Ohio | Department of Medicaid

aetna®

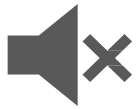
OhioRISE | Resilience through Integrated Systems and Excellence

OhioRISE Implementation and Operations Workgroup on System of Care and Care Management Entities (CMEs)

September 16, 2021

1:30 – 3:00 PM

Housekeeping



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

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

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

The slides from this meeting will be available following the meeting on the OhioRISE Website.

Meeting Agenda

1. Welcome and introductions
2. Building a network of CMEs
3. CME Specifications
4. CME Catchment Areas
5. CME Solicitation
6. OhioRISE Transition – Launching CMEs
7. Next Steps

System of Care (SoC) and Care Management Entity (CME) Workgroup

SoC & CME Workgroup **Role**

- Become knowledgeable on cross-system initiatives and the roles, responsibilities, and relationships across state and local child-serving partners
- Provide critical technical feedback regarding initial implementation activities and OhioRISE operations, including CME operations
- Share ideas and recommendations on ways to build capacity and seamlessly connect state and local systems
- Offer expert opinions to ensure the program will be operational for go-live across multiple systems

SoC & CME WORKGROUP MEMBERS:

OhioRISE Advisory Council members and others they suggested for workgroup participation

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

Building a Network of CMEs

OhioRISE uses the Wraparound Model, putting the child or youth and their caregivers at the center.

With support from a team of professionals and natural supports, the child/youth and caregivers' ideas and perspectives about what they need drive the Child and Family Centered Plan and all the services and supports the child/youth receives.

Ten Principles of High-Fidelity Wraparound*

Family Voice and Choice: Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process.

Team based: The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.

Natural supports. The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships.

Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources.

Individualized. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

Unconditional. A wraparound team does not give up on, blame, or reject children, youth, and their families/caregivers.

Culturally competent. The wrap-around process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

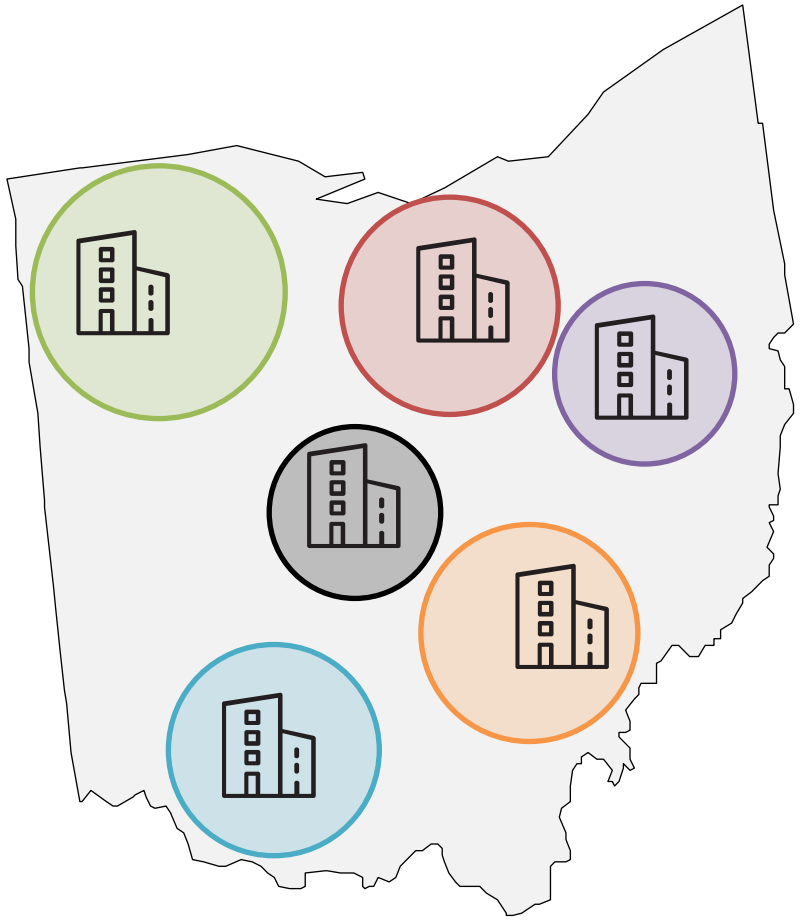
Strengths based. The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

Community based. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

Outcome based. The team ties the goals and strategies of the wraparound plan to observable or measurable indica-tors of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Based on the National Wraparound Institute* **(Regional Research Institute, School of Social Work, Portland State University, 2021)

What is a Care Management Entity (CME)?



