Department of Medicaid

OhioRISE | Resilience through Integrated Systems and Excellence

OhioRISE Services CANS and Care Coordination Workgroup Meeting

March 11, 2021

10:00 AM – 12:00 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](#).

Note about OhioRISE procurement

Agenda

CCC Workgroup

CANS and Care Coordination (CCC) Workgroup Role

» Contribute personal experience from providing / participating in use of the CANS tool and in wraparound care coordination

» Provide expert clinical and programmatic feedback on cross-system use of the Ohio CANS tool, testing, and training

» Provide expert clinical and programmatic input on the development of intensive and moderate care coordination, CMEs

» Review and provide feedback on regulatory concepts and rules

» Provide critical feedback regarding CCC implementation

CCC 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

Review ICC/MCC Rule

Breakout Room Discussions

Breakout Rooms

- Break out into smaller groups to discuss draft rule

- Choose one person per room to be the facilitator

  » The facilitator should help guide the discussion in the room

  » The facilitator should make sure someone is taking notes, and

  » The facilitator should make sure someone from the group is prepared to report out from the breakout room discussion to the larger group

- Please take a moment to bring up the rule on your computers to reference

- Typing in the chat box will save your notes for us to review later

*Note: If you called in for audio and used another device for video, you will have to manually leave the breakout room you were assigned to get back to the main room to participate with your audio feed.

Discussion in Breakout Rooms

1. Care Coordination Tiers
   i. Assignments of Tiers questions or comments?
2. Other considerations for Care Management Entity Requirements?
3. Care Coordination Activities
   i. CMEs delivering Intensive Care Coordination
   ii. CMEs delivering Moderate Care Coordination
      - Feedback on Timelines
      - What needs added?
4. Suggestions on CME Care Coordinator and Supervisory Qualifications
5. Feedback on Staffing requirements
6. Recommendations on Documentation
7. Additions or changes to Transitions
8. Questions regarding Limitations
9. Thoughts on Definitions?

Report Out from Breakout Rooms

Report Out Notes

Room 1
- Definitions (A)(2) – add language around 'child and family center'
- Clarifications on OHR vs CME
- (B) – out of home treatment vs out of home placement
- (C) – additional qualifications may be needed
- ICC vs MCC – for (B), does language need to be different?
- Care coordinator weekly face-to-face with family seems excessive.

Room 2
- (C) – training: language for race equity and health equity, trauma informed care
- Care coordination ratio requirements – are there exceptions to this ratio?
- How were contact requirements created?
- Is CANS being completed in 30 days sufficient?
- Training would be beneficial during engagement process to help set expectations. is 7-day requirement too long?

Report Out Notes

Room 3
- If individual has a psychiatric stay, is the youth automatically enrolled in OHR and/or which level of care?
- What is the criteria for moderate vs intensive care?
- Who are the CMEs?
- Will there be timelines for OHR to approve care changes?
- Is there a standardized care plan for every family?
- Concerns around staffing for case management
- How are CANS scores going to be consistent when there are multiple assessors?
- Clarifications when youth is receiving care coordination & IHBT

Room 4
- Clarifications around crisis and safety definitions
- Who is part of the family team?
- How do we interpret 'at risk', 'moderate', and 'significant'?
- 1 day timeline to reach out to family – who completes this task?
- Clinical supervision vs supervision around the entire wraparound approach
- What does 24 hour coverage look like?
- ICC – what is the initial assessment?
- Face to face in 2 days may be challenging
- Caseload management – caseload seems high

Report Out Notes

Room 5

- Clarifications for entities who will provide ICC/MCC

- Medical necessity – how quickly will decisions on services be made (e.g., emergency rooms)?

- Clarifications on who (COE) will be responsible for conducting training?

Room 6

- Valid Medicaid provider – clarify who the provider is?

