
MST and FFT are considered Tier 1 IHBT services through FFPSA and OhioRISE. Will OhioRISE cover other evidence-based IHBT services in lower Tiers? Or, must OhioRISE youth be referred to MST or FFT in order to receive IHBT? You mentioned something about licensed team, but I am not familiar with what that is.	ODM will reimburse for IHBT provided as 3 distinct services (depending upon the service provided/rendered), including MST, FFT, and IHBT. Each has a distinct billing code and/or modifier to identify which specific service is being rendered. Please refer to OAC 5122-29-28 for IHBT service specifics. Refer to OAC 5160-27-05 for IHBT eligible providers, coverage, and limitations specifics. Please also see ODM BH Manual for additional IHBT billing guidance, specifically chart 3-15 (b) at: https://bh.medicaid.ohio.gov/Portals/0/2-1-2022%20BH%20Manual%20FV%201_21.pdf
MST and FFT are considered Tier 1 IHBT services through OhioRISE. Will OhioRISE cover other evidence-based IHBT services in lower Tiers? Or, must OhioRISE youth be referred to MST or FFT in order to receive IHBT? You mentioned something about licensed team, but I am not familiar with what that is.	ODM will reimburse for IHBT provided as 3 distinct services (depending upon the service provided/rendered), including MST, FFT, and IHBT. Each has a distinct billing code and/or modifier to identify which specific service is being rendered. Please refer to OAC 5122-29-28 for IHBT service specifics. Refer to OAC 5160-27-05 for IHBT eligible providers, coverage, and limitations specifics. Please also see ODM BH Manual for additional IHBT billing guidance, specifically chart 3-15 (b) at: https://bh.medicaid.ohio.gov/Portals/0/2-1-2022%20BH%20Manual%20FV%201_21.pdf
My agency is located in Wayne County. It looks as though the CME assigned to our area is not even in any of the counties covered. What will this look like for clients who will need to work with this CME since there will be some distance and travel required.	CMEs will be responsible for providing staffing coverage for CME services across their catchment areas; many will partner with organizations to fulfill this obligation.

Question	Response
None of the youth in these examples are currently involved in Wrap/SC. Is there a pathway for youth who are already involved with teams or do those youth continue to work with their current teams?	OhioRISE members who receive tiers 2 or 3 care coordination will be assigned to a CME care coordinator. OhioRISE members who receive tier 1 care coordination will be assigned to an OhioRISE Plan (Aetna) care coordinator. Care coordinators at the CME / OhioRISE Plan will be responsible for engaging any current providers and supports, and incorporating them into the Child and Family Team. Youth and family have voice and choice into who participates in their Child and Family Team and we would anticipate significant collaboration between the current local team and CME / OhioRISE Plan care coordinator to support the youth and family as OhioRISE goes live. OhioRISE members can also opt out of OhioRISE care coordination if they'd like to use other services / teams.
Once the CME's receive the Referrals how will they decide who they keep to provide services, if they provide the same services that other Providers also provide, to and how will other Providers know when or if they will be contacted to engage and provide services?	CMEs must establish firewalls between their care coordination and other service provision to assure conflict-free care coordination is provided to OhioRISE members. Youth and families will be referred to the CME for Care Coordination. If they are involved with other services (either provided by the CME or by another provider) the family will be able to continue with those services as long as they are medically necessary. CMEs will make referrals for additional services based on the outcome and feedback from the Child and Family Team and has been identified from this team on the Child and Family Centered Care Plan.
Once you are eligible for OhioRISE 0-20, for how long can you receive the assistance? For example, can a student with disabilities still in high school at 21 still receive help?	A youth may be enrolled until their 21st birthday as long as they meet other OhioRISE eligibility criteria.
Other states have therapeutic foster care as an option without having child welfare become involved. It is simply a level of care in the continuum of behavioral health. It helps with equity and destigmatizes mental health being perceived as a parental capacity issue. Has OH considered adding foster care as a service separate frrom child welfare?	Ohio Medicaid partners closely with the Ohio Department of Job and Family Services on a variety of initiatives. Much of our current work is focused on full implementation of the Family First Prevention Services Act, Ohio's Children's Services Transformation, and OhioRISE.