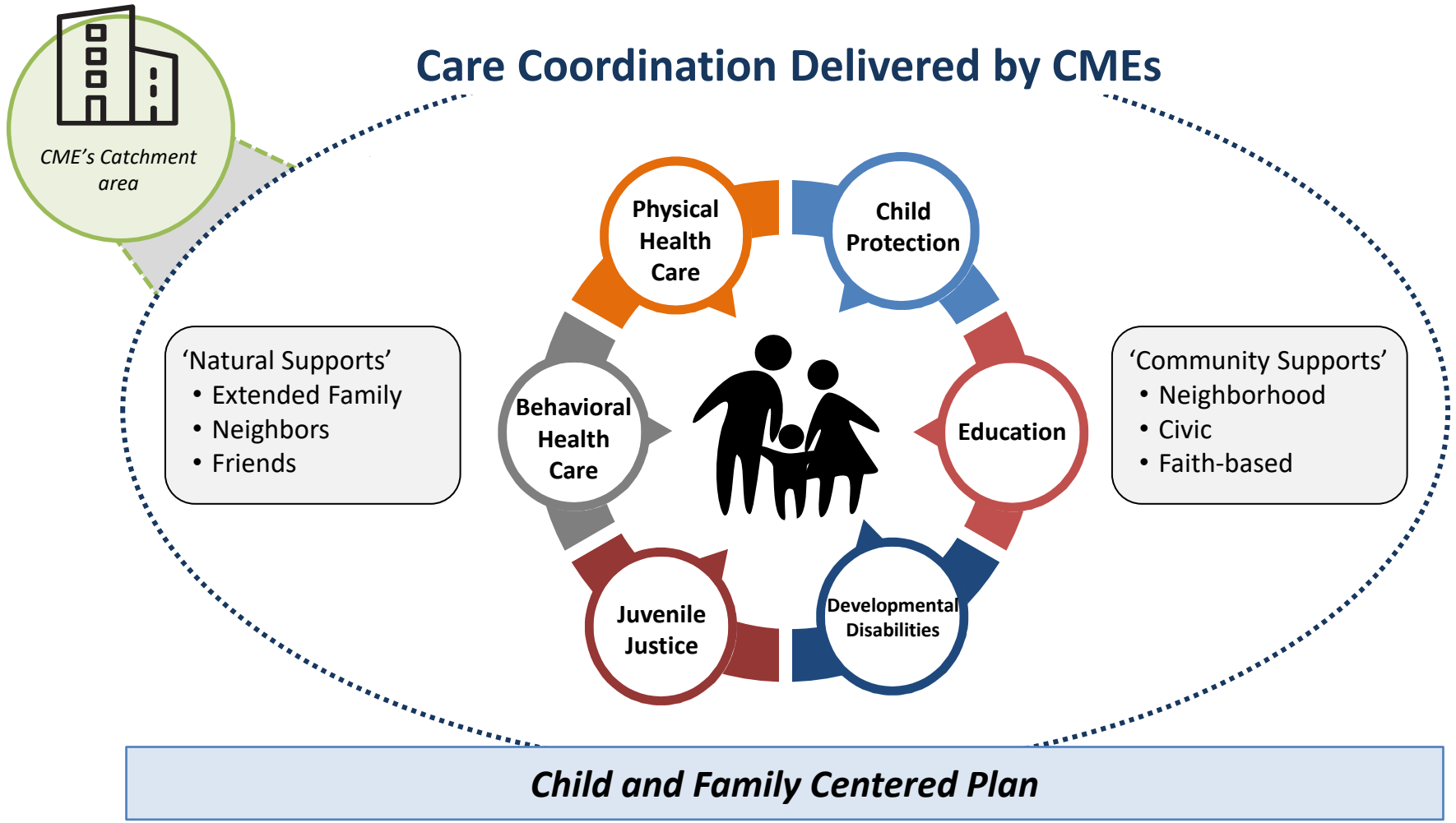
Care Management Entity (CME) CME's Catchment Area

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 childrenand youth enrolled in OhioRISE.

