



Department of  
Medicaid



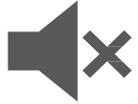
Resilience through  
Integrated Systems and Excellence

# OhioRISE Advisory Council – Respite Rule

April 15, 2021

10:00 AM – 11:30 AM

# Housekeeping



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



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

We hope to have robust oral discussion among 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**

# Meeting Agenda

- 1** | Welcome and Introductions
- 2** | OhioRISE Behavioral Health Respite
- 3** | Breakout Room Discussions
- 4** | Next Steps

# OhioRISE Advisory Council & Workgroups – Membership and Purpose

## Purposes of the OhioRISE Advisory Council & Workgroups

- » Offer specific advice, expert opinions and suggestions to Directors and staff regarding the OhioRISE program
- » Provide clinical and programmatic input on key components of new and enhanced services
- » Review rule development and changes
- » Provide critical technical feedback regarding initial implementation activities and OhioRISE operations



### MEMBERS SELECTED FOR THE ADVISORY COUNCIL REPRESENT:

Diverse range of expertise and experience

Local system partners

Associations and providers of services

Youth and Families with lived experience

Ohio's geography

# OhioRISE Behavioral Health Respite

## Terms Used Throughout Presentation

- Child and Adolescent Needs and Strengths (CANS) assessment: A multi-purpose information integration tool developed for children’s services to support decision-making including level of care and service planning, facilitate quality improvement initiatives and allow for the monitoring of outcomes of services.
- Family: A may include a child’s biological, adoptive, or foster parents, as well as extended family or non-biological adults who have a role in the care for and support of a child or youth.
- Foster home: A foster home operated by persons holding a certificate in force, issued under section 5103.03 of the Revised Code.

## Terms Used Throughout Presentation

- **Legally Responsible Family Member:** A term used to describe an individual's spouse, or in the case of a minor, the individual's birth or adoptive parents.
- **Managed Care Organizations (MCOs):** Providers that the Ohio Department of Medicaid pays to provide care coordination and provide benefits for most individuals enrolled on the Medicaid program.
- **Network Provider:** Any provider, group of providers, or entity that has a network provider contract with the OhioRISE Plan and receives Medicaid funding directly or indirectly.
- **Ohio Department of Medicaid (ODM):** The state Medicaid Agency which will operate the OhioRISE Program.
- **Ohio Department of Mental Health and Addiction Services (MHAS):** The state mental health and addiction services agency. Certifies some current respite providers.

## Terms Used Throughout Presentation

- Out-of-home respite: The service which will be available on the OhioRISE 1915(c) program. This is different than the OhioRISE Behavioral Health Respite.
- OhioRISE Plan: A Prepaid Inpatient Health Plan (PIHP) and health insuring corporation contracted to comprehensively manage Medicaid behavioral health benefits for enrolled members. OhioRISE Plan eligibility and enrollment is determined by ODM.
- Public children services agency (PCSA): An entity specified in section 5153.02 of the Revised Code that has assumed the powers and duties of the children services function prescribed by Chapter 5153. of the Revised Code for a county.
- 1915(b)(3): The federal authority which ODM utilizes to provide and pay for the current and future respite benefits.

## What is Respite and Why is it Important?

- Respite care - Support to a child while providing temporary relief to a child's parent/caregiver so they have time to attend to other "life activities."
- Respite care is instrumental in supporting the typical functions of family life in community settings while ensuring children have access to needed supports normally provided by a primary caregiver.
- Equally as important to supporting a child who may have multiple medical complexities, behavioral health challenges, or developmental delays is the ability to use respite to support the child's broader family unit and to provide relief to primary caregivers and those residing with the child.

## Goals of Revising the Available Medicaid Respite Service

- ODM has worked with stakeholders over many years to design a meaningful respite benefit available to children enrolled on managed care.
- Through this work, ODM is aware that the following areas of the current respite service are problematic and cause access to care issues:
  - » Eligible providers of respite;
  - » Number of hours allowable for respite;
  - » Awake vs. asleep requirements during the delivery of respite;
  - » Service is inaccessible for children who are in foster care.
- With the development of OhioRISE, ODM plans to make substantive changes to the respite benefit available to children enrolled in the OhioRISE plan.