So, for providers in the community that you are not CME’s, will they be allowed to continue to provide case management and therapy but just join the team of people the care coordinators are reaching out to for information and meetings and such or will the CME’s take over case management and therapy services from those providers?	This depends upon the service you are providing, the youth/families care plan, and your provider type and/or agency. For specific billing questions and scenarios, ODM is available for technical assistance. ODM and Aetna are also in the process of developing an OhioRISE services specific billing manual. Please also refer to existing ODM behavioral health OAC 5160-27, our BH Manual (for existing behavioral health services billing guidance), and OMHAS OAC especially related to specific service activities.
The Educationcomponent mentioned at the begining talks about residential training. Does that mean going to homes? Please clarify. Thanks	We are uncertain what this question means - please write to OhioRISE@medicaid.ohio.gov with a clarifying question. Thank you!
what about youth that are not currently on Medicaid but Medicaid eligible.	If youth are Medicaid eligible they/their caregiver should be directed to their county JFS to determine Medicaid eligibility and/or their Medicaid application can be initiated via OhioBenefits

Question	Response
What are the qualifications to be considered a PRTF and what will be the role for those QRTP that do not meet the requirements?	A PRTF is a higher level of care than a QRTP. PRTFs have specific federal requirements to meet and will have their own set of licensing rules through Ohio Mental Health and Addiction Services. QRTPs will continue to serve in their existing role serving youth who may not need the intensive level of treatment a PRTF offers.
What happens with the CANS assessments already completed? Do they need to be submitted to CANS IT?	Yes, please. Ohio Children's Initiative CANS inputted and submitted to the CANS systems 3 months prior to go-live (July 1 2022), that indicate OhioRISE eligibility and enrollment, will result in OhioRISE day-one enrollment.
what is the difference between a CME and a MCO?	A Care Management Entity (CME) is a community-based organization that serves as the “locus of accountability” for delivering the Wraparound Model for a catchment (geographic) area of Ohio to serve children and youth enrolled in OhioRISE. In Ohio a Managed Care Organization (MCO) is an organization contracted with Medicaid to provide coverage and ensure members have timely access to all medically necessary services described in OAC Chapter 5160.
What role will the local family and children first council's have with OHIORISE?	Local Family and Children First Councils (FCFCs) play an important role in serving families as they navigate complex systems. All CMEs must develop relationships with the FCFCs in their catchment areas. FCFCs may continue to provide services to children and families who aren't enrolled in OhioRISE, and they may also provide services to children and families who are enrolled in OhioRISE if they contract with a CME (to assist with providing CME services), if they become or contract with another Medicaid provider to bill for medically necessary CANS assessments, and/or if the child/family elects to continue with FCFC service coordination.
What will be the role of local Family and Children First Councils once OhioRISE is live in regards to care coordination and referrals? I assume that local councils will be making referrals to OhioRISE but will CMEs also be making referrals to local FCFCs and if so under what circumstances?	Local Family and Children First Councils (FCFCs) play an important role in serving families as they navigate complex systems. All CMEs must develop relationships with the FCFCs in their catchment areas. FCFCs may continue to provide services to children and families who aren't enrolled in OhioRISE, and they may also provide services to children and families who are enrolled in OhioRISE if they contract with a CME (to assist with providing CME services), if they become or contract with another Medicaid provider to bill for medically necessary CANS assessments, and/or if the child/family elects to continue with FCFC service coordination.
When will DD boards get the training needed to have a CANS accessor on staff?	County DD boards may complete the CANS training through the COE and then complete their certification exam via the Praed Foundation at any time. The state does not limit who can be trained and certified to complete Ohio Children's Initiative CANS assessments.
where do we find the dx list for eligibility for the waiver?	Serious emotional disturbance (SED) diagnosis required for the OhioRISE 1915(c) waiver eligibility is defined in OMHAS OAC 5122-24-01
Where in this scenario is the CPS organization and their role? It appears they r left out since it’s school, aunt, MCO. How would the cps assist or be notified in this process as they are the ones responsible for Sam’s care and overall treatment/family plan?	CPS will be fully involved in treatment and service coordination activities for OhioRISE members in their custody. We will be sure to highlight their involvement in future training sessions. ODM, ODJFS, and PCSAO are also working additional and training module developed specifically for PCSAs.

Question	Response
Who can become a CANS Certified Assessor?	Anyone who completes the Ohio Children's Initiative CANS training and passes the certification exam at .70 or higher.