- Staffing constraints and strategies

CANS Pilot Opportunity

Pilot Opportunity: Volunteer Assessors Needed for the Ohio CANS and Decision Support Tool

- Sending a survey seeking volunteer assessors to pilot the draft Ohio Brief CANS and Decision Support Tool with their clients and families.
  - » This process will be used to test the validity of the Decision Support Model and will inform modifications that may be needed to better fit the needs of the youth and families being served.
  - » We hope pilot with a diverse group of volunteers who represent youth and families with varying needs
- Volunteers should:
  - » Hold a current CANS assessor certification
  - » Be available for 1-2-hour CANS booster training provided by TCOM/Praed – date March 24, 10 – noon
  - » Deadline to volunteer is March 17
  - » Please share with your networks

https://www.surveymonkey.com/r/YV3BV56

Pilot Opportunity: Volunteer Assessors Needed for the Ohio CANS and Decision Support Tool

CANS Testing Volunteer Assessor Survey

Request for Volunteer CANS Assessors -CANS Decision Support Model Testing

We are seeking volunteer assessors to pilot the draft Ohio Brief CANS and Decision Support Tool with their clients and families. We hope to accept a diverse group of volunteers who represent youth and families with varying needs.

OK

* 1. Before completing the questionnaire, **please confirm that both of the following apply**:

☐ Must hold a current CANS assessor certification

☐ Must be available for 2-hour CANS booster training provided by TCOM/Praed on March 24 from 10-12 pm EST

0 of 12 answered

Ctnl + Click on image to the left to access the Survey. Additionally, the link below will direct you to the survey.

https://www.surveymonkey.com/r/YV3BV56

Next Steps

CANS & Care Coordination Workgroup

Immediate next steps

- Provide care coordination draft rule for feedback to workgroup
  - » Gather feedback on rule concept through 3/19 and review
  - » Communicate with stakeholders
- Next meeting 3/25
- Review CANS tool after pilot

OhioRISE Stakeholder Timeline

JANUARY 2021 - TBD 2022

OhioRISE Advisory Council Meetings

JANUARY – MARCH 2021

Services & Care Coordination / Eligibility Workgroups

SPRING 2021

Initial Rule Filings

APRIL 2021 & BEYOND

Operations and Implementation Workgroup

FALL 2021

Final Rule Filings

OhioRISE Website

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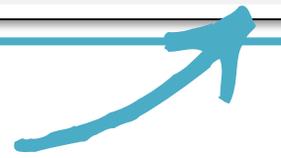
OhioRISE Advisory Council and Workgroups

Beginning in 2021, OhioRISE Advisory Council and Workgroup meetings will commence. The purpose of these meetings is to engage with stakeholders to obtain critical feedback and expert advice for OhioRISE's services and operations. You can find the members selected to be in the Advisory Council here and the presentation for the kickoff OhioRISE Stakeholder meeting on December 18, 2020 here.

Please select the 'Advisory Council and Workgroup Meetings' dropdown tab below to view presentation materials and meeting registration links.

