



Department of  
Medicaid



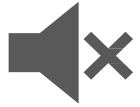
Resilience through  
Integrated Systems and Excellence

# OhioRISE Services CANS and Care Coordination Workgroup Meeting

February 25, 2021

12:00 – 2:00 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

- 1** | Welcome and Introductions
- 2** | Stakeholder Engagement Refresher
- 3** | What is a Care Management Entity (CMEs)? (30 – 45 min)
- 4** | Eligibility Pathway (30 min)
- 5** | Care Coordination Tiers (45 min)
- 6** | Next Steps

# 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*



# Care Management Entities (CMEs)

## What's a CME?

- Local community agency contracted with the OhioRISE plan that provides care coordination to OhioRISE plan enrolled members.
- Serves as the “locus of accountability” for children with complex challenges and their families who are involved in navigating multiple state systems.
- Primary responsibilities:
  - » Providing and/or coordinating the provision of individual services to children and families
  - » Working with the OhioRISE plan and other partners to improve individual and system outcomes

## General Functions of CMEs / Similar Providers in Other States:

- Provide Intensive Care Coordination with High-fidelity Wraparound
- Conduct Screening, assessment, and clinical oversight
- Ensure access to crisis supports
- Ensure access to family and youth supports and advocacy
- Employ specialized staff and training
- Participate in utilization management and/or care monitoring and review
- Internalize quality improvement practices
- Manage incoming and outgoing data and other types of information
- Participate in outcomes management
- Develop/manage, or assist in developing/managing of provider networks, including natural supports

## Why a Network of CMEs?

A network approach is critical to achieve our intended outcomes for the system

- Children, families, and other system partners need a “locus of accountability” – a “go-to” place to help families, providers, and other community partners navigate a complex and often confusing multi-system environment.
- Developing a network allows us to concentrate our efforts:
  - » Alignment of resources and supports to develop a robust network that can meet the aims of the model.
  - » Focus experience and processes for interactions with other system partners
  - » Align community resource development
  - » Provide high-quality services and supports to the limited number of children in the program.



# Other State Examples of CMEs

*Note: this is not comprehensive information about each state's system, just a sample of features*

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## Louisiana

4 private nonprofit Wraparound Agencies (WA) contract with a statewide MCO to provide wraparound. Each WA serves at least two different administrative regions of the state, only one WA serves each region

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WAs conduct service planning for 1915(c) home and community-based services waiver for Children's System of Care Serious and Emotional Disturbances (SED) waiver

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## Massachusetts

32 Community Service Agencies (CSAs) – 29 geographic and 3 culturally/linguistically specialized. CSAs contract with managed care entities

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After referral, CSA completed comprehensive home-based assessment, including CANS, which feeds into ICC medical necessity criteria / determination.

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## New Jersey

15 care management organizations - private non-profit organizations, responsible for providing care management and community resource development. All 15 organizations are single source entities which provide no other services.

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Eligibility for the system of care and authorization for enrollment in care management is provided by an Administrative Services Organization (ASO) that does not assume financial risk

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# Critical CME Competencies and Responsibilities

Category	Critical Competencies	Key Responsibilities and Activities
<p><b>General</b></p>	<ul style="list-style-type: none"> <li>• Adhere to ODM and OhioRISE provider requirements</li> <li>• Bill for CME services</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain an active, valid Medicaid provider agreement</li> <li>• Hold a CME contract with the OhioRISE plan</li> </ul>
<p><b>Care Coordination &amp; Care Planning</b></p>	<ul style="list-style-type: none"> <li>• Provide timely holistic care coordination to children enrolled in OhioRISE, with appropriate expertise to coordinate behavioral, medical, and pharmacy health services, including for children with dual diagnoses (BH/IDD)</li> <li>• Manage 1915(c) home and community-based waiver service coordination within federal requirements</li> <li>• Actively grow and leverage partnerships with other (non-health) child-serving systems</li> </ul>	<ul style="list-style-type: none"> <li>• Use clinical, operational, and technical expertise to manage and provide:               <ul style="list-style-type: none"> <li>• ICC and MCC (Tiers 2 and 3 Care Coordination)</li> <li>• 1915(c) waiver service coordination</li> </ul> </li> <li>• Conduct outreach to the child’s family within one business day of referral to ICC or MCC</li> <li>• Complete and submit child and family-centered care plans (initial, changes, transitions) to the OhioRISE plan for review and approval according to standards</li> <li>• Respond to member needs twenty-four hours a day</li> </ul>

# Critical CME Competencies and Responsibilities, Cont'd

Category	Critical Competencies	Key Responsibilities and Activities
<p><b>Staffing</b></p>	<ul style="list-style-type: none"> <li>• Staff who have education, credentialing, and/or training to conduct CME activities: CANS, care coordination, quality improvement</li> <li>• Staff who are adequately prepared to serve children in OhioRISE with MH, SUD, dual diagnoses (BH/IDD)</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing commitment to staff excellence, including training</li> <li>• Provide timely care coordination using appropriate care coordinator-to-member ratio requirements</li> <li>• Provide clinical supervisory personnel to care coordinators for support, coaching, etc.</li> </ul>
<p><b>Readiness, Training, Ongoing Fidelity</b></p>	<ul style="list-style-type: none"> <li>• Meet all requirements to be an active CME beginning January 2022</li> <li>• Commitment to high-fidelity wraparound practice and principles</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in initial and ongoing training, coaching and supports to meet needs of children and families enrolled in OhioRISE</li> <li>• Complete (and document) an initial readiness review prior to go-live</li> <li>• Have documentation of annual fidelity review, monitoring, and adherence to High-Fidelity Wraparound</li> </ul>