CMEs' Primary Responsibilities:

- **Care Coordination:** provide wraparound-driven care coordination services to OhioRISE enrollees living in the catchment area
- **Community Resource Development:** ground and grow the System of Care within the CME's catchment area

All Care Coordination is Driven by High Fidelity Wraparound Principles



- CMEs will create and implement an individualized strengths-based ***Child and Family Centered Plan*** to help families access specialized services and supports:
  - » CMEs will convene and facilitate the child and family team, ensuring youth and caregiver voice are incorporates
  - » CMEs will be responsible for monitoring the care plan to ensure services are delivered and natural supports are leveraged.
- CMEs will help all youth and children in the program develop crisis plans and provide linkage to crisis services

Community Resource Development

CMEs will Grow and Ground the System of Care by…

Demonstrating commitment and capacity to organize and develop resources at the community level.

*CMEs must **understand and grow their understanding** of the communities they serve, including services and supports, infrastructure and processes, and relationships.*

Developing an organized integrated system of support on an individual level through each Child and Family team.

*To serve each child well, CMEs must **grow a coordinated network** across many community partners. Work with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve.*

Being family driven and youth guided and building meaningful partnerships with families and youth to improve the System of Care within the catchment area.

To create a **seamless delivery system with increased accountability**, ODM and Aetna will work collaboratively with CMEs and our system partners, the same way we will work collaboratively with our children and their caregivers.

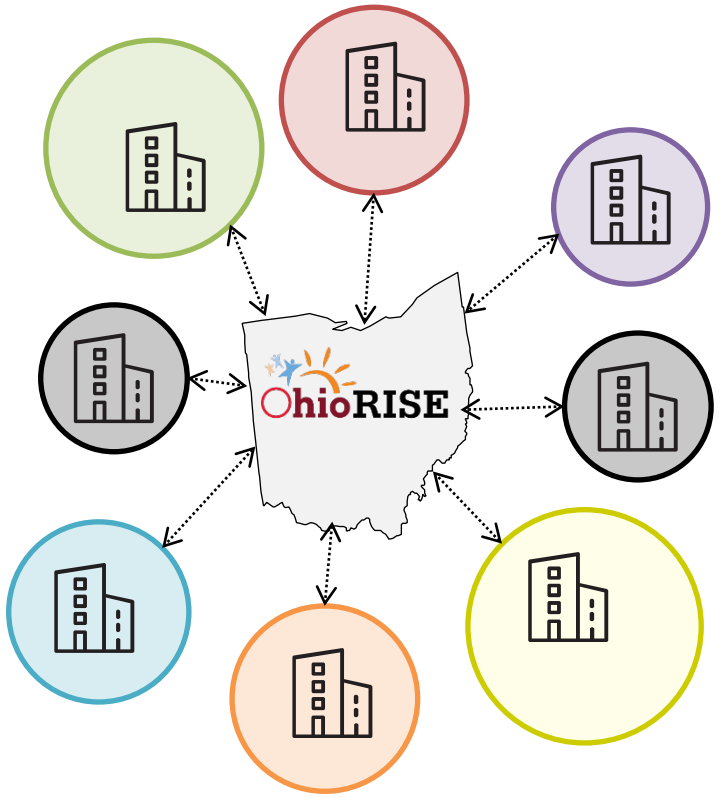
Everything we do must be family-driven and youth-guided

- **CMEs will partner with the youth and their caregivers,** listen to their expertise of their own life and concerns, work with them to identify their team, and then develop a child and family centered care plan. This plan identifies the strengths and needs of the youth and family that then determines the types and mix of services and supports needed.
- **The collaborative design process for each child and family care plan** will lead to **person focused, data driven change**, resulting in a system design which achieves **expanded access to critical services** and accomplishes better outcomes for children and their caregivers, and for the system as a whole.

