



Department of  
Medicaid



Resilience through  
Integrated Systems and Excellence

# Mobile Response and Stabilization Services (MRSS) Workgroup Meeting

February 9, 2021

1:30-3:30PM

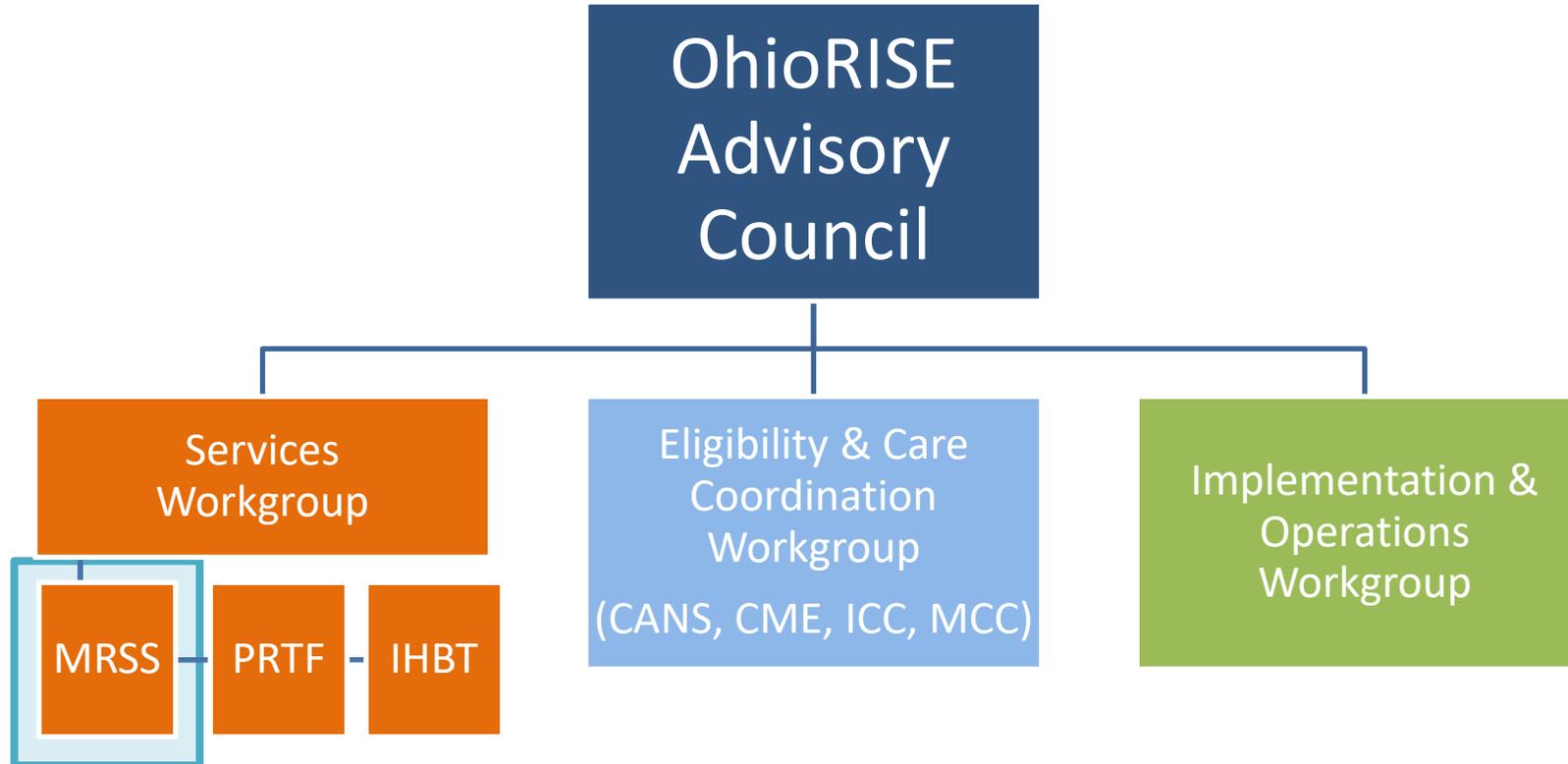
# Housekeeping

- All participants will have control of their own mics and cameras.
  - » Should you be muted by the organizer, you will have to unmute yourself to speak again. If you joined by phone, dial \*6
- This meeting is intended for dialogue among the workgroups members and is open to the public.
  - » Interested Parties can submit questions using the chat feature, raise hand, or unmute yourself. Some questions may be addressed today, others may be addressed at a later date.
- The slides from this webinar will be available following the meeting on the [OhioRISE Website](#).
- Note about OhioRISE procurement

# Agenda

- Welcome & Introductions
- 1<sup>st</sup> MRSS Meeting Recap
- Mobile Response and Stabilization Services (MRSS) Regulatory Concepts
  - » MHAS Draft Rule Concepts
  - » ODM Draft Rule Concepts
- Breakout Discussions
- Report Out and Discussion on Rule Concepts
- Next Steps