# Critical CME Competencies and Responsibilities, Cont'd

Category	Critical Competencies	Key Responsibilities and Activities
<p><b>Continuous Quality Improvement and Use of Data</b></p>	<ul style="list-style-type: none"> <li>• Partner in implementing ODM’s quality improvement framework and activities</li> <li>• Strive to improve individual, population health, and system outcomes</li> <li>• Internal development and use of continuous quality improvement processes</li> <li>• Strong use of data, IT, and analytics to drive improvements in individual and population health</li> </ul>	<ul style="list-style-type: none"> <li>• Learn and implement the IHI quality improvement framework to fully participate in ODM’s quality improvement strategy</li> <li>• Provide data and other information to the COE and OhioRISE Plan regarding each child/youth and family receiving ICC and MCC services.</li> <li>• Manage incoming data and information – including eventual connection to Health Information Exchanges</li> <li>• In partnership with the OhioRISE plan, deliver improved health and life outcomes for enrollees</li> </ul>
<p><b>Network</b></p>	<ul style="list-style-type: none"> <li>• Ability to support network development through local relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with OhioRISE plan to drive community-wide development of new services and supports, including natural supports, for OhioRISE enrollees</li> </ul>

## CME Identification and Selection Process

- The OhioRISE Plan, in cooperation with State and stakeholders, will develop the process for soliciting and selecting organizations that will be CMEs
- Not every willing provider will be a CME
  - » The OhioRISE plan will select CMEs
  - » CMEs will only be under contract to the OhioRISE Plan
- No separate or external “certification” process for providers of ICC/MCC (will be defined in Medicaid rules)
- CMEs will be required to undergo an initial readiness review process prior to offering ICC/MCC
- CMEs will be operational by January 2022
  - » Expect capabilities will build over time

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# Eligibility Pathways

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# Draft 5160-59-02 OhioRISE: Eligibility And Enrollment

## Eligibility Criteria

### (A) Typical Eligibility

To be eligible for enrollment in Ohio resilience through integrated systems and excellence (OhioRISE) an individual **must meet the criteria** in paragraphs (A)(1) through (A)(4) below:

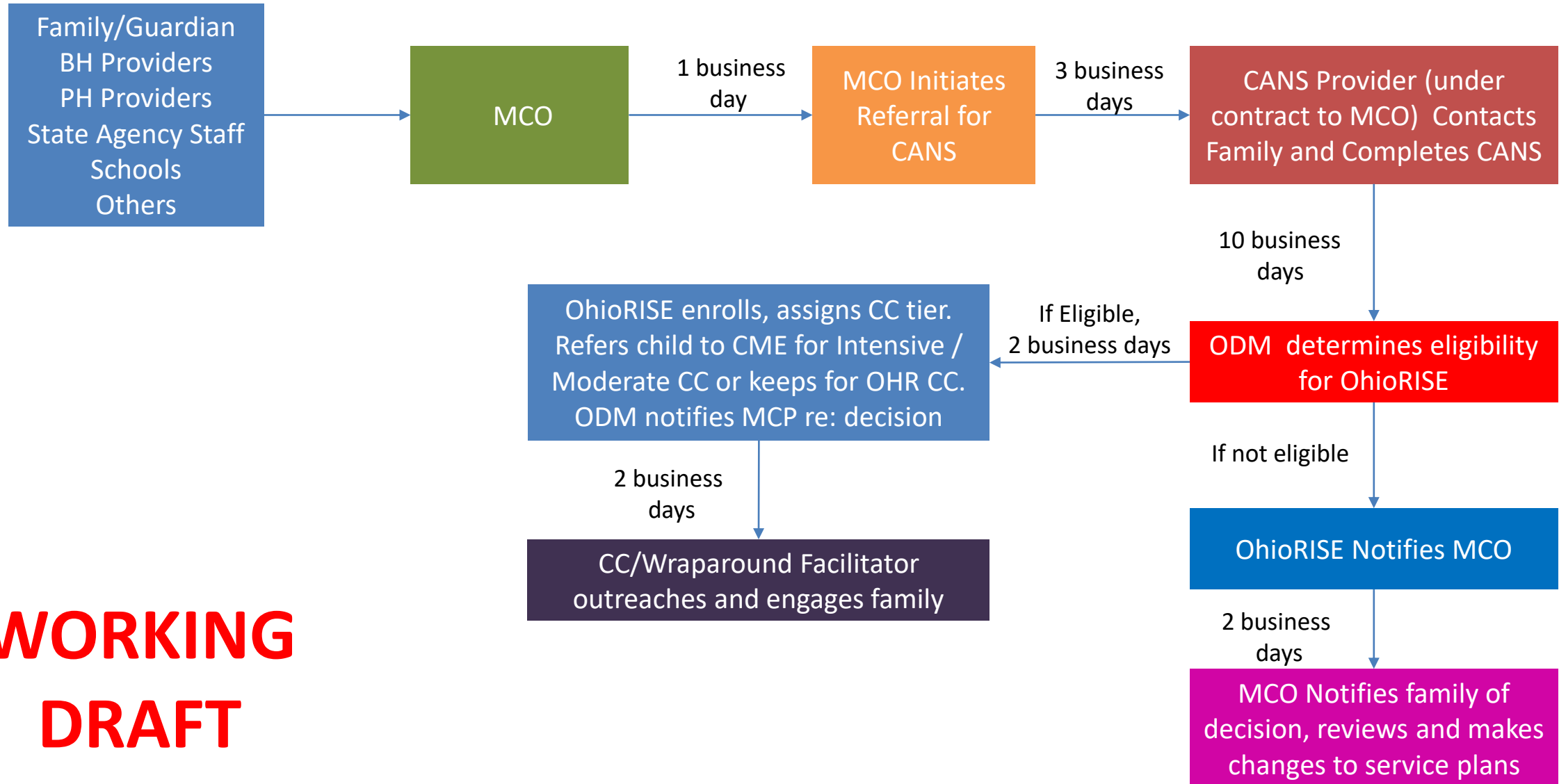
1. **Be age 20 or younger** at the time of enrollment;
2. Be **determined eligible for Ohio Medicaid** in accordance with Chapters 5160:1-1 to 5160:1-5 of the Administrative Code;
3. **Not be enrolled in a MyCare Ohio plan** as described in chapter 5160-58 of the Administrative Code; and
4. **Meet a threshold score established for OhioRISE eligibility on the Ohio "Child and Adolescent Needs and Strengths" (CANS) assessment** administered in an accordance with Ohio Department of Medicaid (ODM) guidelines.