Advisory Council and Workgroup Meetings ⌄

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

Advisory Council and Workgroup Meetings

Meeting Name (Link to Materials)	Date	Time	Registration Link
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'**
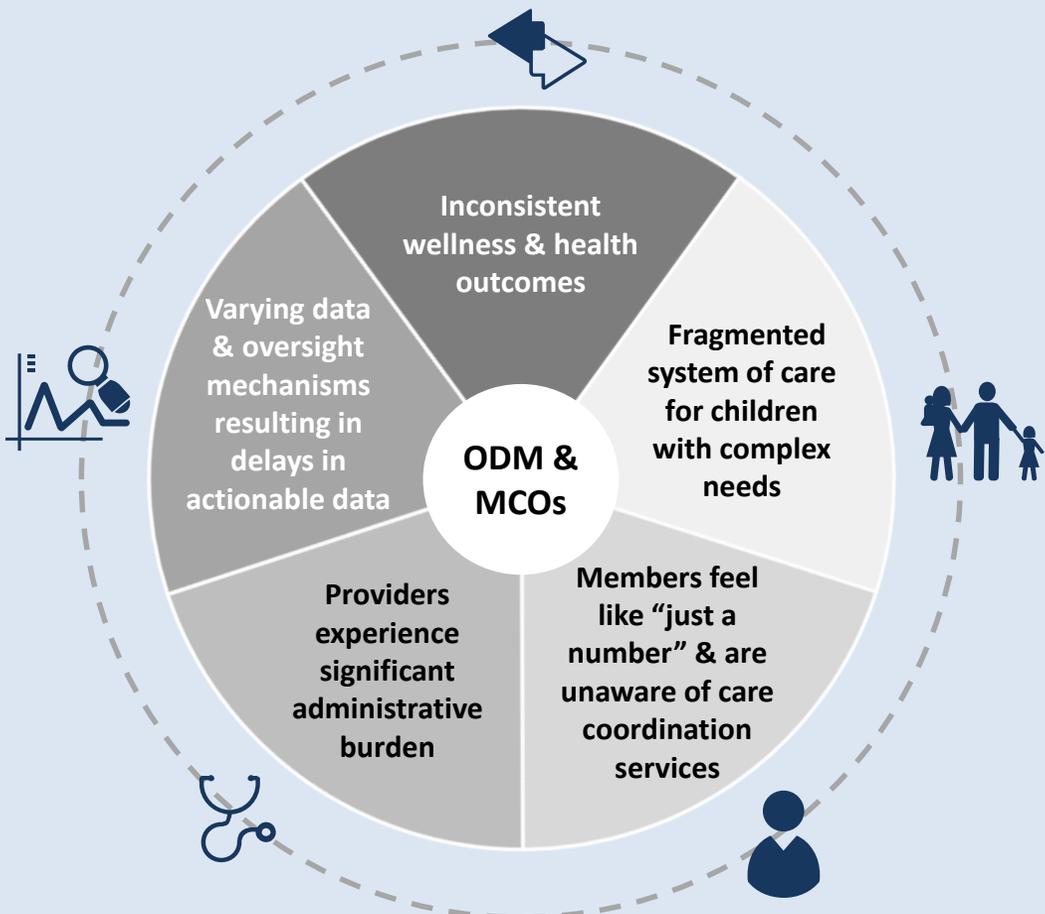
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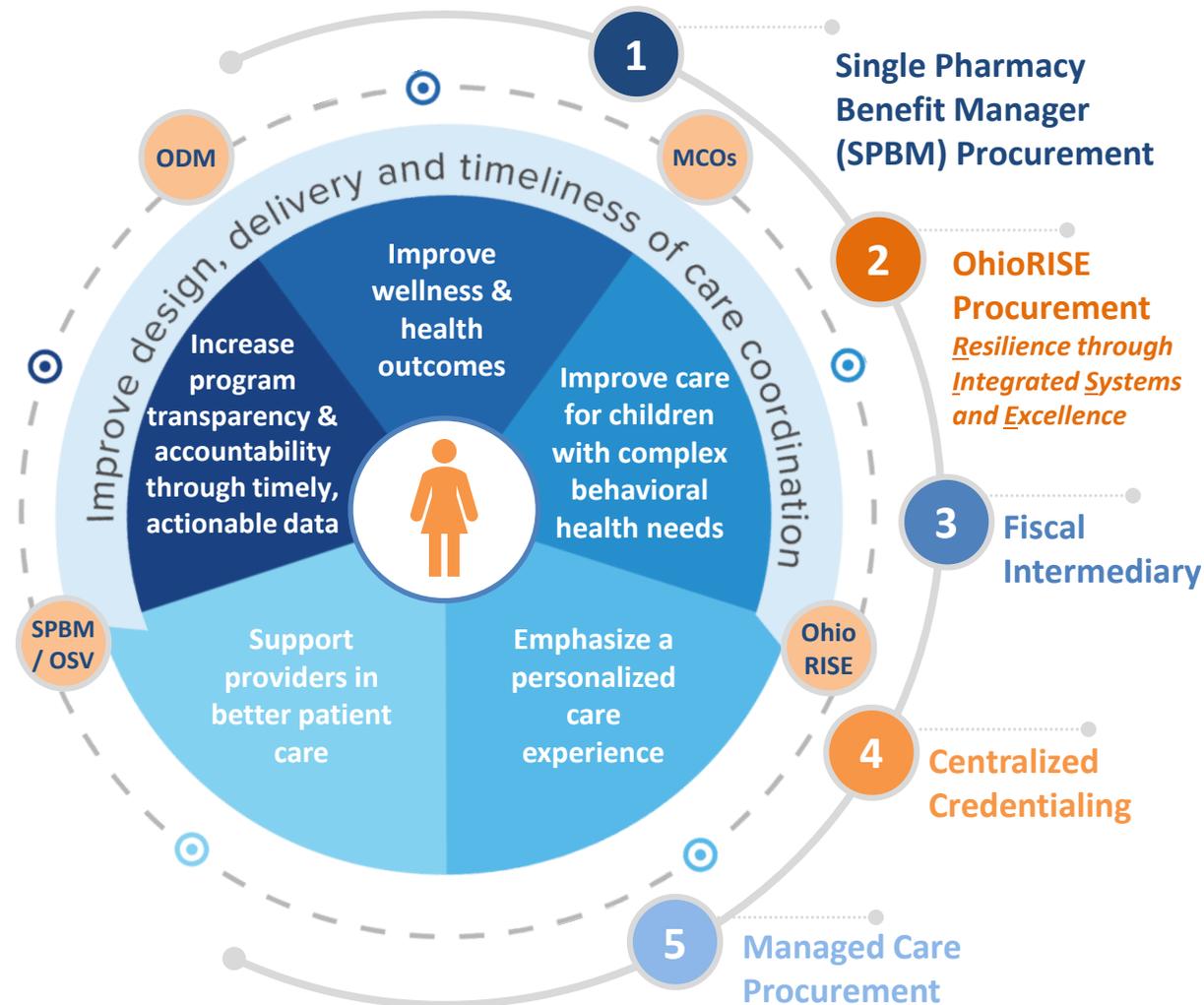# Thank you for participating!

