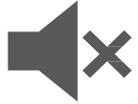


OhioRISE 1915(c) Waiver OAC Draft Rules Overview

June 22, 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 Advisory Council 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** OhioRISE 1915(c) Waiver Rules Overview and Discussion
- 3** 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 1915(c) Waiver Rules Overview and Discussion

Terms Used Throughout the 1915(c) Waiver Discussion

- **Care Management Entity (CME):** A local community agency contracted with the OhioRISE Plan that provides behavioral health care coordination to OhioRISE enrolled individuals. This includes level of care assessments for individuals enrolled on the 1915(c) waiver.
- **Child and Family-Centered Care Plan:** The service plan delineating waiver and other services developed by a CME and the individual's broader care team.
- **Home and Community-Based Services (HCBS):** Medicaid services received in an individual's own home or community rather than in an institution or isolated setting.

Terms Used Throughout 1915(c) Discussion

- **Level of Care (LOC):** A determination made about an individual’s physical, mental, social, and/or emotional status in order to receive services in a HCBS waiver program or an institution.
- **Ohio Administrative Code (OAC):** Rules filed with Ohio’s Legislative Services Commission to enact policy for various programs operated by State Agencies.
- **OhioRISE Plan:** The contracted vendor responsible for providing coverage to individuals enrolled in the OhioRISE program, including the 1915(c) waiver.
- **Psychiatric Residential Treatment Facility (PRTF):** Any non-hospital facility with a Medicaid provider agreement to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.

OhioRISE 1915(c) Waiver Refresher

OhioRISE 1915(c) Waiver Summary

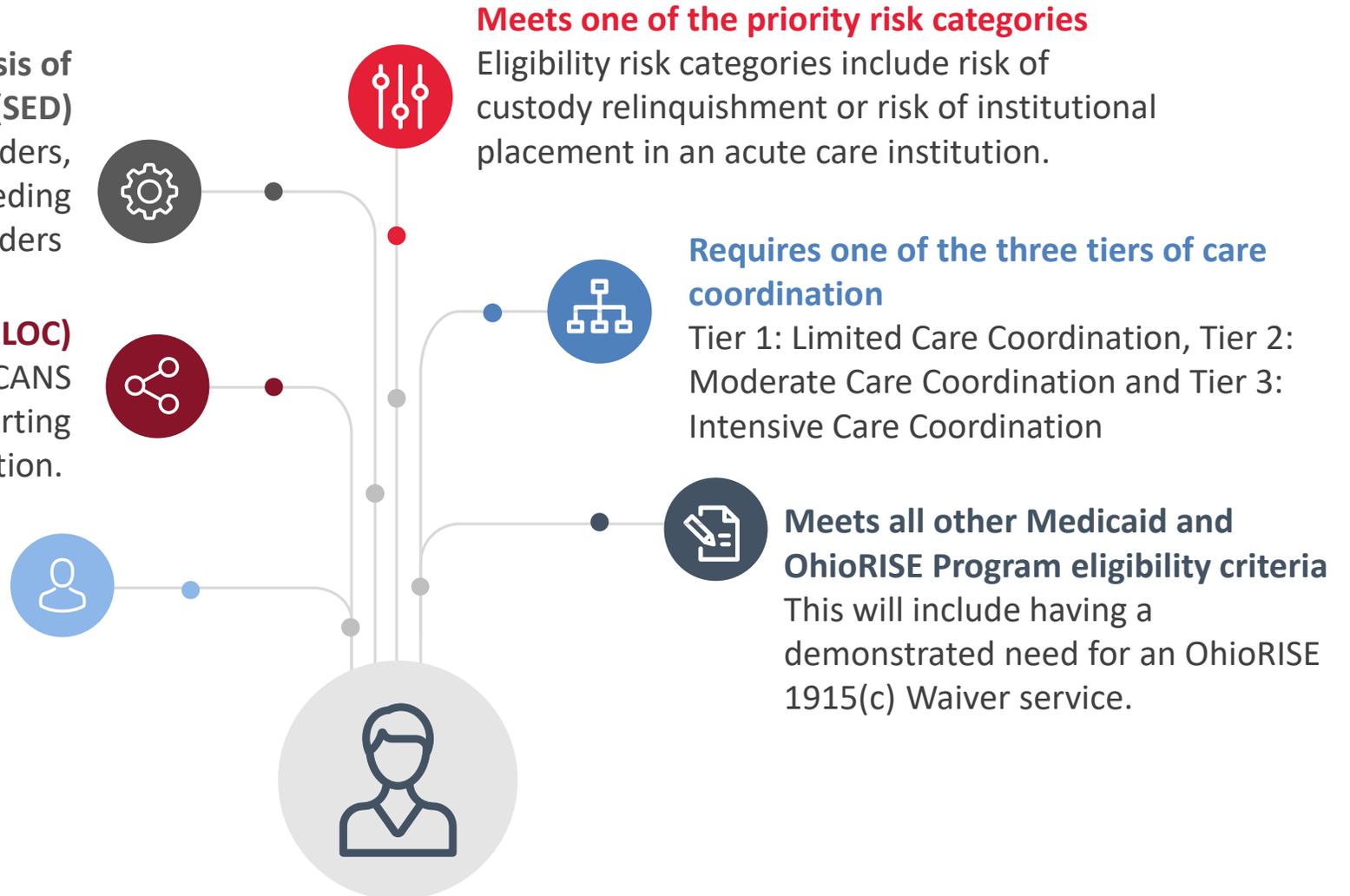
- The 1915(c) OhioRISE is being developed specifically to **mitigate risks and prevent negative health and life outcomes** for children with **serious emotional disturbances** who are **most at risk of**:
 - » Custody relinquishment AND
 - » One of the following:
 - Individuals at risk of institutional placement; or
 - Individuals who within the past six months prior to a LOC assessment had an admission to an institutional setting.
- The 1915(c) OhioRISE waiver will:
 - » Provide additional services and supports to its enrollees that are not otherwise covered under the state plan, and
 - » Provide an opportunity for at-risk children who are not otherwise eligible to become part of the Medicaid program through the waiver.