### (B) Urgency Exception to #4

An individual who **meets the criteria in paragraphs (A)(1) through (A)(3) of this rule** is eligible for OhioRISE enrollment **under any of the following conditions** and will remain in OhioRISE until he or she meets the criteria for disenrollment in paragraph (D) of this rule.

1. Be an **inpatient in a hospital** with a primary diagnosis of mental illness or substance use disorder as listed in the appendix to this rule;
2. Be an **inpatient in a psychiatric residential treatment facility (PRTF)** as described in rule 5160-59-03 in Administrative Code; or
3. Have an **immediate need for OhioRISE services due to a behavioral health crisis or out-of-home placement.**

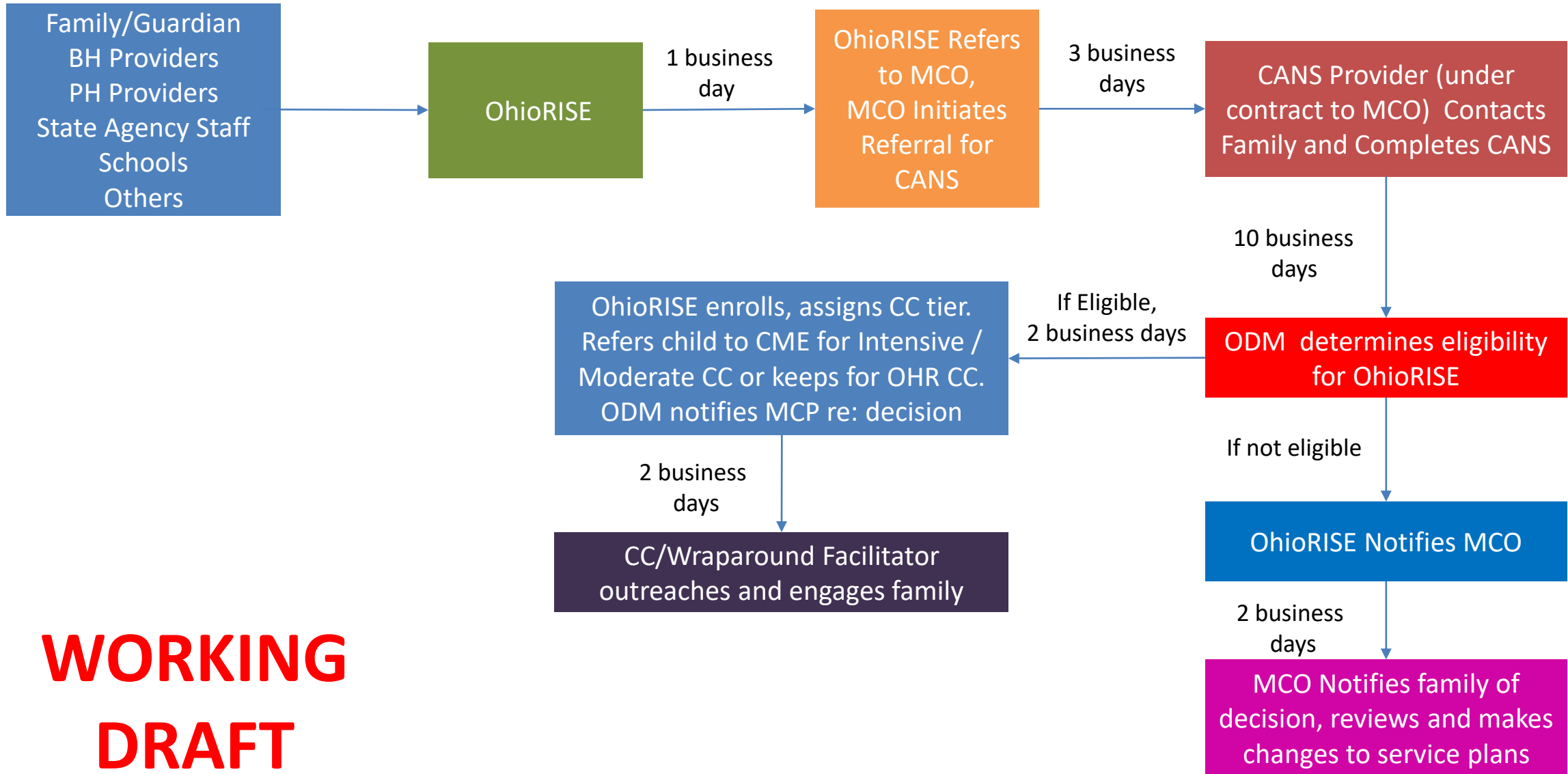
### External Referrals to MCO



**WORKING DRAFT**

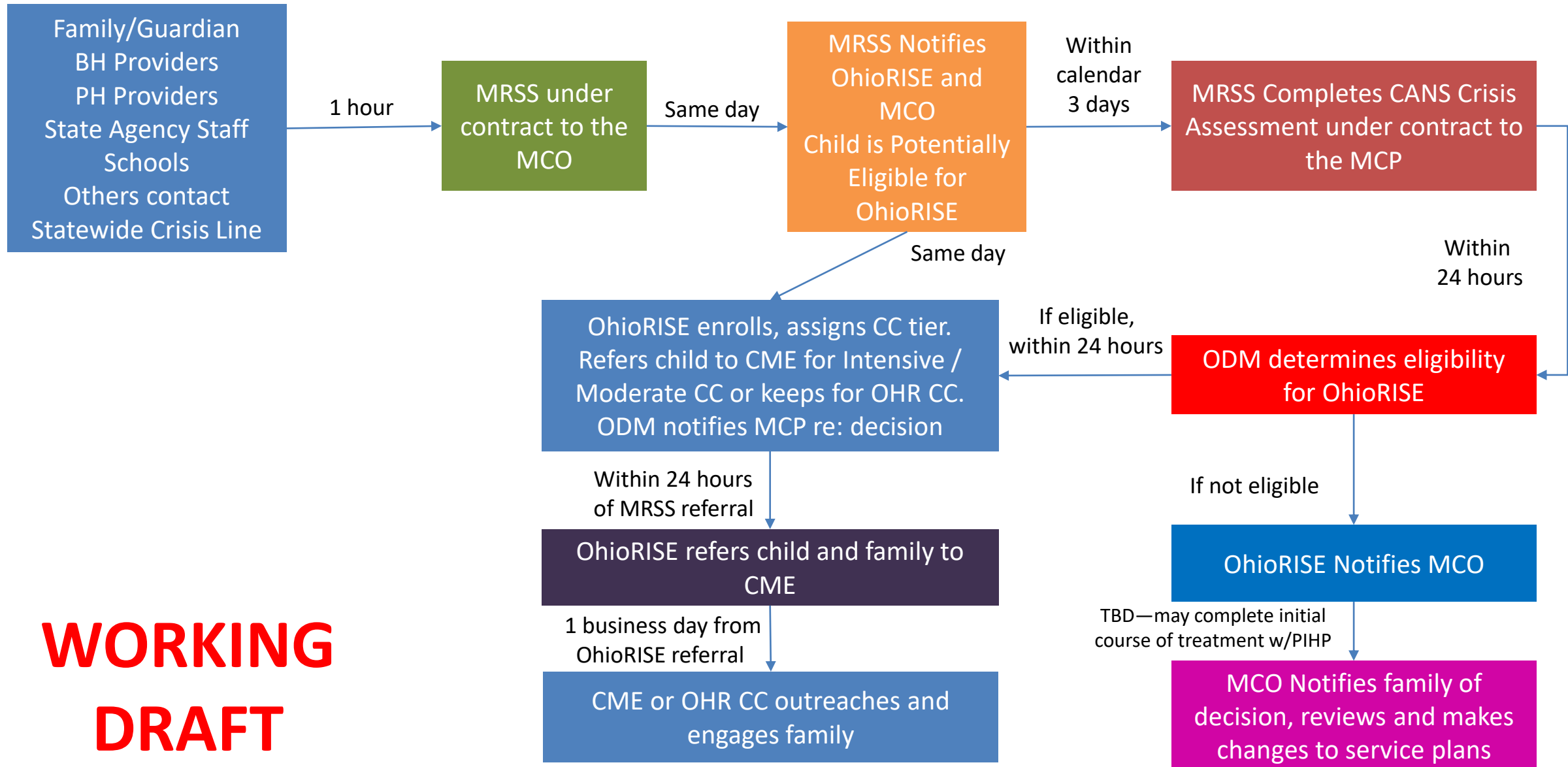