Why the firewall between CME's and providers? I thought the goal was to breakdown silos and not reinforce them.	The firewall is between the CME that is providing Care Coordination and other behavioral health services being provided by the same agency.
Will all MST and IHBT service be delivered through the OhioRise program? For example, if an agency provides MST services, will that agency be able to continue to provide those services if they are not a CME? If those services are covered by the current MCO or Insurance, will those services continue be covered by their current MCO or Insurance if the child is not enrolled in Ohio Rise and will the agency continue to bill for services to the current MCO or Insurance or will all MST services be paid by Aetna?	IHBT services will continue to be delivered by providers certified by OhioMHAS and do not have to be part of a CME to do so. For IHBT to be covered, a youth must be enrolled in OhioRISE and the provider must be certified by OhioMHAS to deliver the services, as well as be contracted with the OhioRISE Plan
Will an OhioRise ID number be issued to go along with the Medicaid/MCO ID number?	The Medicaid ID will be used for OhioRISE enrollment along with the MCO enrollment.
Will children already in foster care be able to apply for Ohio Rise Services?	Yes, children in foster care are able to be assessed for OhioRISE eligibility.
Will children who are placed into Ohio from another state who are eligible for, and enrolled in, Ohio Medicaid be eligible for OhioRise? Will their process be somehow different? Will it pay for these children's residential placements (children who are IVE eligible, in the custody of another state, and placed in an Ohio residential facility) if they are able to enroll in OhioRise?	Youth who are eligible for Ohio Medicaid and meet the enrollment criteria for OhioRISE will be enrolled in OhioRISE. They will therefore have access to the enhanced services available through OhioRISE when medically necessary. OhioRISE is not responsible for paying for room and board for residential placements.
Will IHBT teams need to begin using the Brief CANS also to enroll youth in IHBT programs beginning July 1st?	IHBT needs may be assessed using either the Brief or Comprehensive Ohio Children's Initiative CANS. Aetna will communicate prior authorization requirements with providers.
Will OhioRise pay for residential treatment per diems?	No. Federal regulations prohibit Medicaid funding for room and board for residential treatment.
Will the chat Q & A be available later?	Yes, we will post the chat Q&A on the OhioRISE website.
Will the CMEs provide the CANS Assessors to the counties that they cover?	In many cases, yes. However, we encourage other child-serving agencies/entities to have staff who are certified in the Ohio Children's Initiative CANS and able to complete and submit assessments for OhioRISE eligibility and care planning purposes. We believe this approach supports both the goal of "one child, one CANS" and "no wrong door approach".
Will there a list of CANS certified assessors available, and are they by region or county?	Currently, we know who is certified in the Ohio Children's Initiative CANS in the state, but do not have county level data for certified assessors. The state COE recently distributed a survey to all certified assessor to better understand their role and plans for administering the CANS. We hope to share the survey results with stakeholders, but also understand this is a snapshot in time of CANS assessors in the state. Assessors may begin enrolling with Medicaid with a CANS assessor specialty. ODM will have a list of enrolled CANS assessors, OhioRISE/Aetna will maintain a list of contracted CANS assessors, MCOs will maintain a list of contracted CANS assessors

Question	Response
Will there be a training offered on the Cans IT system?	Yes. This is in development and will be available in May 2022. We plan to create recorded trainings for specific roles within the system (example. CANS assessor role) so that folks can view at their convenience and reference when needed. ODM and the COE will also be available for targeted technical assistance as the system goes live.
With Aetna being the chosen insurance plan, how is member abrasion being identified w/which area is outreaching to member? Is the expectation for MCO also assign a CM+/CG+ to outreach to the CCE/CME regarding every OhioRISE eligible members? Or is the CCE/CME will outreach to the MCO if needs are identified only?	The MCO will assign care coordination staff to the youth and the OhioRISE plan and the MCO/CCEs will work with the family to identify a lead care coordinator who will be the main point of contact. In most cases, this will be the OhioRISE care coordinator. The lead care coordinator will coordinate with the other entities involved in that youth's care team, including the MCO/CCE.