1915(c) Waiver Eligibility and Enrollment

Diagnosis of Serious Emotional Disturbance (SED)
Some SEDs include Depressive Disorders, Trauma-and Stressor-Related Disorders, Feeding & Eating Disorders, and Paraphilic Disorders

Has qualifying Level of Care (LOC)
The LOC is determined using the CANS tool and additional supporting documentation.

Age 20 or Younger to Enroll
Enrollment must occur at or before age 20. OhioRISE 1915(c) will allow continued enrollment in the program through age 22.



Eligibility Age Criteria, Financial Cap, Slots

- Waiver financial cap (*for waiver-covered services only*) is \$15,000 per 12-month period.
- States must submit proposed waiver capacity, or "slots," to CMS for approval. This represents the maximum number of individuals who can enroll in the 1915(c) waiver during a waiver year. Ohio is recommending the following waiver capacity over the course of the five-year waiver cycle:
 - » Waiver Year 1: 1,000
 - » Waiver Year 2: 1,235
 - » Waiver Year 3: 1,446
 - » Waiver Year 4: 1,648
 - » Waiver Year 5: 1,844

Proposed Waiver Services

Out-of-Home Respite

A service provided to individuals unable to care for themselves that is furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individual.

Individualized Behavioral Supports and Training (IBST)

Shorter term supports for individuals and their families to help them understand, mitigate, and provide connections to long-term solutions that address behavior challenges.

Therapeutic Mentoring

Intended to assist individuals enrolled in the OhioRISE 1915(c) Waiver program and their families by providing supports to enable them to function to the highest degree within their family unit and their community.

Flex Funds/Customized Goods and Services

Services, equipment, or supplies not otherwise provided through the waiver or through the Medicaid state plan that address an identified need in the service plan, including improving and maintaining the individual's opportunities for full participation in the community.

Request for Formal Feedback

- Both the 1915(c) and 1915(b) waiver applications are posted for a 30-day public comment period.
- Public comment is for the time period between June 15-July 15, 2021.
- Comments may be submitted to OhioRISE@medicaid.ohio.gov or using the other methods provided in the public comment posting.
- Once public comment posting is finished, ODM will address all comments and may edit the waiver application as appropriate based on stakeholder feedback.