### External Referrals to OhioRISE Directly



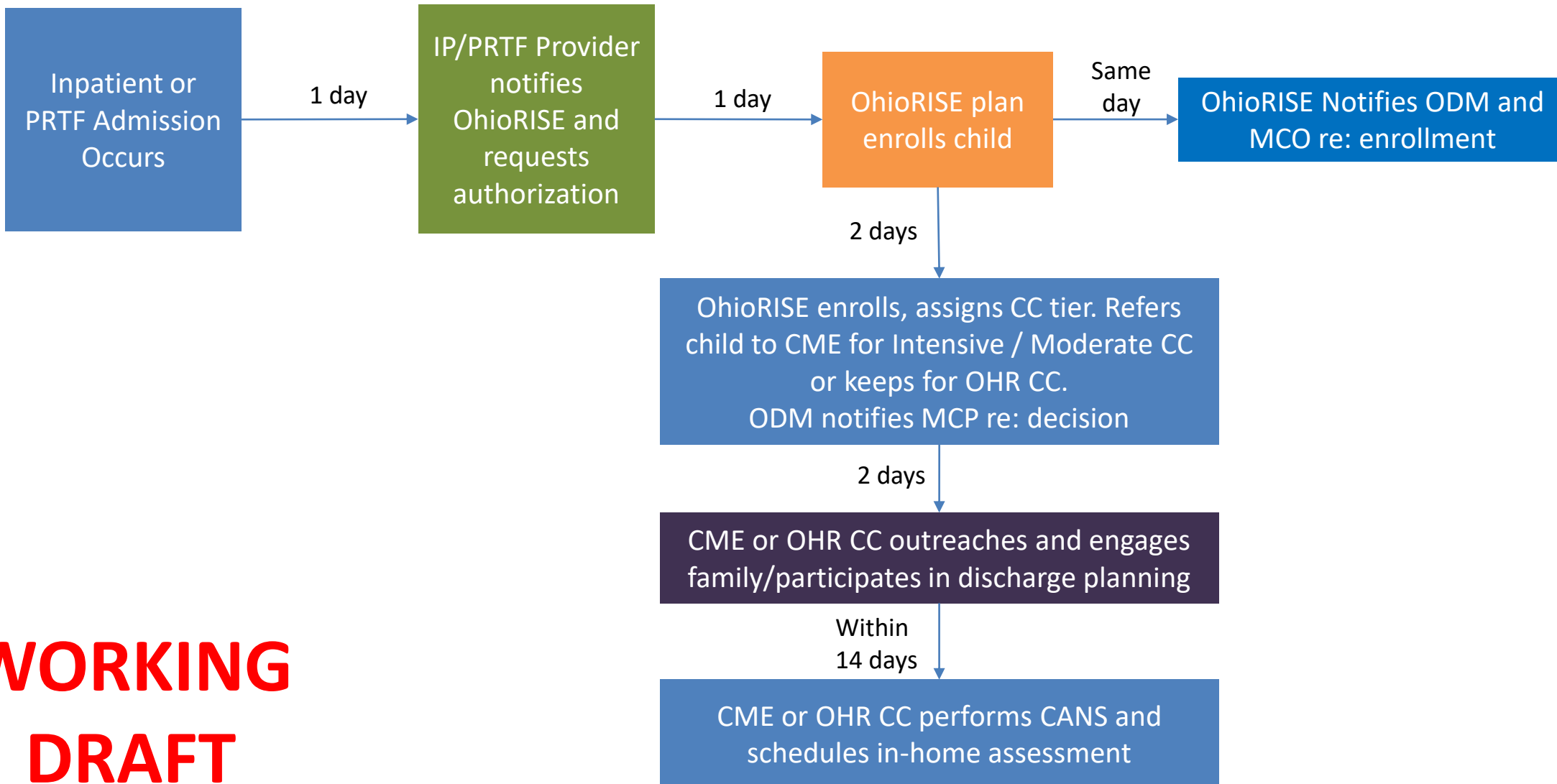
**WORKING DRAFT**

### Crisis Referrals (children not enrolled in OhioRISE)



**WORKING DRAFT**

### Inpatient or PRTF Enrollment



**WORKING  
DRAFT**

# Care Coordination Tiers

## Care Coordination in OhioRISE

All OhioRISE Care Coordination will be based on a system of care approach and a wraparound philosophy

- **Tier 1: Limited Care Coordination – delivered by OhioRISE Plan**
  - » Targeted to members who may refuse care coordination or may need lower intensity care coordination than in the Wraparound models.
- **Tier 2: Moderate Care Coordination – delivered by CMEs**
  - » Uses a Wraparound-informed model for members with moderate behavioral health needs.
- **Tier 3: Intensive Care Coordination – delivered by CMEs**
  - » Uses a High-Fidelity Wraparound approach for members that have the greatest behavioral health needs.

## Care Coordination in OhioRISE

- **Tier 3: Intensive Care Coordination – delivered by CMEs**
  - » OhioRISE Plan will identify and refer children and youth to Tier 3 Care Coordination based on CANS and other available information.
  - » Children and youth referred to Intensive Care Coordination will generally:
    - Have a high level of functional impairment;
    - Demonstrate high risk behaviors or other psychosocial factors; and
    - Places the individual at high likelihood for out-of-home treatment or continued out-of-home treatment.
  - » Uses a High-Fidelity Wraparound approach for members that have the greatest behavioral health needs.