With the description of the FCF Cabinet Council, what do you anticipate the roles of local FCFC Coordinators in supportive services to the OhioRISE program? It seems as though many services highlighted today, currently exist prior to CME announcements	Local Family and Children First Councils (FCFCs) play an important role in serving families as they navigate complex systems. All CMEs must develop relationships with the FCFCs in their catchment areas. FCFCs may continue to provide services to children and families who aren't enrolled in OhioRISE, and they may also provide services to children and families who are enrolled in OhioRISE if they contract with a CME (to assist with providing CME services), if they become or contract with another Medicaid provider to bill for medically necessary CANS assessments, and/or if the child/family elects to continue with FCFC service coordination.
you commented that CME could contract with others, could they contract with a fcfc and could they bill medicaid for fcfc	Local FCFC's may subcontract with the CME in their catchment area if mutually agreeable by both parties. All individual practitioners delivering ICC/MCC services need to be enrolled as Medicaid provider to be able to have their services billed to the OhioRISE plan.
Is a group home considered a children's residential center (in reference to the auto-enrolled populations on 7/1?	Please refer to the definition referenced in the Day One Eligibility rule (5101:2-9).
Is there a date or anything for the high-fidelity wraparound training?	The wraparound Ohio website and the OhioRISE website list trainings. There are two sets of care coordination trainings, the intensive track and the moderate track. It includes three consecutive days with foundations of care coordination.
Who can supervise the Qualifide Behavioral Health Specialist under IHBT?	Please refer to paragraph D for a list of providers who can supervise a QBHS https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-01
Who at my agency should become certified in the CANS assessment?	Identifying entry points into OhioRISE and depending on the way you deliver services at your agency, you may want to have certain staff certified, for example those who do IHBT for intake purposes. If you are conducting CANS for Family First QRTP level of care assessment purposes, the individual conducting the CANS must meet requirements according to Family First Prevention Services Act.
We are new to the Ohio Waiver. We do personal care in homes and were wondering if there is a billing tutorial training?	This information will be included in Module 3.
Just to clarify, only those employed by the CMEs have to go through those wraparound trainings?	Yes, but it may make sense from a system of care standpoint to train others.

Question	Response
Is there concern that some CMEs will hire unlicensed versus licensed individuals to do this work? implications of that around the state?	They will have COE training and to help to support care coordination activities, and clinicians involved with those children will be part of the child and family team (CFT). They don't have to be part of the licensed clinical team. The care coordinators are coordinating services while the providers should be part of the CFT.
Will youth/family peer support be billed under IHBT certification? How will TM and TSS services be billed?	More to come on billing in Module 3.
How often should CANS assessment be done?	A CANS is required to be updated at least every 90 days or when there are major changes in circumstances for all OhioRISE enrollees.
July 1 is right around the corner, is there a checklist of "must do's/must have's" for July 1?	There are readiness reviews for Care Management Entities and with Aetna to get ready for July 1. We are performing a look back for day-one enrollment. In addition, ODM and Aetna are working on the CANS IT system, Family Connect, and other IT systems.
Where do you see youth and family peer support fitting into OhioRISE?	That's an area for future development. CMEs will be working to incorporate some family peer support services, and Aetna's Member and Family Advisory Council as well as the Youth Advisory Council may also assist with this at a later date
Can an OhioRISE eligible youth access IHBT and the 1915(c) if a family chooses a care coordination entity outside of the CME?	To be in the 1915(c) waiver and access the waiver services, the waiver service care coordination does have to be conducted by a CME or Aetna. While participation in OhioRISE care coordination is strongly encourages, non-waiver OhioRISE enrollees will be able to access other services even if they do not engage in OhioRISE care coordination.
Should care coordinators/case managers all become trained in high fidelty wraparound; is there a certification in wrap?	It isn't a requirement outside of the CME, but the COE will continuously offer this training and it fits with system of care principles and leads to good care coordination.. There is not a specific certification.
If a family chooses to opt out of an OhioRISE CME, aren't they also allowed to stay with care coordination through local FCFC rather than only Aetna providers?	If a family in general (non-waiver) OhioRISE would like to maintain a relationship with a care coordinator outside of the OhioRISE system, they will be put into tier 1 care coordination with Aetna and Aetna will work to support them. If they are in the 1915(c) waiver, they will have to work with a CME or Aetna. They can still include other providers and supports to be part of their Child and Family Team.
CANS has booster trainings required; will wraparound trainings have required boosters to ensure fidelity?	There will be booster trainings for care coordination after the core trainings. CANS does not require booster trainings but do require assessors to recertify annually. The COE continues to offer monthly office hours to answer CANS questions, CANS trainings, and CANS assessor training for QRTP LOC.