* More information in 'Next Steps' Slides

OAC 5160-59-04 OhioRISE Home and Community-Based Services Waiver: Eligibility and Enrollment

OhioRISE Home and Community-Based Services Waiver: Eligibility and Enrollment

- This rule outlines initial and ongoing eligibility requirements for the OhioRISE 1915(c) waiver program, which include federal requirements as part of any 1915(c) waiver program.
- Paragraph (A) and its subparts outline all 1915(c) program eligibility, including the following:
 - » Individuals must meet OhioRISE Program Eligibility defined in rule 5160-59-02;
 - » Have a level of care for the waiver equivalent to an inpatient psychiatric services level of care;
 - » Have a serious emotional disturbance diagnosis;
 - » Be at risk for custody relinquishment and one of the other categories of risk;
 - » Determined to need, and agree to receive, at least one waiver service monthly; and
 - » Have waiver needs which are less than or equal to the waiver service cost limit.

OhioRISE Home and Community-Based Services Waiver: Eligibility and Enrollment

- This rule also outlines the denial and disenrollment provisions in paragraphs (C) and (D).
- Paragraph (E) delineates hearing rights afforded when denials and disenrollments occur.
- Paragraph (F) specifies that the State cannot enroll more individuals into the program than the approved Centers for Medicare and Medicaid (CMS) capacity.

OhioRISE Home and Community-Based Services Waiver: Eligibility and Enrollment Feedback

- We will take the next 15 minutes to discuss the OhioRISE 1915(c) waiver eligibility and enrollment rule (5160-59-04).
- Issues to consider:
 - » Language requirements for eligibility?
 - » Issues/concerns with disenrollment language?
 - » General questions on federal requirements for enrollment into a 1915(c) program?

OAC 5160-59-05 OhioRISE Home and Community-Based Services Waiver: Covered Services and Providers

OhioRISE Home and Community-Based Services Waiver: Covered Services and Providers

- This rule outlines general information pertaining to eligible providers and services covered under the OhioRISE 1915(c) waiver.
- All provider qualifications are listed in the OhioRISE 1915(c) service rules located in chapter 5160-59 of the OAC.
- Paragraph (C) delineates expectations regarding OhioRISE waiver service documentation on the Child and Family-Centered Care Plans.
- Paragraph (D) and its subparts list the services, and their OAC citations, covered under the OhioRISE waiver.
- Paragraph (E) highlights the necessary requirements to access the OhioRISE 1915(c) service called “Flex Funds” in accordance with that rules specific provisions.

OhioRISE Home and Community-Based Services Waiver: Covered Services and Providers Feedback

- We will take the next 10 minutes to discuss the OhioRISE 1915(c) covered services and providers rule (5160-59-05).
- Issues to consider:
 - » Are any definitions needed to this rule, or is referencing the appropriate citation sufficient?
 - » General language clarification recommendations?

OAC 5160-59-05.1 OhioRISE Home and Community-Based Services Waiver: Out-of-Home Respite

OhioRISE Home and Community-Based Services Waiver: Out-of-Home Respite

- This rule describes the Out-of-Home Respite Service available under the OhioRISE 1915(c) waiver, the eligible providers able to render the service, and limitations to the service.
- Eligible providers and provider requirements are outlined in paragraph (C). Eligible providers of Out-of-Home Respite are similar to those providing out-of-home respite in Ohio's other waiver programs.
- Paragraph (D) details coverage allowances for Out-of-Home respite.
 - » It's important to keep in mind that all 1915(c) services are delivered only to individuals enrolled on the waiver at the time of service delivery.
 - » While the waiver service is similar to BH Respite covered by the OhioRISE Plan, the delivery of service is different in that Out-of-Home Respite under the waiver can only be provided in a facility-based setting.

OhioRISE Home and Community-Based Services Waiver: Out-of-Home Respite

- Paragraph (E) discusses limitations to this service. As an example, Out-of-Home respite may only be provided up to a total of 90 calendar days during a twelve-month period.
- Paragraph (F) details needed documentation for payment of this service, as described in paragraph (G).
 - » The Ohio Department of Medicaid (ODM) is engaged with our contracted actuarial firm on the development of rates for all of the OhioRISE 1915(c) services. ODM expects to include rates for all 1915(c) services in a separate reimbursement rule in Chapter 5160-59 of the OAC.
 - » No 1915(c) waiver can make payment towards room and board. The rate for Out-of-Home Respite will only cover the respite service itself, not the room and board.