## Approach to Tier 3 Care Coordination

- Provide structured service planning and care coordination through High-Fidelity Wraparound as established by the National Wraparound Initiative, including:
  - » An initial home-based, comprehensive assessment resulting in the development of the child and family-centered care plan.
  - » A CANS assessment once every 90 calendar days or whenever there is a significant change in the member's behavioral health needs or circumstances.
  - » Convening and facilitating the child and family team.
  - » Developing a crisis safety plan.
  - » Reviewing the child and family-centered care plan every thirty days or whenever there is a significant change in the member's needs or circumstances.
  - » Monitoring the child and family-centered care plan.
  - » Performing referrals and linkages to appropriate services along the continuum of care.

# Wraparound Characteristics

- High quality teamwork
  - » Collaborative activity
  - » Brainstorming options
  - » Goal setting and progress monitoring
- The plan and the team process are driven by and “owned” by the family and youth
- Takes a strengths-based approach
- The plan focuses on the priority needs as identified by the youth and family
- A whole youth and family focus
- A focus on developing optimism and self-efficacy
- A focus on developing enduring social supports



## Approach to Tier 3 Care Coordination

- Staff and Competencies (mirrors OhioRISE Plan requirements)
  - » Have a minimum of two years' experience in children's mental health, child welfare, developmental disabilities, juvenile justice, or a related public sector human services or behavioral health care field, providing community-based services to children and youth, and their family/caregivers.
  - » Have background and experience in one or more of the following areas of expertise: family systems, community systems and resources, case management, child and family counseling/therapy, child protection, or child development; and
  - » Be clinically and culturally competent/responsive with training and experience necessary to manage complex cases in the community across child-serving systems.
  - » Complete the state-required training program provided by the COE.

## Approach to Tier 3 Care Coordination

- Supervision and Other Requirements
  - » Each ICC staff will be supervised on a regular basis.
  - » Supervisors of High-Fidelity Wraparound shall complete the state-required training program provided by the COE.
  - » Each ICC staff will be required to be full time.
  - » A ratio of one ICC to no more than ten OhioRISE members receiving ICC services.

## Care Coordination in OhioRISE

- **Tier 2: Moderate Care Coordination – delivered by CMEs**
  - » OhioRISE Plan will identify and refer children and youth to Tier 2 Care Coordination based on CANS and other available information.
  - » Children and youth referred to Moderate Care Coordination will generally:
    - Have a moderate level of functional impairment;
    - Demonstrate at-risk risk behaviors or other psychosocial factors; and
    - Places the individual at high likelihood for out-of-home treatment or continued out-of-home treatment.
  - » Uses a High-Fidelity Wraparound informed approach for members that have more moderate behavioral health needs.

## Approach to Tier 2 Care Coordination

- Moderate Care Coordination (Tier 2) will provide structured service planning and care coordination based on wraparound principles, as established by the National Wraparound Initiative, including:
  - » An initial home-based, comprehensive assessment resulting in the development of the child and family-centered care plan.
  - » A CANS assessment once every 180 calendar days or whenever there is a significant change in the member's behavioral health needs or circumstances.
  - » Convening and facilitating the child and family team.
  - » Developing a crisis safety plan.
  - » Reviewing the child and family-centered care plan every thirty days or whenever there is a significant change in the member's needs or circumstances.
  - » Monitoring the child and family-centered care plan.
  - » Performing referrals and linkages to appropriate services along the continuum of care.

## Approach to Tier 2 Care Coordination

- Staff and competencies for Moderate Care Coordination
  - » Staff and supervision requirements are similar to Tier 3.
  - » Each MCC staff will be required to be full time.
  - » A ratio of one MCC to no more than twenty-five OhioRISE members receiving MCC services.

# Care Coordination in OhioRISE

- **Tier 1: Limited Care Coordination**

- » Targeted to members who may refuse care coordination or may need lower intensity care coordination than in the Wraparound models.
- » OhioRISE Plan-employed care coordinators will provide Tier 1 Care Coordination.
- » Care coordinator activities and responsibilities:
  - Care coordinator assignment with appropriate clinical expertise to coordinate care needs;
  - Conducting assessments;
  - Developing and updating the child and family-centered care plan;
  - Monitoring the child and family-centered care plan;
  - Coordinating across the care team; and
  - Incident reporting.

## Approach to Tier 1 Care Coordination

- Staff and competencies for Limited Care Coordination
  - » Staff and competencies are similar to Tier 2 and 3.
  - » Staff will undergo training by COE on wraparound principles.
  - » A ratio of one Tier 1 CC will be established.