## ODM's Current ODM Respite Benefit

- Not a state-plan service
  - » Covered service under the managed care program - see [5160-26-03\(J\)](#)
  - » Authorized under ODM's Special Needs Kids 1915(b) waiver as a 1915(b)(3) service
- Includes both behavioral health and long-term services and supports respite in the same rule language
- Qualified respite provider must be awake when the member is awake during the provision of the service
- Foster children are not eligible for respite
- To access behavioral health respite, child must have a diagnosis of serious emotional disturbance diagnosis
- Limited provider options; currently the behavioral health respite services may only be provided by OhioMHAS-certified and Medicaid enrolled agency providers that are also accredited by the Joint Commission, Council on Accreditation, or Commission on Accreditation of Rehabilitation Facilities

## Proposed Changes to the Behavioral Health Respite Rule

- The behavioral health and long-term services and supports respite components will be split into two different services rules. Both will continue to be 1915(b)(3) services covered exclusively under managed care authorities – not state plan / FFS
  - » BH Respite: New OAC rule 5160-59-03.3 – service will be exclusive to OhioRISE
  - » LTSS Respite: Covered under existing OAC rule 5160-26-03 – only in managed care The New
- New OhioRISE BH respite service under OAC 5160-59-03.3 will help address the concerns regarding the current BH respite benefit
  - » Authorized by OhioRISE plan in an amount and duration consistent with the member's needs and behavioral health history
  - » Broader range of eligible providers

## Who is Eligible to Receive Behavioral Health Respite

- When clinically appropriate, the behavioral health respite service will be available to the children enrolled in the OhioRISE plan
- Children must reside in one of the following arrangements:
  - » With their primary caregiver(s) in a home that is not owned, leased or controlled by a provider of any health-related treatment or support services
  - » Foster home placement (not congregate care)

## Authorization and Payment of Service

- The behavioral health respite service will be prior authorized by the OhioRISE Plan based on the needs of the child and their primary caregiver(s).
- Services will be authorized in an amount and duration consistent with the member's needs and medical history.
- Authorization for the behavioral health respite service will occur when the OhioRISE Plan has determined the primary caregiver(s) have demonstrated a need for temporary relief from the care of the child because of the child's behavioral health needs.
- Authorization for behavioral health respite will not occur when the child is receiving the 1915(c) OhioRISE waiver out-of-home respite service.
- Payment for behavioral health respite is not available when payment for respite rendered in a foster home is made by a PCSA.

## Service Delivery

- Service delivery may be provided overnight when the child has an assessed need for overnight behavioral health respite care.
  - » When the child is awake, the provider must be awake during the provision of behavioral health respite.
- Services may be provided in a qualifying provider's place of residence when approved by the member's legal guardian.
- Service delivery may occur in a foster home licensed by the Ohio Department of Job and Family Services.
- Behavioral health respite may be provided on a planned or an emergency basis.

## Qualified Providers

- Behavioral health respite may still be provided by community behavioral health agency providers already certified or accredited as noted in OAC 5160-29-03.2.
- Rule changes would allow the following individuals to provide behavioral health respite:
  - » Certified Department of Developmental Disability (DODD) providers of informal respite (OAC 5123-9-21)
  - » Certified DODD providers of community respite (OAC 5123-9-22)
  - » Family, who do not also meet the definition of legally responsible, who do not reside in the home with the child.

## Discussion Topics for Breakout Session

- Is there an appropriate limit to the number of hours of behavioral health respite for most children?
- Are there other providers who should be considered to be eligible providers of behavioral health respite?
- Are there additional issues we need to consider when allowing the use of respite overnight or in a provider's home when approved by the child's legal guardian?
- Does the proposed policy accomplish greater access to behavioral health respite to more children?
- Other comments, concerns, or questions.

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# Breakout Room Discussions

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## Breakout Rooms

- Break out into smaller groups to discuss rule concepts
- Choose one person per room to take notes and be prepared to report out
  - » This person can also facilitate the discussion or choose someone else to facilitate
  - » The facilitator should help guide the discussion in the room
  - » The facilitator should share their screen and bring up the slide deck
- Typing in the chat box will save your notes for ODM 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.