Why are we building a "network" of CMEs?

A network approach is critical to achieve our intended outcomes for the system

Children, families, and other system partners *need* a locus of accountability – a "go-to" place to help families, providers, and other community partners navigate a complex and often confusing multi-system environment.



Developing a network allows us to concentrate our efforts:

- Alignment of resources and supports ensures we can develop a strong network that can meet the needs of the children and caregivers we will serve.
- Focused efforts help improve experience and processes when interacting with other system partners
- Create a platform for robust community resource development

CME Specifications

Service Standards

- Outreach and engagement
- Care coordination
- Ongoing planning, monitoring, and management of care coordination
- Transition of care
- Staffing and supervision
- Community resource development
- Collaboration with child-serving agencies, schools

Conflict Free Service Referral

- CMEs that are part of larger organizations that provide services, including inpatient acute, PRTF, MRSS, outpatient services, and CANS assessments to determine OhioRISE eligibility, must ensure conflict free referral to services within their own organization
- CMEs will be required to establish policies and procedures to limit direct referrals to their parent organization
- OhioRISE will monitor CMEs implementation of their policies and procedures as well as the number of referrals to CMEs parent organizations to ensure that self referrals do not exceed 25% of the total number of referrals
- Maintaining member and parent/care giver choice is vital. CMEs must ensure member and parent/care giver choice in all referrals.

Referral, Enrollment, and Service Authorization

OhioRISE Eligibility and Enrollment

- Youth must be under age 21 and Medicaid eligible (managed care/fee for service)
- Be identified as meeting OhioRISE eligibility criteria through the CANS assessment, or admitted to behavioral health inpatient or Psychiatric Residential Treatment Facility (PRTF)
- ODM reviews the CANS and determines eligibility and enrolls the youth in OhioRISE

CME Referral & Enrollment, Service Authorization CME

- Based on the CANS, OhioRISE determines the care coordination tier to best meet the identified needs; Tier 1, care coordination; Tier 2, moderate care coordination; or Tier 3, intensive care coordination
- OhioRISE informs the CME within the youth's catchment area of enrollment and the tier assignment, either Tier 2 or Tier 3
- Child and Family Centered Care Plans developed through the Child and Family Teams using Wraparound model will be helpful for service authorization

Quality Oversight and Improvement

- Quality improvement is strengths-based and aligns with the High Fidelity Wraparound Model
- Quality improvement principles and organizational learning should be the basis of the CME's activities, practice, documentation, finance and policy
- Quality oversight and improvement will be a collaborative practice between the CMEs, OhioRISE, and ODM
- The following activities may be included:
  - » Monitoring of engagement activities and/ time frames with youth and families/caregivers
  - » Monitoring of adherence to key time frames for service delivery standards
  - » Assessing satisfaction and participation in services by youth and families/caregivers
  - » Improved satisfaction and increased participation in treatment by families/caregivers and youth
  - » Monitoring referral practices to prevent CME reliance on self-referral for service provision
  - » Ongoing measurement of fidelity to the Compliance with National Instituted of Wraparound Initiative Standards of Care

Electronic Health Records and Data Reporting

Activity	Description
Assessment and support of EHR	The OhioRISE Plan will work with the selected CMEs to assess their current and future ability to provide data in an electronic format (e.g. EHR) to the OhioRISE care coordination portal and will provide the necessary technical assistance to participate in Ohio's two HIEs.
Existing/planned EHR capabilities, existing data exchange and ability to track contract requirements	Focus will include key elements such as existing/planned EHR capabilities, existing/planned data exchange capacity, ability to track contract requirements such as timeliness of activities, frequency of contacts and caseload.
OhioRISE care coordination portal, Family Connect	The OhioRISE care coordination portal, Family Connect, will incorporate member-level data from CMEs and other entities engaged in the coordination of care. CMEs will be responsible for reporting and sharing data to the OhioRISE plan in alignment with the OhioRISE Plan provider agreement with ODM