OhioRISE Home and Community-Based Services Waiver: Out-of-Home Respite Feedback

- We are going to take the next 15 minutes to discuss the OhioRISE 1915(c) Out-of-Home Respite rule (5160-59-05.1).
- Topics to consider:
 - » Training requirements for out-of-home respite providers, specifically the provision for certified first aid training.
 - » Questions on coverage provisions.
 - » Thoughts on the limitation time period? Is 90 days appropriate?
 - » Suggestions on alternative wording for “twelve-month period”?

OAC 5160-59-05.2 OhioRISE Home and Community-Based Services Waiver: Individualized Behavioral Supports and Training

OhioRISE Home and Community-Based Services Waiver: Individualized Behavioral Supports and Training

- Individualized Behavioral Supports and Training (IBST) coverage, eligible providers, and limitations is covered in 5160-59-05.2
- Eligible providers are covered in paragraph (C).
 - » Agency and independent certification/licensure holders of behavioral health services are eligible to provide IBST, as are providers of homemaker/personal care certified with the Department of Developmental Disabilities (DODD).
 - » Additional training requirements for DODD providers.
- Primary and tangential activities allowable under IBST are covered in paragraph (D):
 - » Supports directly to the youth are generally considered to be “primary activities.”
 - » Supports provided for the benefit of the family, and assistance with individual engagement in the broader community are considered to be “tangential”

OhioRISE Home and Community-Based Services Waiver: Individualized Behavioral Supports and Training

- Other coverage provisions under paragraph (D) include:
 - » Approval by the OhioRISE plan for other permissible activities not identified in rule to be billed as IBST;
 - » Staffing ratios;
 - » Timeframes for when IBST will be available to OhioRISE waiver enrollees.
- Limitations to the service are in paragraph (E)
 - » There are three “changes in circumstances” in which someone becomes eligible to receive IBST;
 - » Authorizations limited to 72 hours or until In-Home Based Treatment (IHBT) under the Medicaid State Plan is scheduled to begin.

OhioRISE Home and Community-Based Services Waiver: Individualized Behavioral Supports and Training Feedback

- We are going to take the next 20 minutes to discuss the OhioRISE 1915(c) IBST rule (5160-59-05.2).
- Topics to consider:
 - » Training requirements for eligible providers specifically the provision for certified first aid training and additional training for the DODD certified providers.
 - » Questions on coverage provisions.
 - » Thoughts on the limitation time period? Is 72 hours appropriate?
 - » Need for further details around coverage when only “tangential” activities are needed by the family/youth?

OAC 5160-59-05.3 OhioRISE Home and Community-Based Services Waiver: Therapeutic Mentoring

OhioRISE Home and Community-Based Services Waiver: Therapeutic Mentoring

- Therapeutic mentoring coverage, eligible providers and limitations is covered in OAC 5160-59-05.3.
- Therapeutic Mentoring is a service intended assist youth enrolled in the OhioRISE 1915(c) waiver program and their families by providing supports to enable them to function to the highest degree within their family unit and their community.
- Eligible providers are covered in paragraph (C). Agency and independent certification/licensure holders of behavioral health services are eligible to provide Therapeutic Mentoring.

OhioRISE Home and Community-Based Services Waiver: Therapeutic Mentoring

- Paragraph (D), coverage, outlines the requirements for delivering Therapeutic Mentoring:
 - » Developed in accordance with high-fidelity wraparound processes and with consideration of trauma-informed care practices.
 - » May include: assisting families/youth with identifying community-supports to include other families/youth with lived experiences, providing advocacy building techniques, etc.
- Paragraphs (E) and (F) outline many of the same requirements regarding limitations and documentation in the previously discussed services:
 - » May only be rendered to eligible and enrolled individuals.
 - » Payment will only be rendered to eligible providers.

OhioRISE Home and Community-Based Services Waiver: Therapeutic Mentoring Feedback

- We are going to take the next 15 minutes to discuss the OhioRISE 1915(c) Therapeutic Mentoring rule (5160-59-05.3).
- Topics to consider:
 - » Training requirements for eligible providers specifically the provision for certified first aid training.
 - » Questions on coverage provisions.
 - » Need for further details around coverage when only “tangential” activities are needed by the family/youth?