If an FCFC is providing coordination due to family choice, Aetna will be involved and IHBT will be available to these families?	Services will still be available and Aetna will be involved in reviewing the clinical coverage / prior authorization for these services.
If a provider is providing IHBT services but do not have family or youth peer support available are they allowed to refer those services to another provider that is contracted with OhioRISE?	The enhanced IHBT rule allows a paraprofessional to be part of the team but an agency may not contract out for their peer staff to assist another agency in setting up an IHBT team.

Question	Response
In regards to the CMEs, my region's CME is out of my region. So, the closest office is an hour away from my agency. I am not sure whether I should ask this now or after a later training, but I am just wondering what this may look like for the clients who have to work with those CMEs. Will they have to travel to the CME? Will CME staff travel to our youth?	CMEs are required to provide care coordination services throughout their catchment area. CMEs will come to the youth and families in their communities to deliver face-to-face services at locations that are selected by the families.
Will PRTFs be covered in one of the later module trainings? I am wondering what the implementation of PRTFs will look like and if we know what agencies will be PRTFs but I know this is later in the timeline so can wait if this will be covered later.	ODM will provide PRTF information in a later trainings close to the January 2023 go-live date for PRTF services.
Regarding the advisory councils for Aetna, are you still looking for participants?	Yes, please contact AdviseOhioRISE@Aetna.com
Will the COE provide documentation to ODM / Aetna about trainings that have been provided to CMEs?	The COE is obligated to provide that information to the Ohio Department of Medicaid and to Aetna.
When it is being determined which level of care coordination a client will fall under, does that comes from the completed CANS correct?	When the CANS assessment is completed, it is submitted into the CANS IT system, which recommends a tier of care coordination. Aetna makes official CME assignments based on the CANS recommendation.
Within the draft rule it says that you must be contacted with OhioRISE plan to render and bill for wraparound support, is that the same as the contract with Aetna?	Yes, that is the same as contracting with Aetna. You can reach out to Aetna at OHRISE-Network@aetna.com
After the IT system determines which level the youth is eligible for, will either Aetna or the CME get notification?	Aetna will receive the recommended tier of care coordination and assign/refer children who need Tier 2 and Tier 3 care coordination to CMEs.
How does the CANS info get put into the CANS IT systems? Is that an upload or is that being directly entered by the certified CANS assessor? I know we have clinical people taking that training but from a non-clinical side does anything need to be prepared for that data flow?	The state is developing a CANS IT system. The CANS will be submitted in real time and produce a recommendation for a tier of care coordination. Both clinical and non-clinical people can be assessors.
Our understanding is that there is a CANS IT system and an Aetna Portal where we will be entering the CANS assessments and the care coordination data (as a CME). Will we get paid automatically from those systems or do we need to re-enter that info into our EHR and bill it through the Fiscal Intermediary?	Billing functions are not connected to the CANS IT system. Medicaid providers will need to submit claims to the appropriate payer to be reimbursed for medically necessary CANS assessments.
Do CME partner agencies enter the care coordination data on their own into the system or does that information need to go back through the Lead agencies EHR?	The CMEs are encouraged to use the Family Connect Portal. ODM will be offering information and training on the CANS IT system in late May, and Aetna will be providing additional information on the Family Connect portal to appropriate parties at a later date.

Question	Response
If a kiddo that is enrolled in a different Medicaid plan other than Aetna, what will that look like once they become eligible for OhioRISE? Will they then become dual enrolled in Aetna and their other insurance? Does that enrollment into Aetna happen automatically when they agree to participate in OhioRISE?	The member will be dual enrolled. The MCO will cover their physical health services, while the OhioRISE plan covers their behavioral health services. This dual enrollment occurs automatically.
For the CANS assessment, can anyone become certified to administer that? Or do they have to be a "clinician"? Do they have to be licensed or have other certain qualifications?	Anyone can become a certified assessor, but to bill Medicaid you must enroll as a provider.
Are CME's tasked with ensuring/developing MRSS, respite, IHBT, and the other services noted in OhioRISE or are they simply providing ICC and MCC?	CMEs are not responsible for providing or assuring access to other services beyond CME service (ICC, initial in-home assessments, regular CANS updates). CMEs will be key partners and provide information to ODM and the OhioRISE plan so we can work do develop service capacity.