CME Selection Overview

- The OhioRISE Plan, in cooperation with ODM and stakeholders, will solicit and select organizations that will be CMEs through an application process
- Not every willing provider will be a CME
  - » The OhioRISE plan will select CMEs
  - » CMEs will only be under contract to the OhioRISE Plan
- No separate or external “certification” process for providers of ICC/MCC (will be defined in Medicaid rules)
- A dedicated Aetna liaison will be assigned to each CME provide technical assistance and implementation support
- CMEs will be required to undergo an initial readiness review process prior to offering ICC/MCC
- CMEs will be operational by July 2022
  - » Expect capabilities will build over time

CME Catchment Areas

CME Catchment Areas

- Each CME is projected to serve approximately 1,000 – 3,000 children during the first year of OhioRISE operations
- Each catchment area will be served by one CME
- CME applicants may submit a proposal to serve more than one catchment area

Catchment Areas Details

Color	CME	Projected Annual Assignment (estimate for 12 months)	Count of Counties in CME Region	Counties in CME
	A	2800	9	Williams, Defiance, Fulton, Henry, Putnam, Paulding, Van Wert, Mercer, Lucas
	B	1200	11	Wood, Ottawa, Erie, Sandusky, Seneca, Wyandot, Hancock, Huron, Crawford, Marion, Union
	C	1800	11	Allen, Auglaize, Hardin, Darke, Shelby, Miami, Logan, Champaign, Clark, Green, Madison
	D	2500	2	Preble, Montgomery
	E	2300	3	Butler, Warren, Clinton
	F	2500	1	**Hamilton**
	G	2600	6	**Hamilton**, Clermont, Brown, Adams, Scioto, Lawrence
	H	1600	11	Fayette, Pickaway, Highland, Ross, Pike, Hackson, Gallia, Meigs, Hocking, Vinton, Athens
	J	1700	8	Fairfield, Perry, Muskingum, Morgan, Noble, Guernsey, Coshocton, Washington
	K	2600	8	Monroe, Belmont, Harrison, Tuscawaras, Carroll, Jefferson, Columbiana, Stark
	L, M, N	1800, 1800, 1800	1, 1, 1	**Franklin**
	O	1300	4	Licking, Knox, Morrow, Delaware
	P	1500	2	Lorain, Medina
	Q	1500	4	Ashland, Richland, Wayne, Holmes
	R, S	2500, 2500	1, 1	**Cuyahoga**
	T	2000	4	**Cuyahoga**, Lake, Geauga, Ashtabula
	U	2500	2	Summit, Portage
	V	2700	2	Trumbull, Mahoning

Medicaid Provider Requirements

- All CMEs must be enrolled or be willing to enroll as Medicaid provider organizations. Eligible CME provider types:
  - 01 – Hospital
  - 02 – Psychiatric Hospital
  - 21 – Professional Medical Group
  - 45* – Stand-alone CME (if not enrolled as other provider type on this list)
  - 50 – Clinic
  - 84 – Community MH Agency (Ohio Dept of MH Provider)
  - 95 – Community SUD Agency (OMHAS Certified/Licensed Treatment Program)
- All CMEs will contract with the OhioRISE plan to deliver ICC/MCC services.
- CMEs may directly hire or contract with staff to fulfill the requirements of being a CME, including staff who deliver ICC/MCC services
- To deliver and bill for ICC/MCC services, all practitioners must be enrolled with Medicaid and affiliated with the CME (the billing provider)