# OhioRISE Advisory Committee & Workgroup Structure



# MRSS Workgroup

## MRSS Workgroup Functions

- » Contribute personal experience from providing or participating in crisis services
- » Provide expert clinical and programmatic input on key components of the model’s design for Ohio
- » Review and provide feedback on regulatory concepts and rules
- » Provide critical technical feedback regarding service implementation



### MRSS 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

# 1<sup>st</sup> MRSS Meeting Recap

# Overview

- [Slides from the meeting](#)
- Crisis Continuum Vision and Infrastructure
- MRSS History in Ohio
  - » Definition
  - » Best Practices
  - » Who it serves
  - » Activities

# Crisis Continuum – Vision & Infrastructure

The Ohio Department of Mental Health and Addiction (OhioMHAS) and its partners are working to develop a supported quality crisis response system to serve as a timely and appropriate alternative to arrest, incarceration, unnecessary hospitalization or placement in too restrictive a setting with insufficient resources to address the acute nature of the situation a person is experiencing.

***The vision is for every Ohioan to have access to a visible and accessible crisis continuum of services and supports that are person-centered, quality driven and focused on ensuring people are stabilized and thriving in the community.***

BH Crisis Infrastructure			
Connect	Respond	Stabilize	Thrive
<ul style="list-style-type: none"> <li>Care Lines, Hot Lines, Warm Lines</li> <li>Crisis Text Lines</li> <li>Treatment Finders</li> </ul>	<ul style="list-style-type: none"> <li>Mobile Crisis, MRSS Teams</li> <li>CIT Teams</li> <li>Crisis Response Units (Critical Incident Stress Management Teams (CISM))</li> </ul>	<ul style="list-style-type: none"> <li>Crisis Stabilization Centers</li> <li>Short Term Residential Treatment Facilities</li> <li>Step Down (Adam &amp; Amanda etc.)</li> <li>23-48 Hour Observation Beds</li> </ul>	<ul style="list-style-type: none"> <li>Housing Options</li> <li>Treatment Access</li> <li>Connections to Recovery Supports</li> <li>Community Supports</li> <li>Transportation Services</li> </ul>

## Mobile Response and Stabilization Services (MRSS) – History in Ohio

- The System of Care ENGAGE 2.0, award follows Ohio’s 4-year ENGAGE 1.0 (2013-2017) grant.
- This opportunity is a bold and strategic investment to “scale up” mobile response and stabilization services (MRSS), high fidelity wraparound, and intensive service coordination for children and youth ages 0 to 21 with severe emotional disturbances and their families.
- ENGAGE 2.0 advances collaboration across systems to promote person-centered social, emotional wellness and recovery for Ohio’s children, youth, and families. Two local planning jurisdictions for children’s behavioral health lead a multi-county region “Hub Center” in Northwest and Southwest Ohio.
- The MRSS teams provide 24/7 hotline, on-site mobile response triage, clinical assessments, referrals and follow-up services including wraparound for children, youth, young adults and families.

# MRSS

## High-Level Definition

- Mobile response and stabilization service (MRSS) is a structured face-to-face treatment and support service provided by a mobile response and stabilization service team that is designed to promptly address a crisis situation in order to:
  - » avert a psychiatric admission or other out of home placement; or
  - » to maintain a child or youth who has recently returned from a psychiatric hospitalization or other out of home placement in their home or present living arrangement.

## Overview of Workgroup Discussion

- Participant's experiences implementing the ENGAGE 2.0 grant
- Use of the MRSS and other crisis response services in Ohio, their impact on children and families
- Workforce and implementation variation and considerations
- Need to incorporate I/DD system into future conversations

# OhioMHAS MRSS Concepts

## What is MRSS?

### **Mobile response and stabilization service (MRSS) is:**

- » a structured face-to-face treatment and support service provided by a mobile response and stabilization service team
- » designed to promptly address a crisis situation

MRSS provides immediate de-escalation, delivers rapid community-based assessment, and stabilization services to help the young person remain in their home and community.

# Definitions

## **Crisis**

A situation defined by the person or their family that is causing stress or discordance to the person or their family or the community.

## **Family**

Any individual related by blood or affinity whose close association with the person is the equivalent of a family relationship as identified by the person.