For any CANS billing, is the CANS document/information available to be downloaded from the CANS IT system? Most EHRs want the documents being billed so that will affect the set up for that part of the EHR/billing.	Yes, the CANS assessment can be downloaded as a pdf following submission.
What does it look like for our existing residential clients to be enrolled in OhioRISE?	ODM is doing a look back for children who will be eligible for day-one enrollment based on the first day eligibility rule.
If a member is enrolled in case management services with the current MCO and meets criteria for OhioRISE, but prefers to stay with their care manager from the current MCO rather than Aetna's care management, is that an option?	Yes, members have the right to opt out of care coordination; in these cases, Aetna will continue to attempt to monitor and work with the family to meet their needs within their preferred care management process.
If a client has a regular MCO, and then gets a CANS assessment and is enrolled in OhioRISE, does that OhioRISE eligibility date change immediately or is that a monthly/bi-monthly update?	It takes three business days once the CANS is completed in the CANS IT system for the eligibility file to be received by Aetna. Information about eligibility may be viewable in MITS as soon as one business day after the CANS is completed in the CANS IT system.
How will these waivers differ from DODD waivers in regards to behavioral health? What criteria will need to be met to determine that OhioRISE is a better funding source than DD waivers?	Individuals cannot be enrolled on two 1915(c) waivers at one time. A child can be on DODD waiver and in the OhioRISE program, cannot be enrolled on the OhioRISE 1915(c) waiver and a DODD waiver simultaneously.
How long can the child stay on the OhioRISE waiver?	Once enrolled on the waiver, redeterminations occur at least every 365 days.
Since billing will be through the fiscal intermediary will any claims be automatically directed to the MCO or OhioRISE based on the enrollment date to OhioRISE?	More details will be provided on this topic in Module 3 training.

Question	Response
There already is a lack of licensed mental health providers in rural and Appalachian communities. How does this help?	OhioRISE care coordinators do not need to be licensed. Instead, they need to have a mix of experience and training to be able to help children and families/caregivers navigate and link to services and supports. Additionally, many of the new and enhanced OhioRISE services offer new options to allow an expanded set of practitioners, including people without licenses who have appropriate experience and training, as well as non-agency providers and qualified community partners. Leveraging the expertise of all qualified providers who are willing to serve will be critical to meet the needs of our kids and families. Aetna Better Health of Ohio is working on creative contracts with providers that haven't historically served the Medicaid population.
The eligibility enrollment date it critical and with the three-day lag to Aetna's files, is it correct that the CANS IT system will confirm that at the time of the CANs so we know the date of enrollment to OhioRISE for our EHR/billing? Or do we have to confirm with Aetna after the 3 days that they have approved the OhioRISE enrollment on their end?	The CANS IT system will produce a recommendation for OhioRISE eligibility, and the MITS system will be the source of truth to determine eligibility. In terms of billing, please check MITS before billing.
There are many kids with emotional disturbance in my program that are part of the bureau for children with medical handicaps, can I make referrals?	Absolutely, you can make referrals to CANS assessors or contact the children's' MCO or the OhioRISE plan to make sure they receive an assessment to determine if they are eligible for OhioRISE.
Will youth in QRTP be part of the look back?	Yes, children and youth in the custody of a Title IV-E agency in a QRTP will be included in the lookback for day on enrollment. Children and youth in QRTPs who aren't in the custody of a Title IV-E agency should receive a CANS assessment that is entered into the CANS IT system to assess their eligibility for the program.
When does a child have to move to the OhioRISE plan? Who initiates the assessment?	Some children will be automatically enrolled for the first day of the program, while others will enroll after receiving a CANS assessment after go-live. Children and youth will have to meet certain criteria to be eligible for OhioRISE; in most cases this includes identification of a high level of needs through a CANS assessment. There is no wrong door to access the CANS assessment. For example, any provider, someone at a school, or a caregiver and identify a child or youth who might benefit from OhioRISE and refer them directly for a CANS assessment with a certified assessor, or reach out to the child or youth's managed care plan or the OhioRISE plan for assistance with a referral.