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# Next Steps

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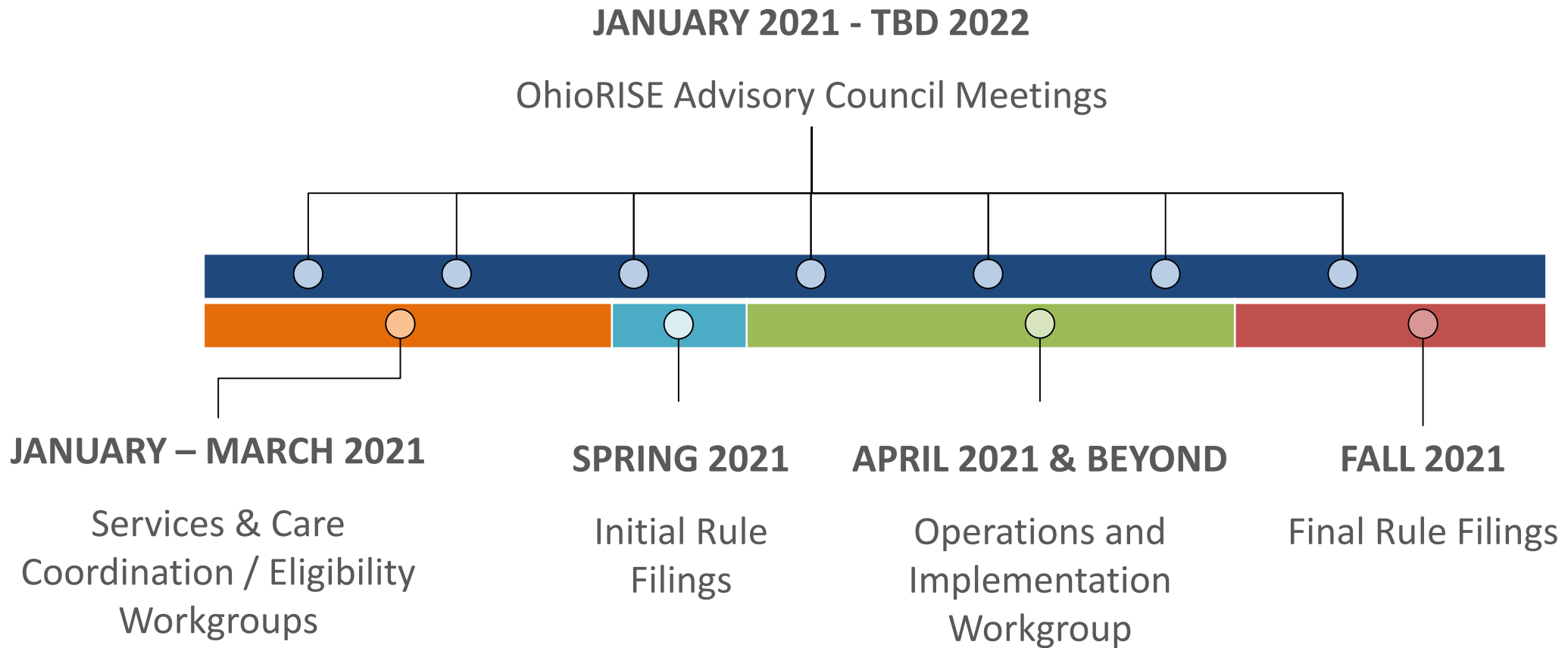


# CANS & Care Coordination Workgroup

## Immediate next steps

- Review CANS tool (unless time allowed for this today)
- Provide eligibility draft rule concept for feedback to workgroup
  - » Gather feedback on rule concept to draft for Advisory Council on 3/9
- Next meeting topic: Care Coordination

# 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 ^

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
CANS and Care Coordination Workgroup	02/25/2021	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	<a href="#">Click here to join the meeting - Registration not required</a>
PRTF Workgroup	03/16/2021	3:00 - 5:00 PM EST	<a href="#">Click here to join the meeting - Registration not required</a>

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**Thank you for participating!**

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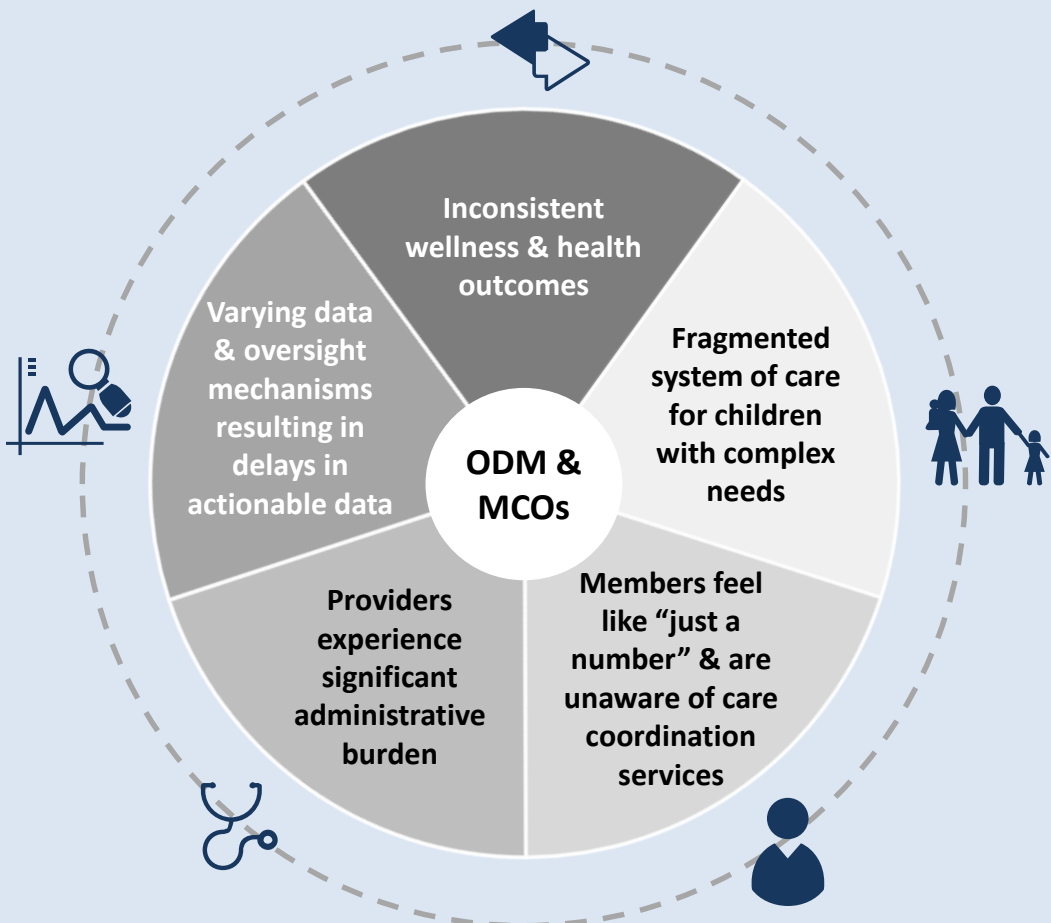
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# Appendix