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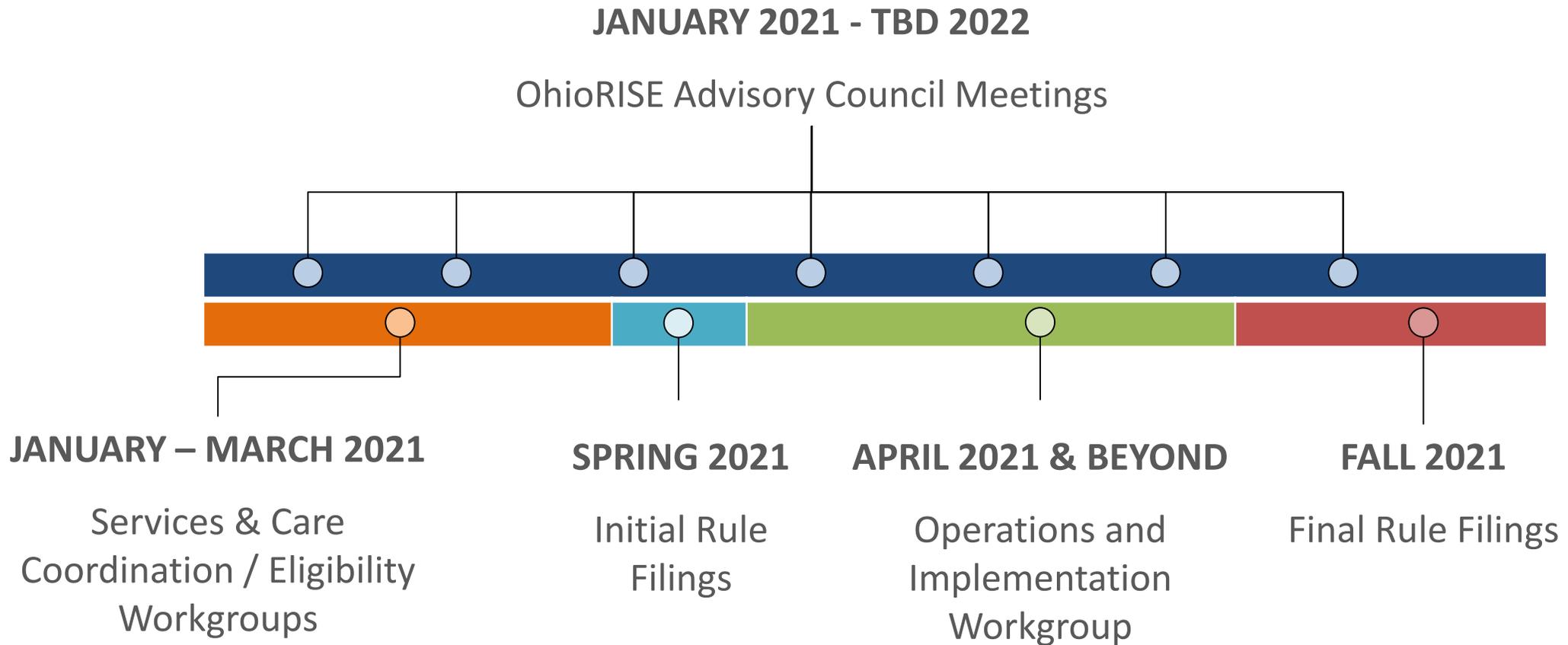
# Next Steps

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## Next Steps

- Accepting stakeholder feedback and considering revisions on draft rule based on today's discussion
- OhioRISE Rule Overview Meeting Thursday, April 22, 9 – 12 AM
- The next Advisory Council meeting is Tuesday, May 11, 9 – 11 AM

# OhioRISE Stakeholder Timeline



# OhioRISE Website

On the [OhioRISE website](#) we post the dates and times of future meetings, links to join the meetings, and presentation materials.

**OhioRISE Advisory Council and Workgroups**

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

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

Advisory Council and Workgroup Meetings

Select 'Advisory Council and Workgroup Meetings' dropdown tab

Advisory Council and Workgroup Meetings

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

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

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

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**Thank you for attending!**