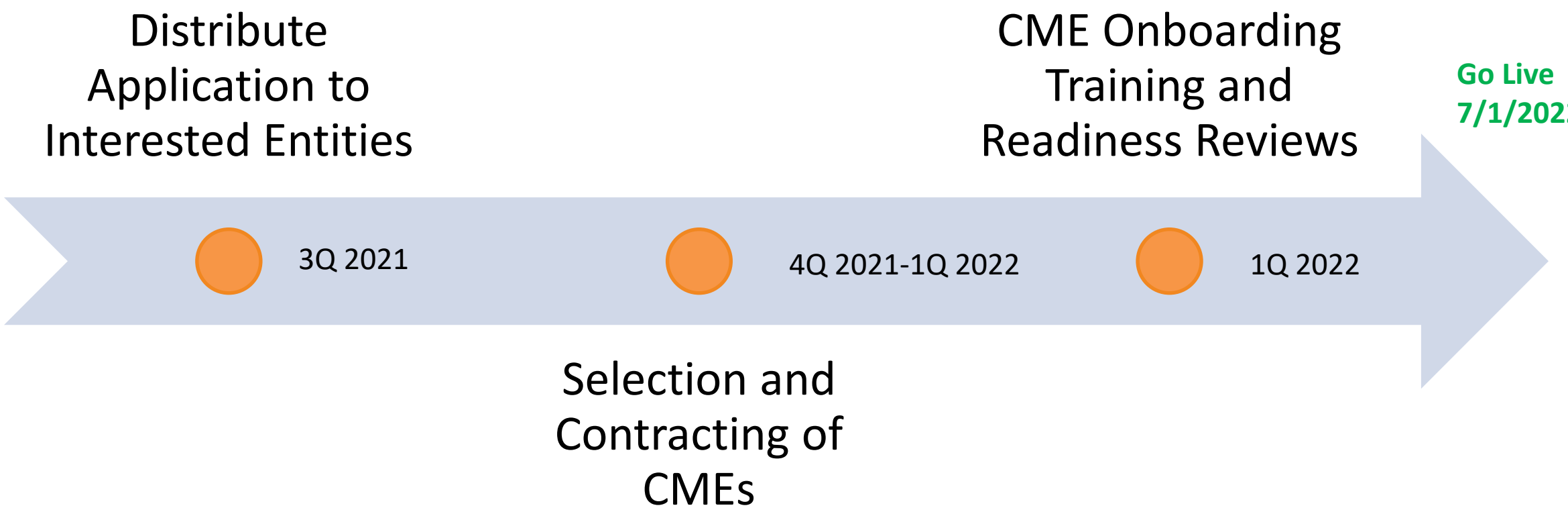
* Technical provider type for 45 will be “Waivered Services Organization” with a CME specialty

CME Solicitation

Application Questions

- Organizational structure
- Wraparound and System of Care readiness
- Information technology
- Quality management capacity and experience
- Implementation plan
- Budget
- Case scenario

Process and Timeline



OhioRISE Transition – Launching CMEs

Goals of the OhioRISE Transition Program

1. Prepare for a successful full launch of OhioRISE in July 2022, with the rest of the Next Generation of Managed Care program

- Promote Governor DeWine's Children's Initiative and recognize the Administration's extensive work to better serve Multi-System Youth
- Take action to address Ohio children's urgent behavioral health needs, many of which have been caused or exacerbated by the pandemic
- Actively address workforce challenges within the behavioral health provider network to ensure new OhioRISE services are accessible to children who will enroll in the program in July 2022
- Ensure a strong launch of OhioRISE to support the overall successful implementation of the Next Generation of Managed Care

2. Support implementation of the Family First Prevention Services Act (FFPSA), which begins October 1, 2021

3. Recognize and build on the extensive work of the OhioRISE Advisory Council and Workgroups

Elements of the OhioRISE Transition Program

Soft-Launch Select Services

- Transition for CANS assessment billing
- Enhance Intensive Home-Based Treatment (IHBT) availability

Workforce & Provider Development

- CANS assessor training and certification
- Select and launch CMEs
- Support and expand MRSS providers
- Technical provider trainings

Youth, Caregiver, & Community Engagement

- Regional community listening sessions
- Engage and train community partners
- Trainings for youth and caregivers