How does day-one enrollment work?	- Two-month look back: SUD residential treatment, parent placed in children's residential center or residential center for pregnant and parenting youth facility while in Title IV-E agency custody - Three-month lookback: Intensive Home-Based Treatment (IHBT), CANS assessment, Intensive Care Facility / Intellectual Developmental Disability intensive behavioral support rate add-on and developmental center under age 18 - Six-month look back: Inpatient hospital stay for a mental illness or substance use disorder as their primary diagnosis, Out-of-state Psychiatric Residential Treatment Facility

Question	Response
If the family is not accessing IHBT, they may not be identified as eligible for OhioRISE?	Children and youth already using IHBT will be identified for day one enrollment. Other children and youth not accessing IHBT could be enrolled for day one through other categories, or could have a CANS assessment completed within 90 days prior to July 1, 2022 that is entered into the CANS IT system.
I see on the new update today that therapeutic mentoring was removed as a service. Is there plan to add that back as a wraparound support?	If a child is enrolled on the 1915(c) waiver, they will have access to all OhioRISE services and additional waiver services. If not covered by another Medicaid-billable service, children enrolled in OhioRISE may be able to use flex funds for activities and services similar to those outlined in the previous therapeutic mentoring service.
How will the CME in the catchment area be notified that a day-one enrollee has been added to OhioRISE?	Aetna will be providing more information on this topic directly to CMEs.
Similar question re: notification of day one enrollment: how will providers be notified if a child is suddenly ineligible? Will the provider need to keep checking the system, or will there be a notification?	MITS is the source of truth. A provider should check MIST for changes in eligibility.
You covered how someone becomes eligible for OhioRISE, what happens if their circumstances change and they are still MCO eligible?	Members transitioning out of OhioRISE will have their care carefully coordinated to assure the transition goes smoothly. The child or youth's care coordinator working within Aetna or the CME will work directly with care managers from managed care organizations to plan the transition.
How will funds (flex and primary) be tracked? How can a provider know prior to services if funds are still available to that child?	Similar to how the SELF-wavier in the developmental disability system, we give family voice and choice. The first step is for the Child and Family Team to meet and discuss if the need meets certain purposes; the proposal to use flex funds will be incorporated into the child and family care plan, which is submitted to Aetna for review and approval.
Just a follow up, so providers won't be billing Aetna directly for the services rendered?	Claims for nearly all behavioral health services rendered to children enrolled in OhioRISE will be paid by Aetna.
If I understand correctly, respite will only be available for those that qualify for the waiver? Can you speak more about the respite care services?	The OhioRISE program will include two types of respite. The first, called "Behavioral Health Respite Service" is a community-based short term service that may be available to all children and youth enrolled in the program when medically necessary. The other is called "Out of Home Respite" and it is only available to children enrollee din the 1915(c) OhioRISE waiver.
Do we have a list of counties that currently provide MRSS or are planning to provide MRSS under OhioRISE?	A map of counties that are receiving grant funds to establish or expand access to MRSS can be found on slide 14 within this presentation: https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/083447bd-0b37-4d3d-9db7-993f6fa29794/OhioRISE_Advisory+Council+Meeting_2022.3.08_vF.pdf?MOD=AJPERES&CVID=nZFPXkQ
Is there a minimum amount of billing a CME needs to do/month to bill the case rate?	No. CMEs must adhere to care coordination activities within the fidelity model to bill.

Question	Response
What happens with other wraparound funded grants like the Targeted Reclaim program?	We are hopeful that our investments through OhioRISE will strengthen and build on initiatives like these at the local level. Medicaid resources may begin to cover the costs of some existing local programs that serve children with Medicaid eligibility so that local dollars can be invested in new work or other populations.
Will youth always stay in their track or as they make progress will the step down? For example, the youth may initially assess into ICC and then step down into MCC?	Through ongoing child and family team meetings and assessments, OhioRISE care coordination may move from one tier to another as clinically appropriate for the child and family.
Can a care coordinator have a blended caseload of ICC and MCC in order to not change providers as they progress?	Each tier of care coordination has a maximum staffing ration to assure those with more intensive needs have access to more intensive supports. This also assures the fidelity to the care coordination model.
Are there any projections on number of day-one enrollees by catchment areas?	We project between 1,300 and 3,000 children will be served by CMEs in each catchment area by the end of year one. Our team used historical data to create this projection, and since this is a new program, actual enrollment may not match our projections. Day one enrollment projections will be shared at a future date.
Are there funds available to build up services like respite and peer support?	Currently, grants are available to build capacity for IHBT, MRSS, and care coordination.