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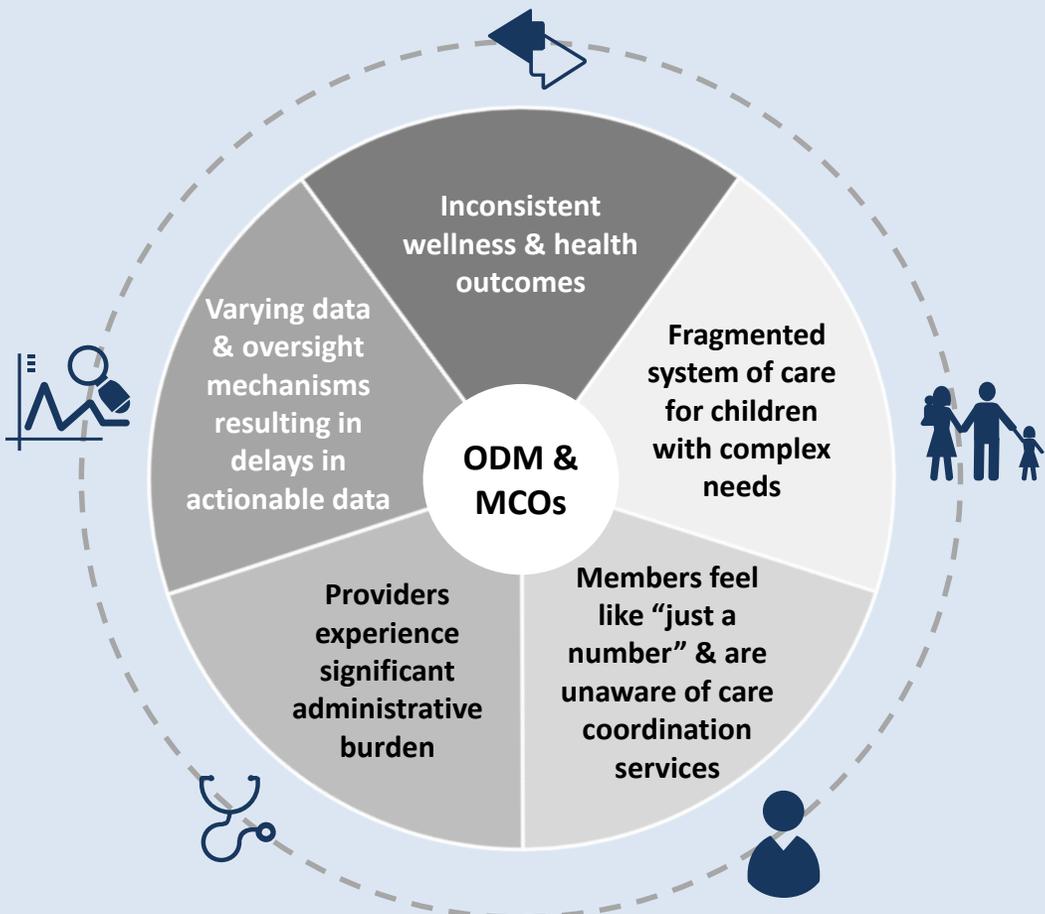
# Appendix

