



## Opportunities for Collaboration between Behavioral Health Providers and OhioRISE Care Coordinators

8/4/2022

OhioRISE care coordination brings treatment providers, case/care managers, and anyone else the child/youth and their caregivers choose to have involved in their care together for the purpose of wrapping care planning and services around the child/youth and the people who care for them. As part of the wrap-around process, care coordinators working within OhioRISE Care Management Entities (CMEs) and at Aetna Better Health of Ohio (Aetna) are charged with:

- Reaching out to new OhioRISE enrollees and their caregivers to engage them in the care coordination process,
- Talking with children/youth and their caregivers about who they'd like to involve in their Child and Family Team, and
- Working with members of the Child and Family Team to involve them in Team meetings, share information, and track outcomes.

A list of the OhioRISE CMEs and their service areas can be found [here](#). You can find contact information for each CME [here](#).

**As the OhioRISE program ramps up, we wanted to let you know that an OhioRISE Care Coordinator from a CME or Aetna may reach out to you for assistance connecting with an OhioRISE member to engage them in the wraparound care coordination process. For example, the Care Coordinator or CME may ask you to provide contact information for an OhioRISE member if the information they have on file for a new enrollee seems to not be valid.**

As you are probably aware, the OhioRISE CMEs are responsible for, among other things, “the provision, coordination, or management of [health care](#) and related services by one or more [health care providers](#), including the coordination or management of [health care](#). . .”, which is the definition of “treatment” in the Code of Federal Regulations at 45 CFR § 164.501 that is part of the Health Information Portability and Accountability Act (HIPAA). Ohio Medicaid’s enrolled health care providers are “covered entities” under 45 CFR §160.103, and the Code of Federal Regulations states at 45 CFR § 164.506 (c)(2) that “A [covered entity](#) may disclose [protected health information](#) for [treatment](#) activities of a [health care provider](#).”

Ohio Medicaid is not providing legal advice to your organization. We simply wanted you to be aware of these federal HIPAA (privacy) law provisions and to let you know that you may be contacted by a CME. In the event you are contacted you should continue to follow your organization’s protocols for verifying the identity of the individual requesting information pursuant to 45 CFR 164.514(h).

The chart below provides additional information about some of types of interactions that may occur between behavioral health treatment providers and OhioRISE Care Coordinators from CMEs and Aetna.



Opportunities for Collaboration	Collaboration Details
<p><b>Helping children/youth and caregivers understand OhioRISE and be assessed for OhioRISE eligibility</b></p>	<ul style="list-style-type: none"> <li>BH providers can support their clients by talking to them about OhioRISE and the benefits it offers. <a href="#">Click here</a> for informational materials, including printable family-directed brochures in multiple languages.</li> <li>Conduct CANS assessments to help determine OhioRISE eligibility. <a href="#">Click here</a> for a flyer for CANS assessors, and <a href="#">click here</a> for a flyer for young people and families receiving an assessment.</li> <li>Refer the child/youth and their caregivers for a CANS assessment. <a href="#">Contact</a> a CME, the child/youth’s managed care organization, or Aetna to make a referral.</li> </ul>
<p><b>Helping with initial OhioRISE care coordination engagement for new OhioRISE members</b></p>	<ul style="list-style-type: none"> <li>OhioRISE Care Coordinators are reaching out to newly enrolled young people and caregivers every day to provide education about OhioRISE and to schedule a time to meet to start assessments and care coordination. <b>We strongly encourage BH treatment providers to assist OhioRISE Care Coordinators with engaging new OhioRISE members, particularly when care coordinators have exhausted other outreach pathways.</b></li> <li>BH providers can support their clients by talking to them about OhioRISE when they are aware the client is enrolled in the program. Some clients may be enrolled in OhioRISE and not know it yet, or not understand what their enrollment means.</li> <li>In some circumstances, OhioRISE Care Coordinators may have outdated contact information (phone numbers, addresses) for their new members. OhioRISE Care Coordinators may reach out to BH providers for assistance with obtaining current contact information and/or for assistance with directly connecting with the member. BH providers can also initiate outreach to the OhioRISE Care Coordinators to facilitate connection to the OhioRISE care coordinators.</li> <li>Quick communication between BH providers and OhioRISE care coordinators can help young people get the services they need.</li> </ul>
<p><b>Participating in an OhioRISE Child and Family Team</b></p>	<ul style="list-style-type: none"> <li>After talking with children/youth and their caregivers about who they’d like to have participate in their Child and Family Team (CFT), OhioRISE Care Coordinators will reach out to the child/youth and caregivers’ selected team members, including BH treatment providers.</li> <li>Team members will be invited to CFT meetings. Care coordinators will ensure Team members can participate in person, or virtually when necessary.</li> <li>Community BH providers participating in OhioRISE CFT meetings may submit claims for covered services (such as CPST or TBS) when active participation in the CFT meeting meets the requirements for the service billed, as outlined in chapter <a href="#">5160-27</a> of the OAC and billed with the appropriate code as described in the <a href="#">Ohio Medicaid Behavioral Health Provider manual</a>.</li> </ul>
<p><b>One Child, One CANS</b></p>	<ul style="list-style-type: none"> <li>Ohio CANS assessors commit to helping us achieve our cross-system goal of One Child, One CANS, a practice that puts children and families first and reduces the number of times they need to tell their story by leveraging and sharing CANS assessments, rather than duplicating them and potentially causing confusion.</li> <li>BH Providers can bill for conducting CANS assessments, as described in the <a href="#">Ohio Medicaid Behavioral Health Provider manual</a>.</li> </ul>