Appendix

Today's Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don't always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.

ODM & MCOs

- Inconsistent wellness & health outcomes
- Fragmented system of care for children with complex needs
- Members feel like "just a number" & are unaware of care coordination services
- Providers experience significant administrative burden
- Varying data & oversight mechanisms resulting in delays in actionable data

"Next Generation" of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.

Improve design, delivery and timeliness of care coordination

ODM · MCOs · SPBM / OSV · Ohio RISE

- Improve wellness & health outcomes
- Improve care for children with complex behavioral health needs
- Emphasize a personalized care experience
- Support providers in better patient care
- Increase program transparency & accountability through timely, actionable data

1 Single Pharmacy Benefit Manager (SPBM) Procurement

2 OhioRISE Procurement *Resilience through Integrated Systems and Excellence*

3 Fiscal Intermediary

4 Centralized Credentialing

5 Managed Care Procurement

OhioRISE | Resilience through Integrated Systems and Excellence

A specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth

✚ Specialized MCO
ODM will procure a special type of MCO – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use of high quality behavioral health services.

🏛 Shared Governance
OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.

⤳ Coordinated and Integrated Care & Services
OhioRISE brings together local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth.

📄 Prevent Custody Relinquishment
OhioRISE will utilize a new 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.
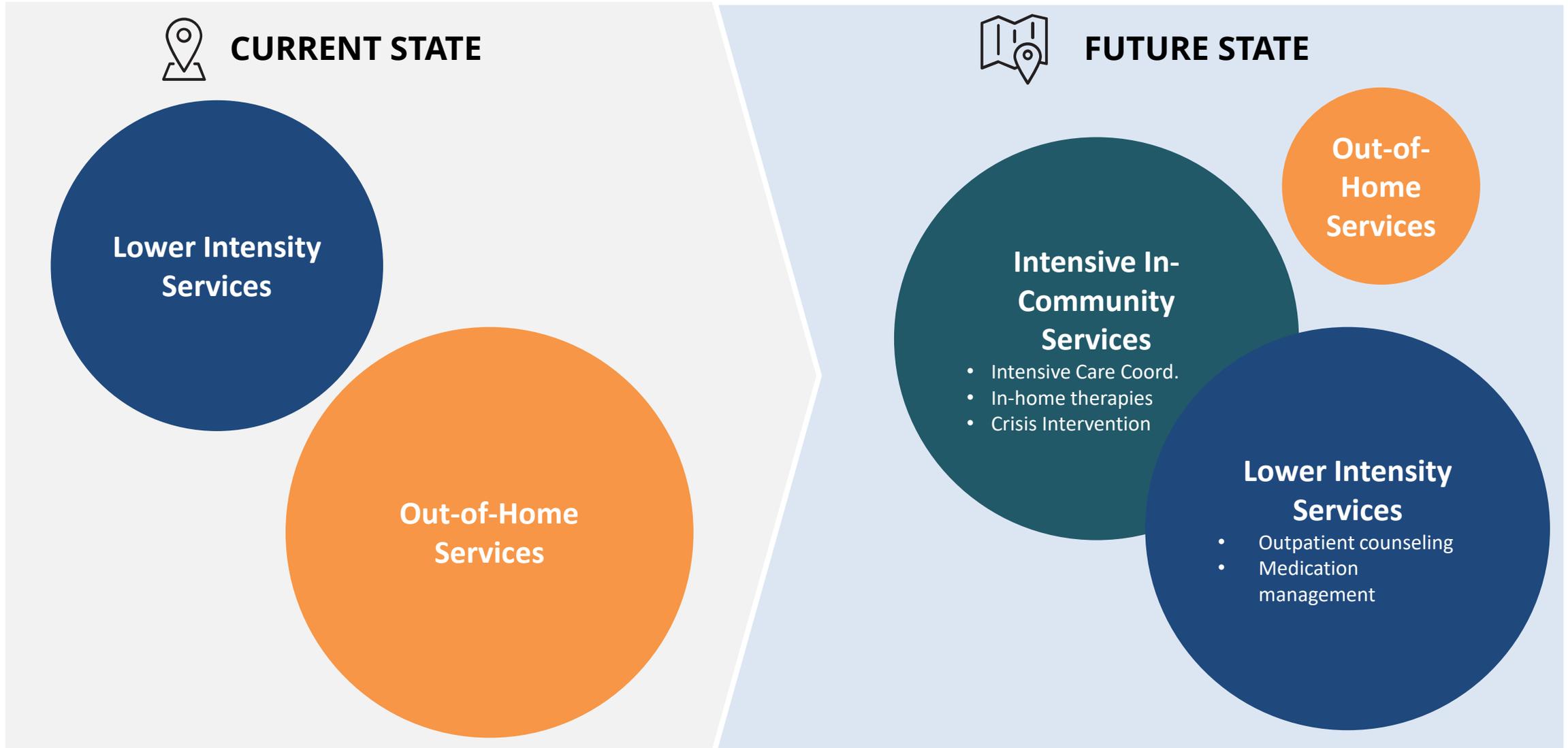
OhioRISE Enrollment
- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services
- ✓ All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
- ✓ Intensive Care Coordination
  - • Consistent with principles of High-Fidelity Wraparound
  - • Delivered by a regional "Care Management Entity"
  - • Two levels – intensive and moderate
- ✓ Intensive Home Based Treatment (IHBT)
- ✓ Psychiatric Residential Treatment Facility (PRTF)
- ✓ New 1915(c) waiver that runs through OhioRISE
  - • Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS)
  - • Also covered outside of OhioRISE (MCO and FFS)