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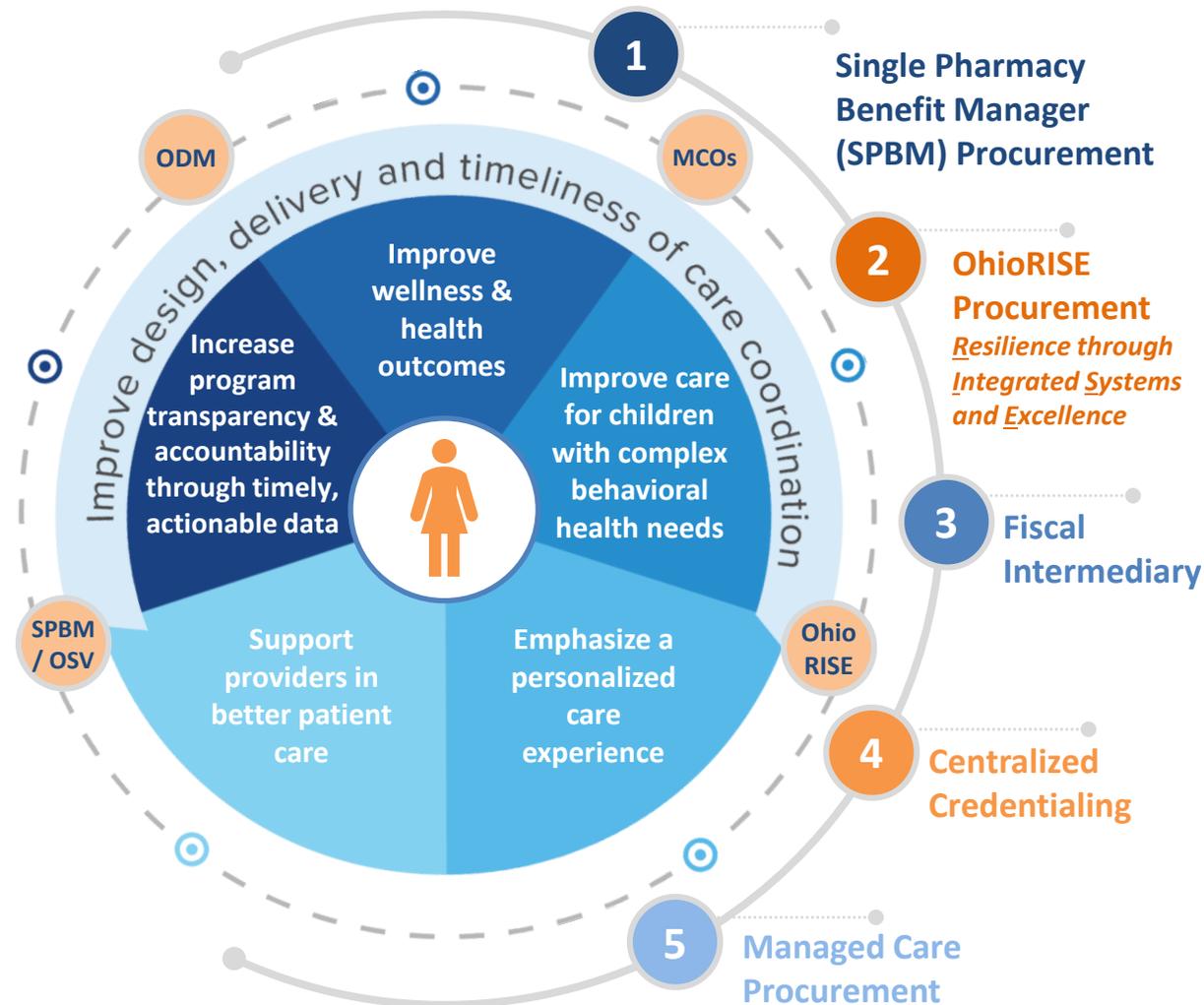
## Today's Ohio Medicaid Managed Care Program

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



## "Next Generation" of Managed Care in Ohio

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





Resilience through  
Integrated Systems and Excellence

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

 **Specialized MCO**

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

 **Shared Governance**

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

 **Coordinated and Integrated Care & Services**

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

 **Prevent Custody Relinquishment**

OhioRISE will utilize a new 1915c waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.