## Who may receive MRSS?

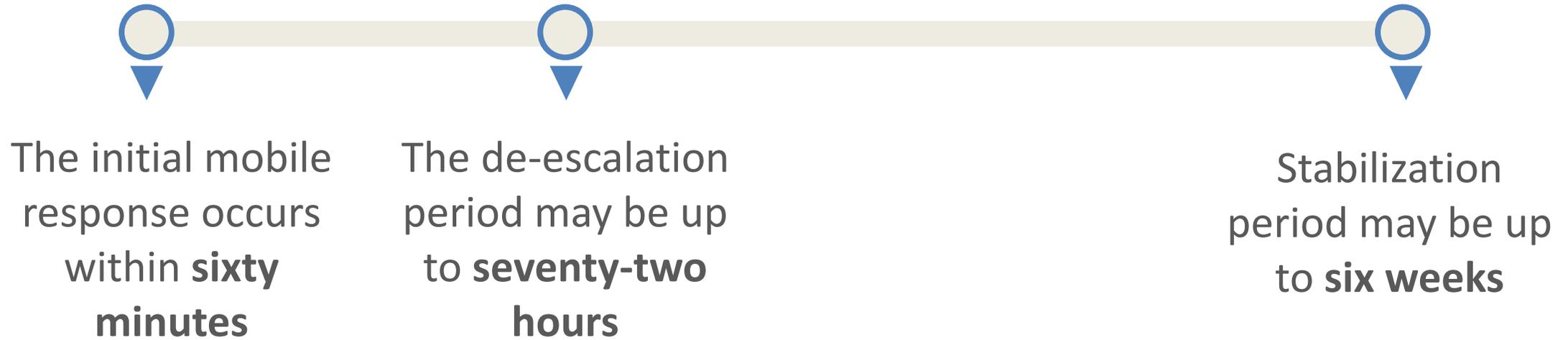


People who are under the age of twenty-one.



People are experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community.

# MRSS Timeframes



## Provider Eligibility for MRSS

In order to be certified for the MRSS, a community mental health services or addiction services provider must also hold and maintain certification from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) that hold certification from OhioMHAS in the following services:

- 01 ► General services
- 02 ► SUD case management services
- 03 ► Peer recovery services
- 04 ► Community psychiatric supportive treatment
- 05 ► Therapeutic behavioral services and psychosocial rehabilitation

# The MRSS Team

A MRSS team must consist of at least:

01 ► A clinician who can either **independently diagnose** behavioral health disorders; OR

A clinician who can **diagnose behavioral health disorders under supervision** and who holds a valid and unrestricted certification or license, or a practitioner who is a bachelor level clinician working under the supervision of an independently licensed individual who can independently diagnose. This provider must also demonstrate and maintain competency in the under twenty-one years of age population

02 ► One of the following

A **peer recovery supporter**

- This peer recovery supporter must be a parent peer, adult peer or young adult peer and also demonstrate competency in the under twenty-one years of age population and has scope of practice for persons age twenty and under with mental health disorders and substance use disorders.

A **paraprofessional**

- This paraprofessional must also demonstrate competency in the under twenty-one years of age population and has scope of practice for persons age twenty and under with mental health disorders and substance use disorders.

## Additional Requirements

- Providers of MRSS must assure the service meets the following:
  - » Available twenty-four hours a day, seven days a week.
  - » Provided on a mobile basis. MRSS is provided **where** the person is experiencing the crisis or where the family requests services, not at a static location where the person must present themselves.
- The MRSS team must have ready access to a psychiatrist, certified nurse practitioner, clinical nurse specialist for consultation purposes as needed, and this person is not necessarily a member of the MRSS team.
- The community mental health services or addiction services provider must be able to provide all allowable services by telehealth as defined in current of the Ohio Administrative Code
- Considering fidelity approach

# MRSS Activities

MRSS consists of three activities:

- 01 ▶ Screening / triage
- 02 ▶ Mobile response
- 03 ▶ Stabilization

Some young people may not require all three MRSS activities but are still considered MRSS participants.

## Screening/Triage

The MRSS service may be initiated through direct connection with the MRSS provider. When the service is initiated through direct connection with the provider then:

- » An initial triage screening is done to gather information on the crisis or crises, identify the parties involved, and begin determining an appropriate response or responses. The initial triage screening is performed remotely, usually by telephone.
- » All calls with a young person in crisis where 911 is not indicated are responded to with a mobile response.
- » If a young person is already involved with an intensive home-based service (IHBT, wraparound) the mobile response team is dispatched to de-escalate the presenting crisis. Once the family is stabilized, the family is re-connected with the existing service.

# Mobile Response

- If the initial response is done by a single team member, that team member must be the team member other than the peer or paraprofessional.
- Time-limited, family-centered, crisis intervention and de-escalation management services for up to seventy-two hours until the young person and family is stable include
  - » Respond within minutes
  - » An urgent evaluation of the following elements for de-escalation
  - » Crisis counseling and consultation with the family
  - » Solution-focused therapeutic response
  - » Coaching/mentoring
  - » Care Coordination
  - » Telephonic psychiatric consultation when indicated
  - » Complete the MRSS Intake tool.
  - » Administer the Child and Adolescent Needs and Strengths (CANS) – Crisis Assessment Tool (CAT)
  - » Consult with the young person and family to define goals for preventing future crisis and the need for ongoing stabilization.
  - » Develop or update based on relationship with CME or IHBT an individualized crisis plan, including safety plan

## Stabilization (1 of 2)

- Stabilization services are to build skills of the young person and family, to strengthen capacity to prevent future crisis, facilitate an ongoing safe environment, link the person to natural and culturally relevant supports and build or facilitate building the young person and family's resilience.
- Stabilization activities include but are not limited to:
  - » Psychoeducation: Young person and family individual coping skills; behavior management skills, problem solving and effective communication skills;
  - » Referral for psychiatric consultation and medication management if indicated;
  - » Advocacy and networking by the provider to establish linkages and referrals to appropriate community-based services and natural supports;
  - » Coordination of specialized services to address the needs of young people with co-occurring intellectual/developmental disabilities and substance use.
- Continue linking the young person and their family to the natural and clinical supports and services that will sustain engagement post MRSS involvement.