We Need to Build Significant Capacity to Shift the System

CURRENT STATE

Lower Intensity Services

Out-of-Home Services

FUTURE STATE

Out-of-Home Services

Intensive In-Community Services
- Intensive Care Coord.
- In-home therapies
- Crisis Intervention

Lower Intensity Services
- Outpatient counseling
- Medication management

OhioRISE Ecosystem

Family and Children First Cabinet Council:
Governor's Office of Children's Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,
Federal and State funds | Governance and Oversight

Medicaid Managed Care Organizations (MCOs)
Physical health, limited BH services

Service Providers
Contract with OhioRISE & MCOs to provide services

OhioRISE Plan
Contract with CMEs, providers

Department of Medicaid
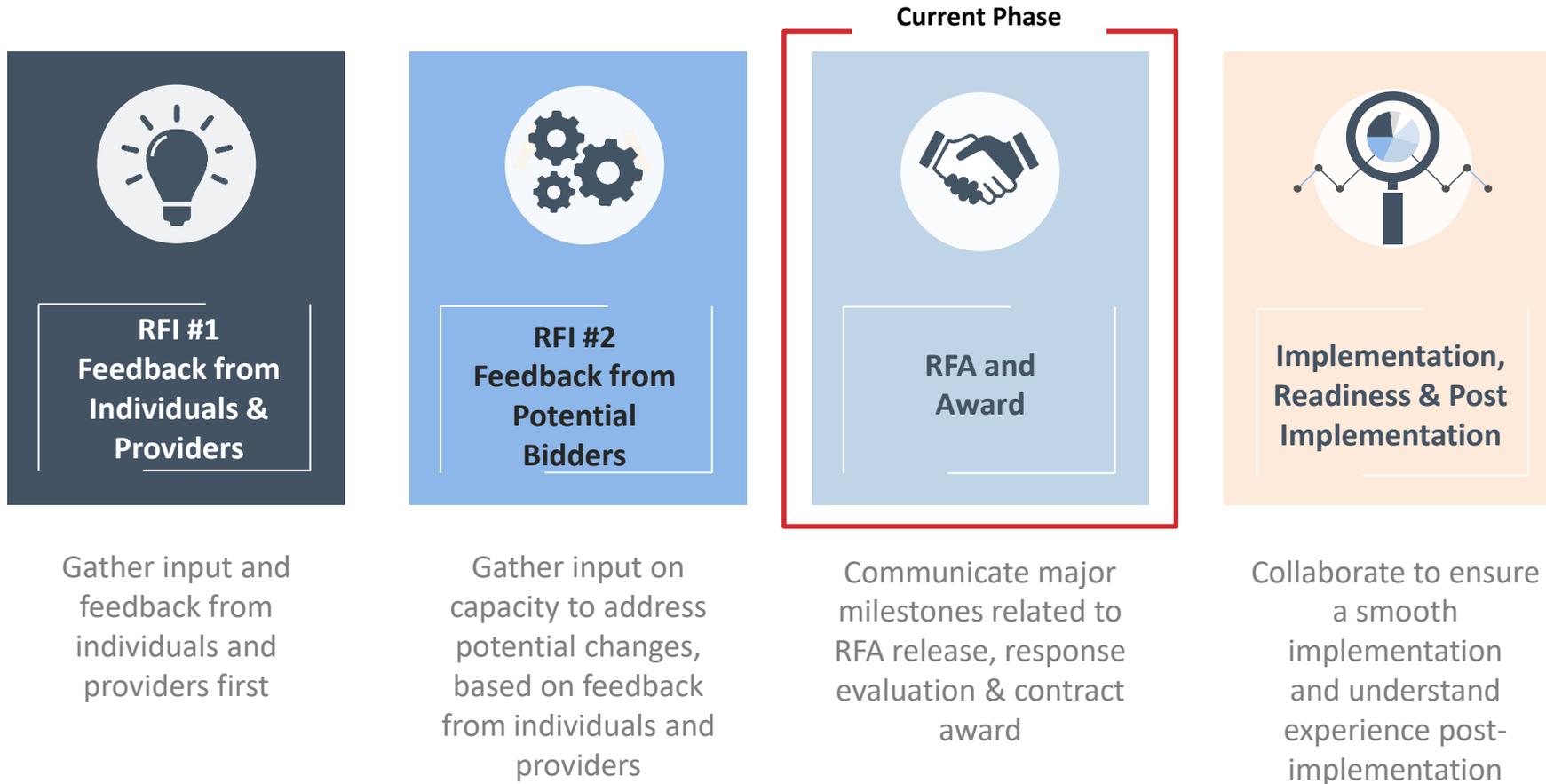Contract, provide oversight of the OhioRISE and MCOs