Workforce and Provider Development

- **Continue CANS assessor training and certification**
- **Select and launch CMEs**
  - » Establish infrastructure, hire and train staff
  - » Begin Hi-Fi Wrap training, technical assistance, coaching, and certification
  - » Conduct community outreach and engagement activities, understand community resources, and begin providing new care coordination services to children
  - » Provide early CME care coordination services to priority populations, ex: kids in the custody of local PCSAs who are placed in Qualified Residential Treatment Programs (QRTPs)
- **Support and expand MRSS providers**
  - » Support current MRSS providers through July 2022
  - » Develop new MRSS providers
- **Technical provider trainings**

OhioRISE Transition Timeline

BY 10/1/21

Issue CANS billing reminders

LATE Q4 2021

Regional listening sessions (youth, caregiver, community engagement)

JULY 1, 2022

Launch of Next Generation of Managed Care + OHR

- Initial and rolling enrollment for OHR, 1915(C) Waiver
- Remaining services go-live (stand-alone CANS, ICC/MCC, comprehensive (in-home) assessment, MRSS, 1915(b) and 1915(c) services)
- IHBT shifts to OhioRISE

JANUARY 2023

PRTF Service Begins

Q1 2022

IHBT enhancements

Q1 2022 – Q2 2022

- Launch CMEs
- Expand MRSS Providers
- Technical provider trainings
- Engage and train community partners

Center of Excellence Support for Implementing ICC/MCC

- Program implementation
- Technical assistance
- Training
- Coaching and consultation
- Learning communities
- Continuous quality improvement
- Fidelity monitoring

Next Steps

Next Steps

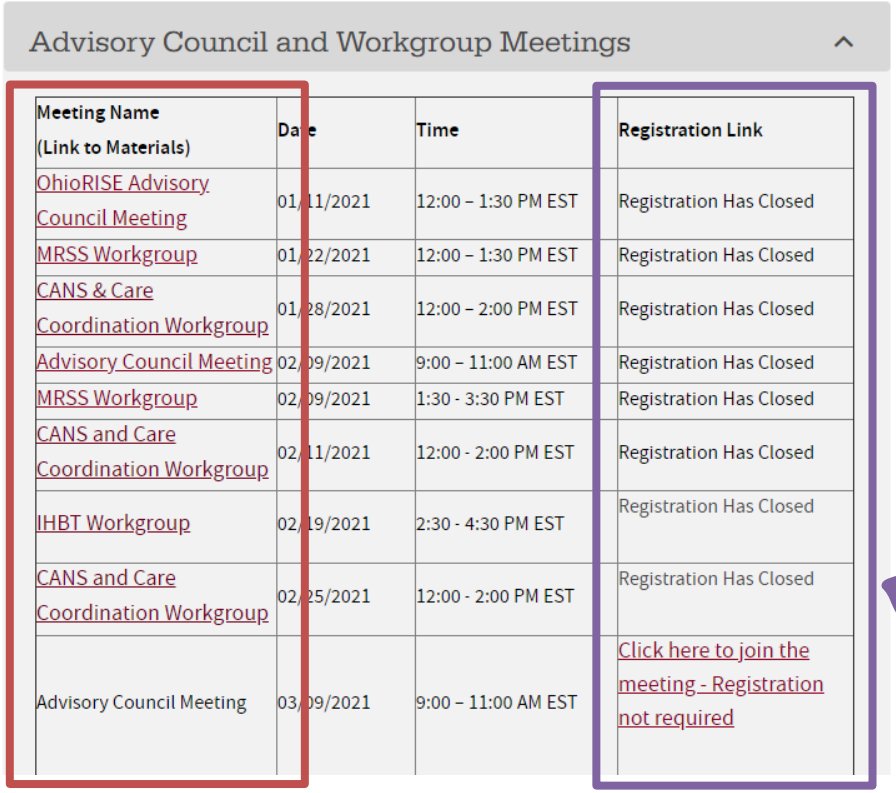
- Consider any feedback from today's discussion of CMEs
- Aetna Better Health of Ohio will share Request for Applications (RFA) in the coming weeks
- CME network development questions can be sent to:

  OHRISE-Network@aetna.com

OhioRISE Website

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

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



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

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

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

Thank you for attending!