## Stabilization (2 of 2)

- Convene or participate in planning meeting(s) with the young person, family and cross system partners for the purpose of developing linkages to ongoing services and supports when family need indicates.
- Service Transition
  - » The MRSS team and the young person and/or their family will work on moving from stabilization to ongoing support through identified supports, resources and services, which are consistent with their unique needs and documented in the individualized crisis plan.
  - » With the family's permission, the MRSS team will share the most recent individualized crisis plan and supporting information with other service providers in person, including by video and/or telephone, and with the young person and/or family present.
  - » Coach and mentor new skills with the young person and their family and ensure family can demonstrate newly formed coping skills and future crisis can be managed more effectively; emphasizing the role of family.
  - » Prepare and finalize a discharge plan with the young person and their family. The discharge plan must include the most recent version of the individualized crisis plan and safety plan.

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# ODM MRSS Concepts

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# Medicaid Coverage and Benefit Design

- Medicaid coverage includes under age 21 (Managed Care, OhioRISE, and Fee for Service)
- Two components covered by Medicaid include: Mobile Response and Stabilization
- Medicaid MRSS benefit will be aligned with the OMHAS rule including:
  - » Clinical criteria
  - » Provider eligibility
  - » Activity requirements
  - » Staffing
- MRSS providers must be certified by OMHAS
- Medicaid coverage will include in person, video conference, and phone services as allowed by OMHAS
  - » Determination of modality must be documented based on family preference, however in person, face-to-face is always preferred whenever possible

# Reimbursement

- Billable activities include Mobile Response and Stabilization activities described in OMHAS rule
- Separate rates will be established for Mobile Response and Stabilization components
- The following activities are not reimbursable as part of MRSS:
  - » Child care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision
  - » Respite care
  - » Transportation for the beneficiary or family
- Medicaid payment will not be made for any of the following services or treatments while the recipient is enrolled in MRSS Stabilization Services. This is not applicable to initial 72-hour Mobile Response:
  - » IHBT
  - » Substance use disorder residential treatment services
  - » Assertive community treatment
  - » Inpatient hospital or psychiatric residential treatment facility (PRTF) services

# Prior Authorization

- Medicaid covered components: Mobile Response and Stabilization
- Prior authorization is *not* required for initial (up to 72-hour) MRSS Mobile Response for de-escalation/crisis intervention
- Prior authorization is required for MRSS Stabilization Services
  - » Typically no longer than 6 weeks in duration
  - » Length of service determined on an individualized basis
  - » Prior authorization conducted by either the Managed Care Plan, OhioRISE Plan, or ODM designee
  - » Standardized process and approach including consistent medical necessity criteria
  - » The provider must provide notification of discharge from MRSS within 3 business days of discharge date

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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 be the facilitator
  - » The facilitator should help guide the discussion in the room
  - » The facilitator should make sure someone is taking notes
  - » 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 click on the link to access today's slide deck from the chat box to reference the rule concepts
- Typing in the chat box which will save your notes for the organizer to review

\*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.

# *Breakout Room Discussion*

Notes:

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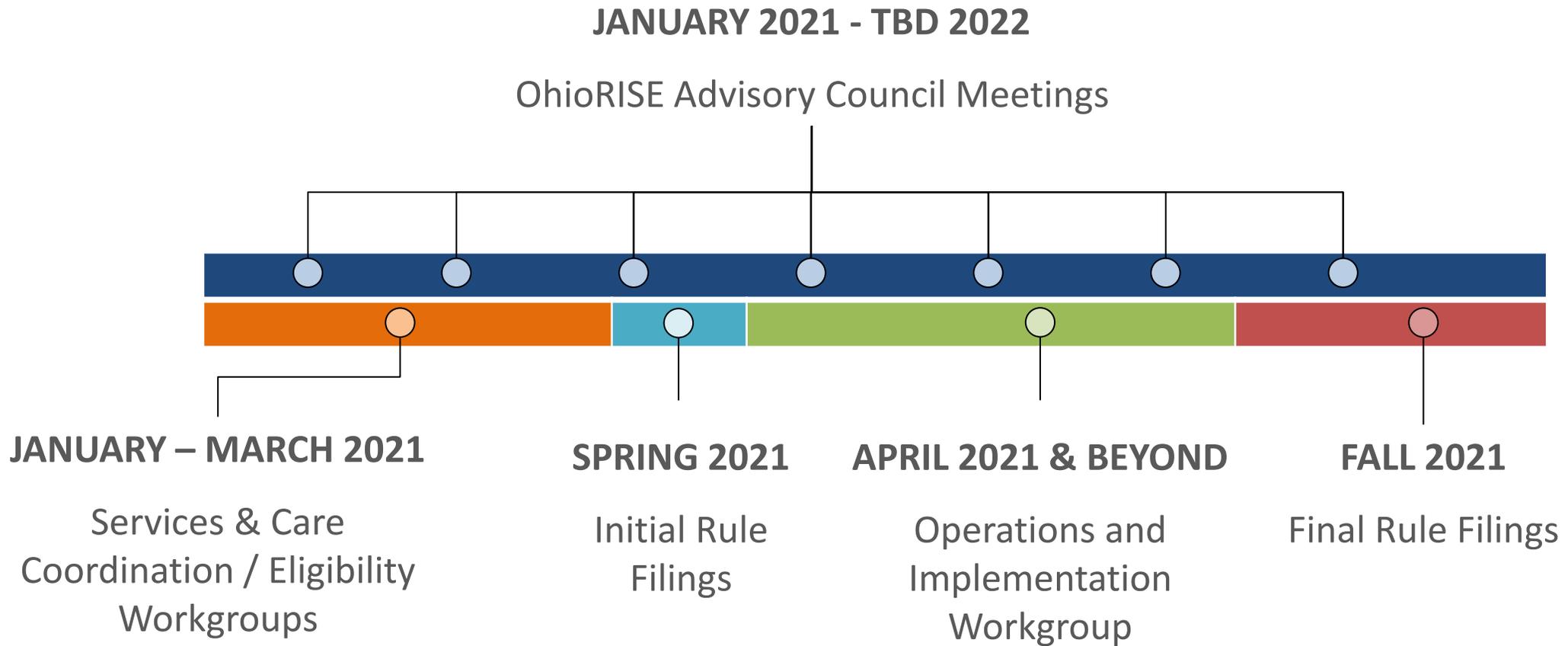
# Next Steps

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## Next Steps

- Today: Review draft rule concepts with MRSS Workgroup
- Mid February: OMHAS and ODM prepare draft rules and send to workgroup for review and feedback
- Late February: Workgroup submits feedback
- Workgroup rule feedback will be incorporated into draft rule for OhioRISE Advisory Council

# OhioRISE Stakeholder Timeline



# OhioRISE Website

On the [OhioRISE website](#) we are posting

1. Dates and times of future meetings
2. Links to join meetings (pre-registration is no longer required)
3. Presentation materials from all meetings

Upcoming Meetings <span style="float: right;">^</span>			
Meeting Name (Link to Materials)	Date	Time	Registration Link
<a href="#">OhioRISE Advisory Council Meeting</a>	1/11/2021	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
Advisory Council Meeting	02/09/2021	9:00 – 11:00 AM EST	<a href="#">Click here to join the meeting - Registration not required</a>
MRSS Workgroup	02/09/2021	1:30 - 3:30 PM EST	<a href="#">Click here to join the meeting - Registration not required</a>
CANS and Care Coordination Workgroup	02/22/2021	12:00 - 2:00 PM EST	<a href="#">Click here to join the meeting - Registration not required</a>
Advisory Council Meeting	03/09/2021	9:00 – 11:00 AM EST	To be Updated

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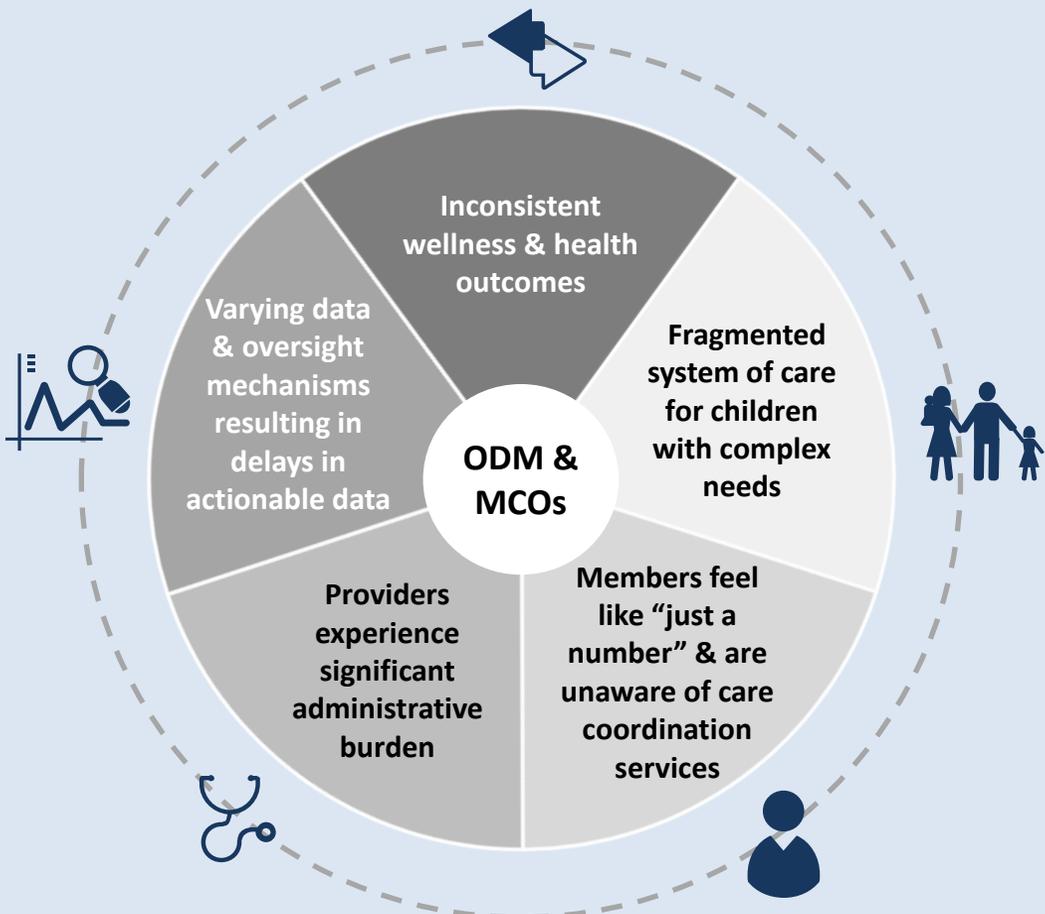
# Appendix