Network of Care Management Entities (CMEs)
Provide Intensive Care Coordination using High Fidelity Wraparound
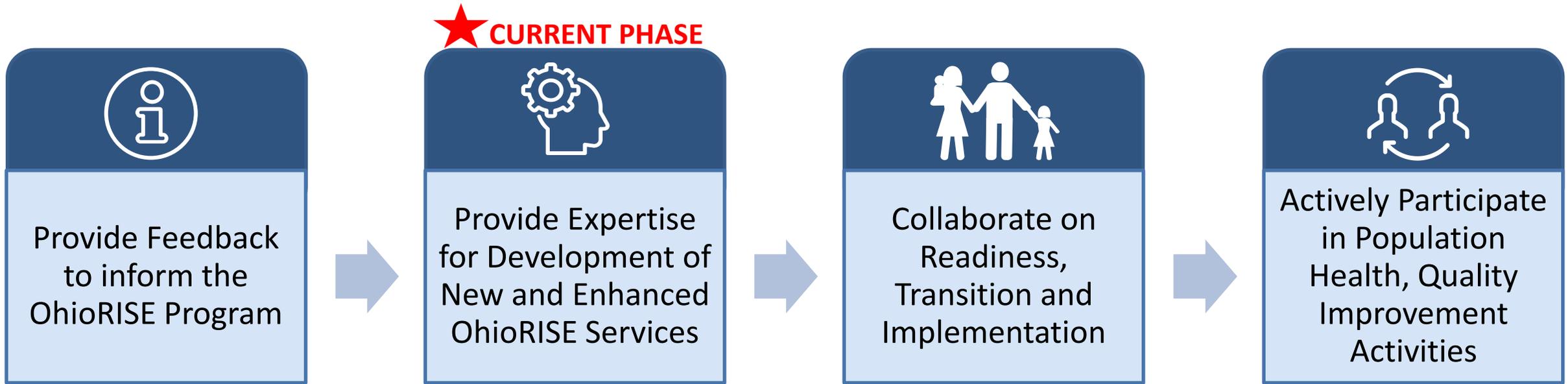
Center(s) of Excellence (COEs)
Support evidence-based practices, training, fidelity reviews, workforce development

Medicaid Managed Care Procurement Project Phases

Current Phase

RFI #1 Feedback from Individuals & Providers

RFI #2 Feedback from Potential Bidders

RFA and Award

Implementation, Readiness & Post Implementation

Gather input and feedback from individuals and providers first

Gather input on capacity to address potential changes, based on feedback from individuals and providers

Communicate major milestones related to RFA release, response evaluation & contract award

Collaborate to ensure a smooth implementation and understand experience post-implementation

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

Stakeholder Input Through Program Phases

CURRENT PHASE

| Provide Feedback to inform the OhioRISE Program | → | Provide Expertise for Development of New and Enhanced OhioRISE Services | → | Collaborate on Readiness, Transition and Implementation | → | Actively Participate in Population Health, Quality Improvement Activities |

Communicate with individuals we serve and our shared community partners

Provide ongoing feedback to OhioRISE Governance

Network, collaborate, and learn across systems

OhioRISE Advisory Committee & Workgroup Structure