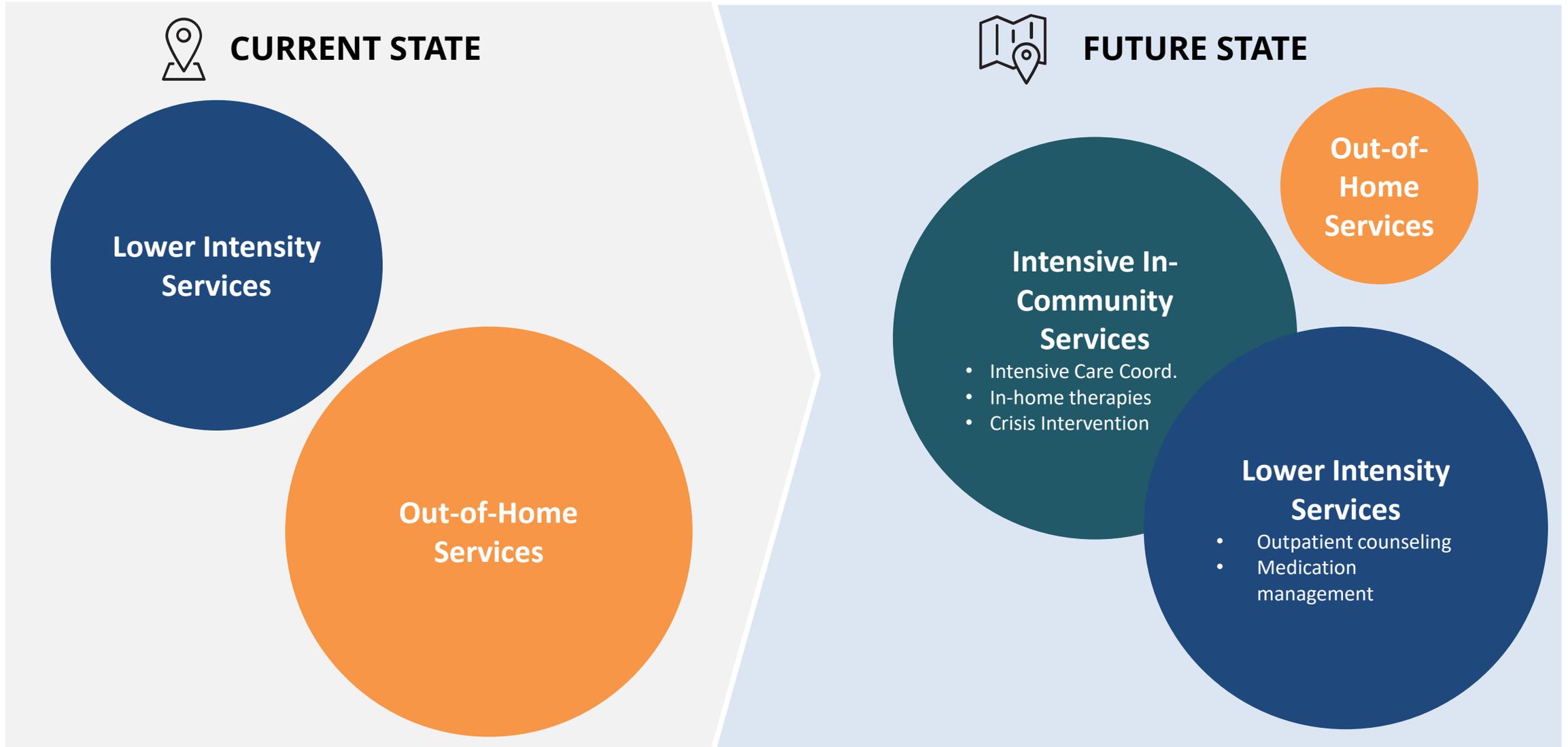
## OhioRISE Enrollment

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

## OhioRISE Services

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

# We Need to Build Significant Capacity to Shift the System



# OhioRISE Ecosystem

## Family and Children First Cabinet Council:

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

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

### Service Providers

Contract with OhioRISE & MCOs to  
provide services

### OhioRISE Plan

Contract with CMEs, providers

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



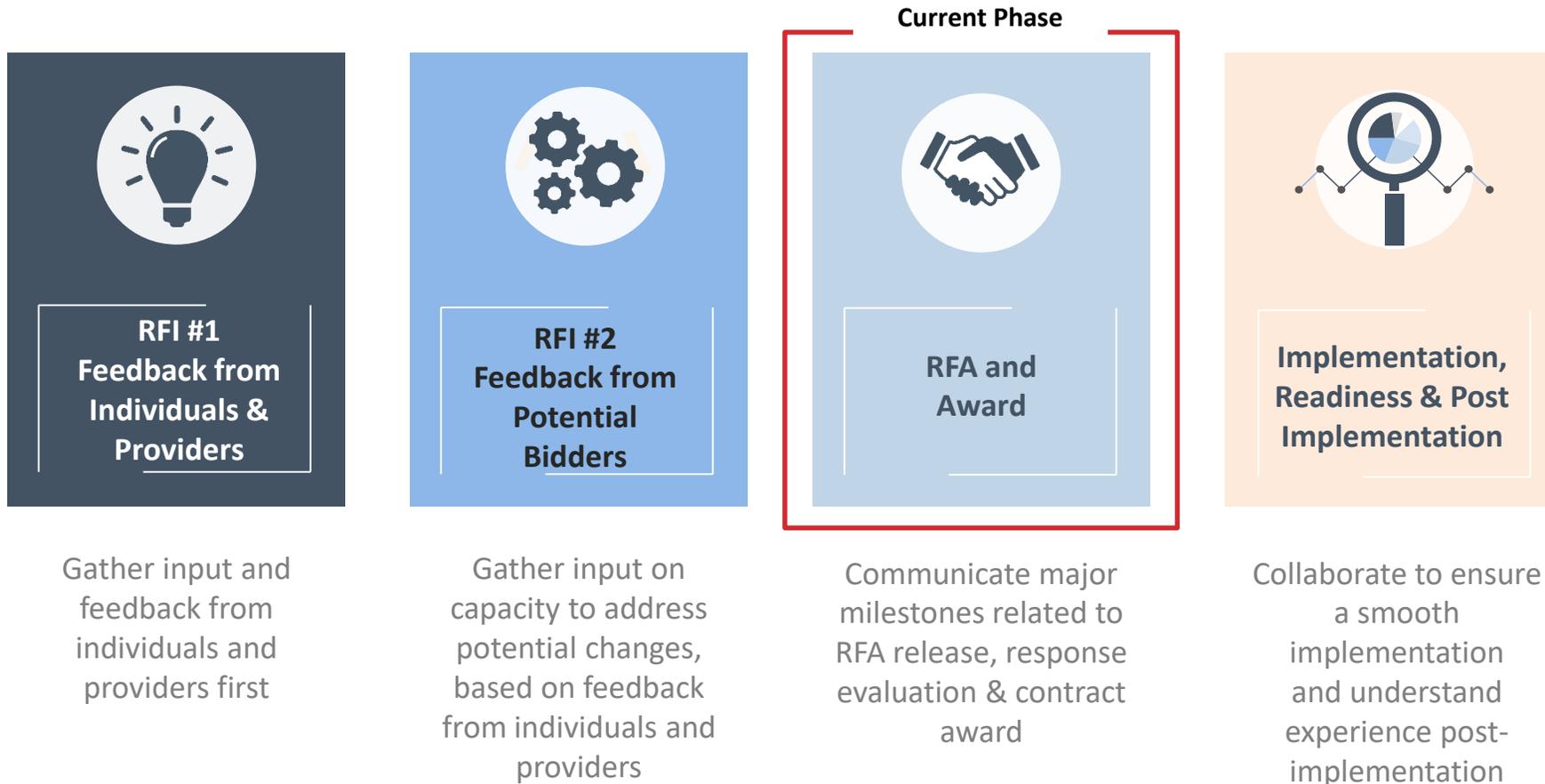
### Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High Fidelity Wraparound

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

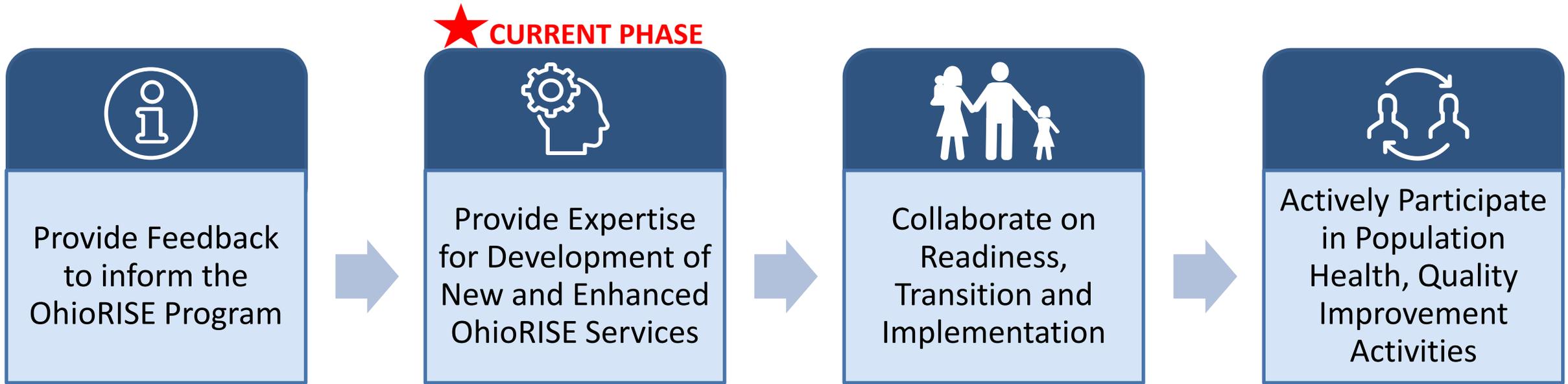
Support evidence-based practices, training,  
fidelity reviews, workforce development

# Medicaid Managed Care Procurement Project Phases



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

# Stakeholder Input Through Program Phases



Communicate with individuals we serve and our shared community partners  
Provide ongoing feedback to OhioRISE Governance Network, collaborate, and learn across systems

# OhioRISE Advisory Committee & Workgroup Structure