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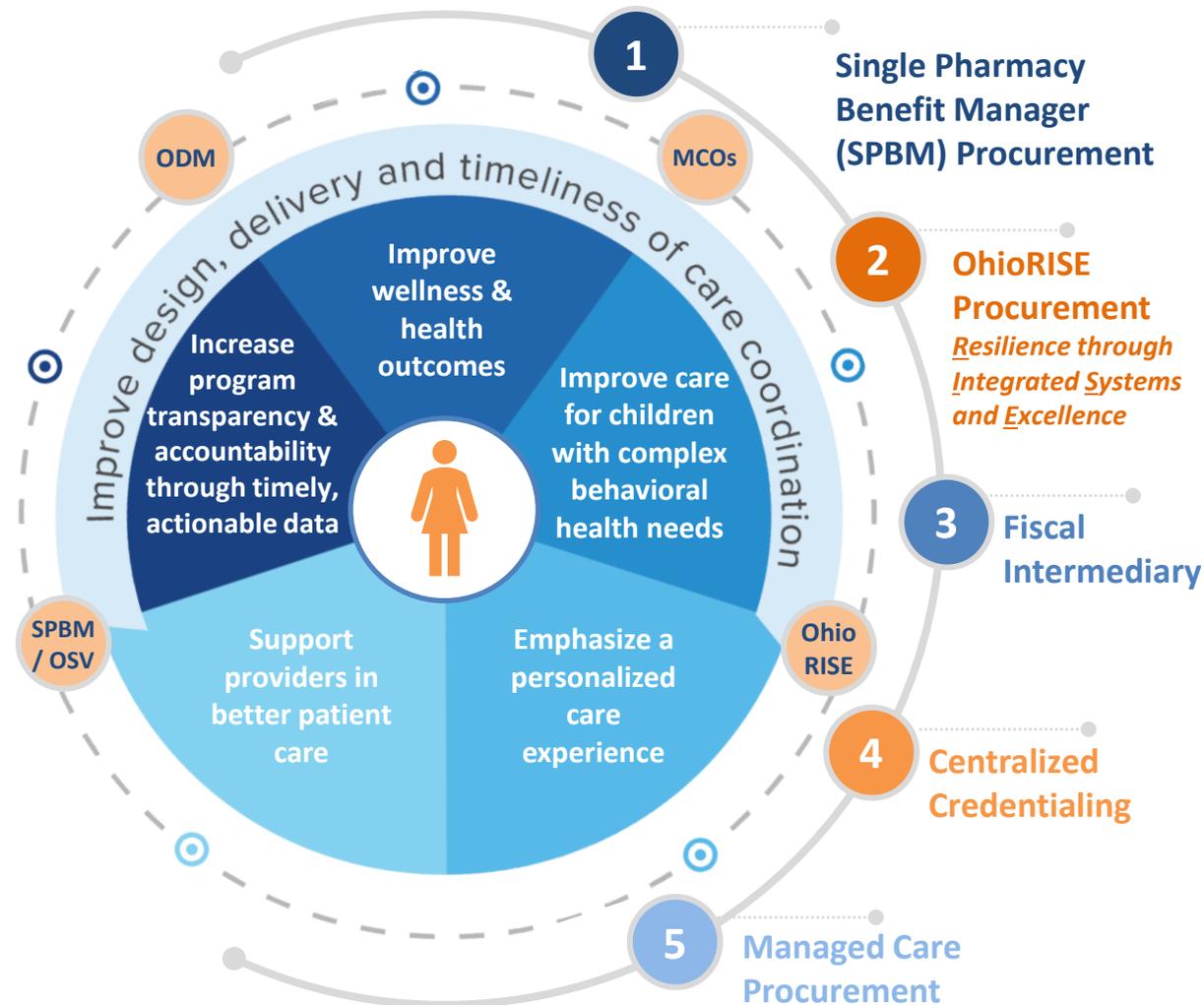
## Today's Ohio Medicaid Managed Care Program