Flexible Spending for Customized Goods and Services

Flexible Spending for Customized Goods and Services

- There will be two rules detailing the provision of flexible spending for customized goods and services under the OhioRISE Program.
 - » OAC rule 5160-59-03.5 is currently titled *OhioRISE: Wraparound Support for Goods and Services*. This service will be available to all individuals on the OhioRISE Program.
 - » OAC rule 5160-59-05.4 is currently titled *OhioRISE Home and Community-Based Services Waiver: Flex Funds/Customized Goods and Services*. This rule only applies to service coverage, eligible providers, and limitations to the service available under the OhioRISE 1915(c) waiver.
- Most of the details regarding service definitions, coverage, and eligible providers will be found in 5160-59-03.5. 1915(c) specific requirements and limitations is specified in 5160-59-03.5.

Limitations to Flexible Spending for Customized Goods and Services

- It is important to remember that for both Flexible Spending services to be authorized, one of the following must be true:
 - » Both Flexible Spending services must decrease the need for other Medicaid services;
 - » Both Flexible Spending services must promote the youth's inclusion in the community; or
 - » Both Flexible Spending services will increase the individual's safety in the home environment.
- Both Flexible Spending services must be part of a comprehensive wraparound plan and will be documented in the Child and Family-Centered Service Plan.
- The intent is for the service to be authorized through the Utilization Management (UM) process per rule 5160-59-03.1 of the Administrative Code.

Comparisons Between the Two Flexible Spending Services

Policy Provision	Wraparound Support for Goods and Services 1915(b)(3) Waiver Service	Flex Funds/Customized Goods and Services 1915(c) Waiver Service
Use of FMS as only eligible provider and assists with participant-direction	Yes	Yes
Availability	All youth enrolled on the OhioRISE Program	Only youth enrolled on the OhioRISE 1915(c) Waiver Program
Cost Limitations	\$1,500 per twelve-month period	\$3,000 per twelve-month period
Emergency Funding Limitations	N/A	\$2,000 per twelve-month period
Limitations on purchases	Yes-See paragraph (F) of 5160-59-03.5	Yes, same as those listed in paragraph (F) of 5160-59-03.5
Documentation Requirements	Yes-See paragraphs (E) and (G) of 5160-59-03.5	Yes, same as those listed in paragraphs (E) and (G) of 5160-59-03.5
Payment	Rendered on a usual and customary rate; when the FMS entity is contracted by the OhioRISE Plan, the OhioRISE Plan will reimburse the FMS entity for the purchase of service.	Rendered on a usual and customary rate; when the FMS entity is contracted by the OhioRISE Plan, the OhioRISE Plan will reimburse the FMS entity for the purchase of service.

OhioRISE Flexible Spending for Customized Goods and Services

- We are going to take the next 15 minutes to discuss 5160-59-03.5 titled OhioRISE: Wraparound Support for Goods and Services and 5160-59-05.4 titled OhioRISE Home and Community-Based Services Waiver: Flex Funds/Customized Goods and Services.
- Topics to consider:
 - » Naming conventions of services; intent is not to create confusion for families and youth.
 - » Other limitations or clarification to service coverage?
 - » Standardization between the two rules for clarity.
 - » Questions on documentation requirements specifically in paragraph (E) of 5160-59-03.5?

Next Steps

Request for OhioRISE Waiver Application Formal Feedback

- Both the 1915(c) and 1915(b) waiver applications are posted for a 30-day public comment period.
- Public comment is for the time period between June 15-July 15, 2021.
 - » ODM will hold two “open office hours” sessions during the public comment period.
 - [June 30, 10 – 11 am](#)
 - [July 8, 1 – 2 pm](#)
 - » Staff will be available to answer general 1915(b) questions as well as specific OhioRISE 1915(c) waiver questions.
- Comments may be submitted to OhioRISE@medicaid.ohio.gov or using the other methods provided in the public comment posting.
- Once public comment posting is finished, ODM will address all comments and may edit the waiver application as appropriate based on stakeholder feedback.

Process for OhioRISE Waiver OAC Feedback

- The rules covered today will be included in the second “phase” of rule work for the OhioRISE program.
- Please send written feedback to OhioRISE@Medicaid.Ohio.gov by July 2.
- Comments and feedback will be considered by ODM and other partners as necessary; feedback will be incorporated into the rules prior to the clearance period.
- The tentative schedule is to have all the rules covered today sent for formal clearance in August 2021.
 - » Clearance will include another opportunity for the Advisory Council and the General Public to provide comment on the amended rules.
- These rules will be effective by go-live for OhioRISE

Thank You for Participating!