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

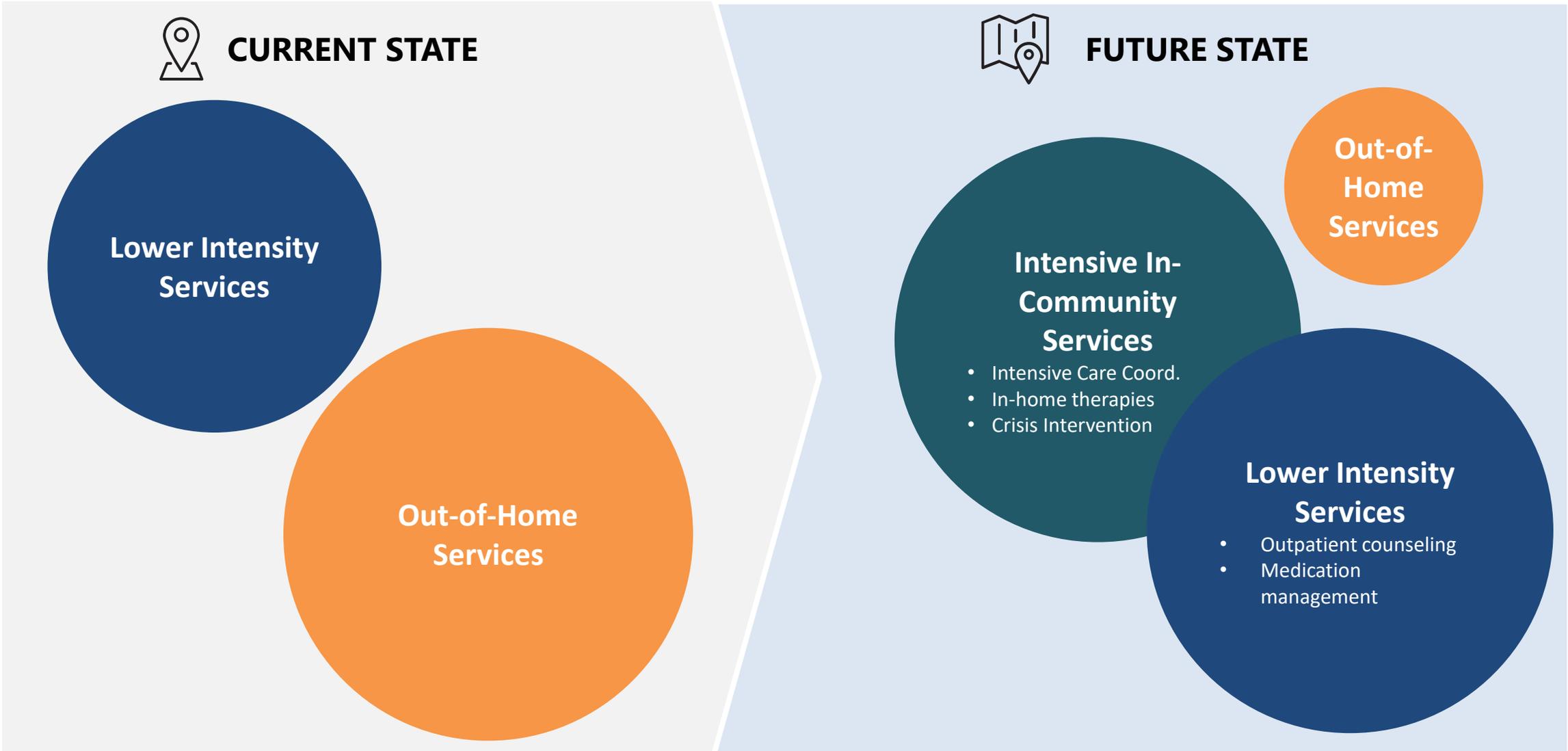
- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

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### 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



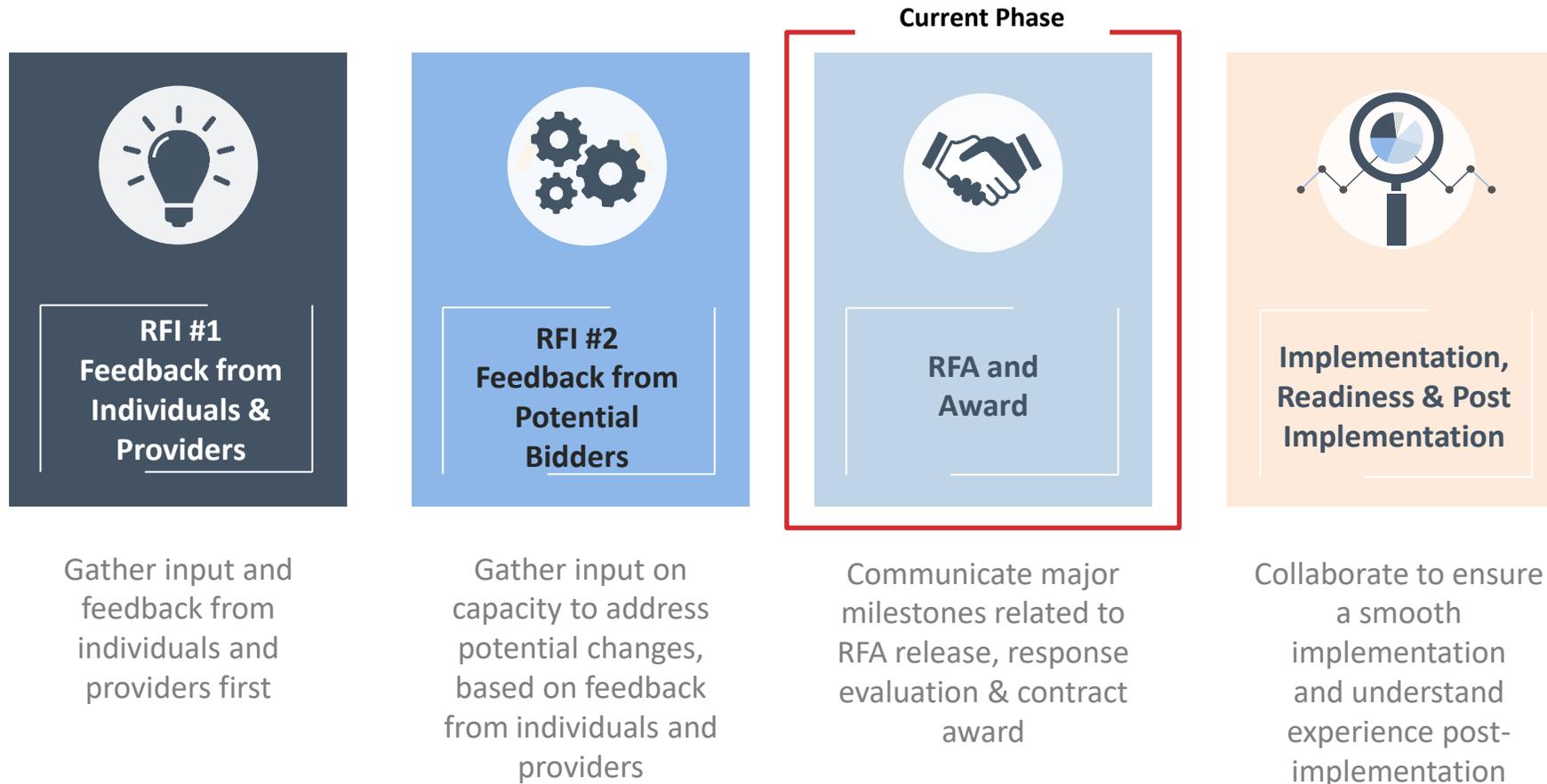
### Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High Fidelity Wraparound

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

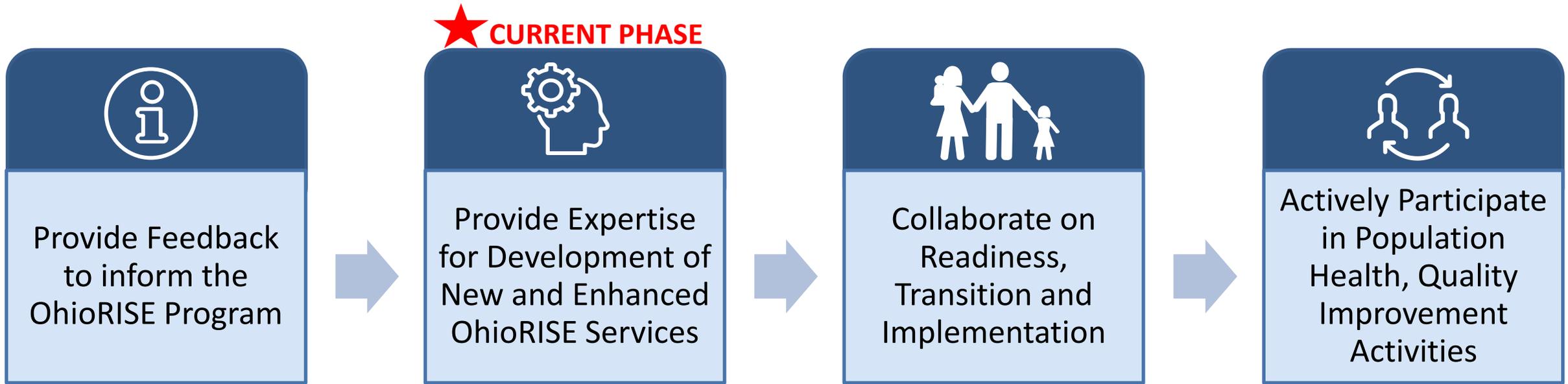
Support evidence-based practices, training, fidelity reviews, workforce development

# 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