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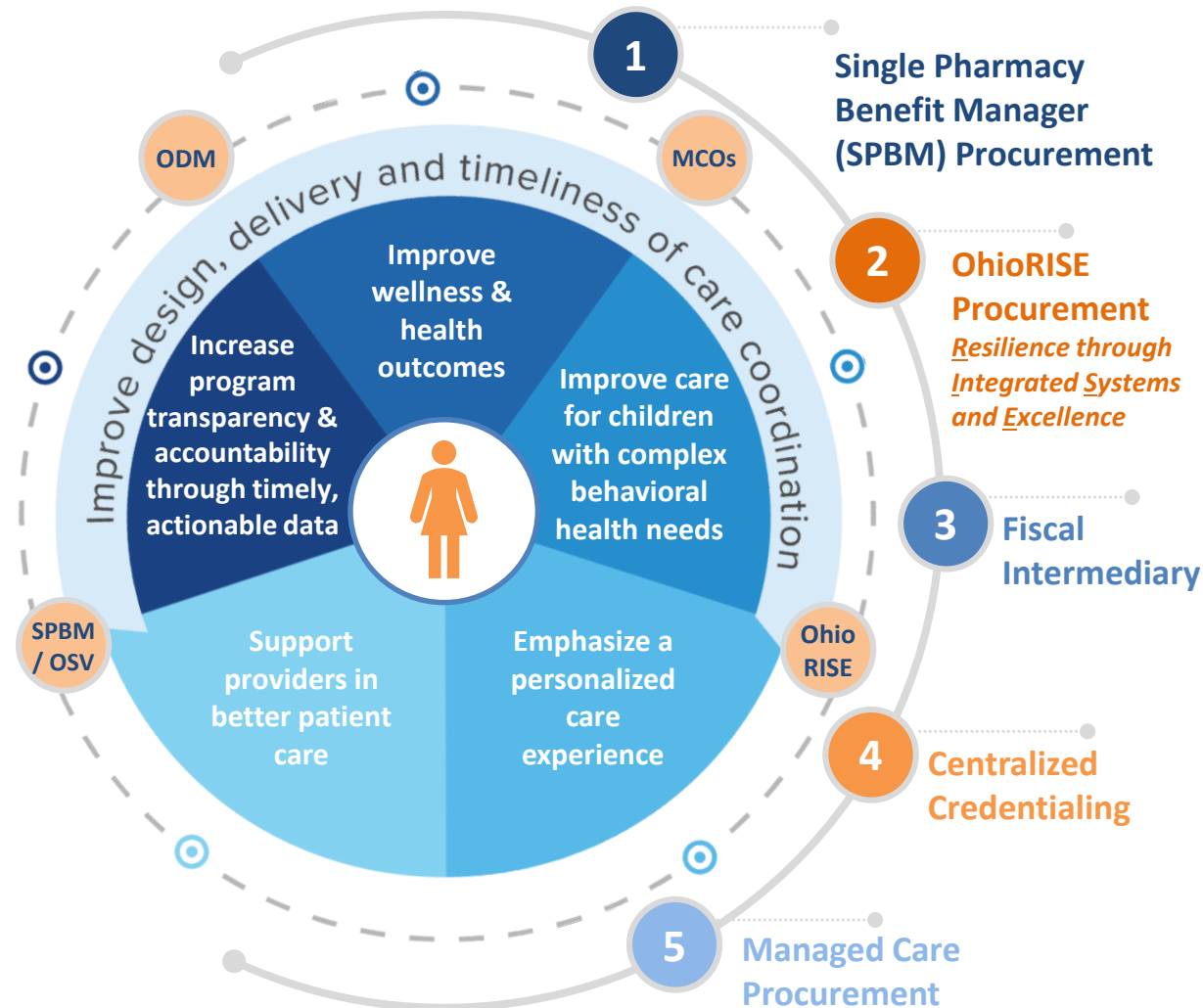
## Today's Ohio Medicaid Managed Care Program

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

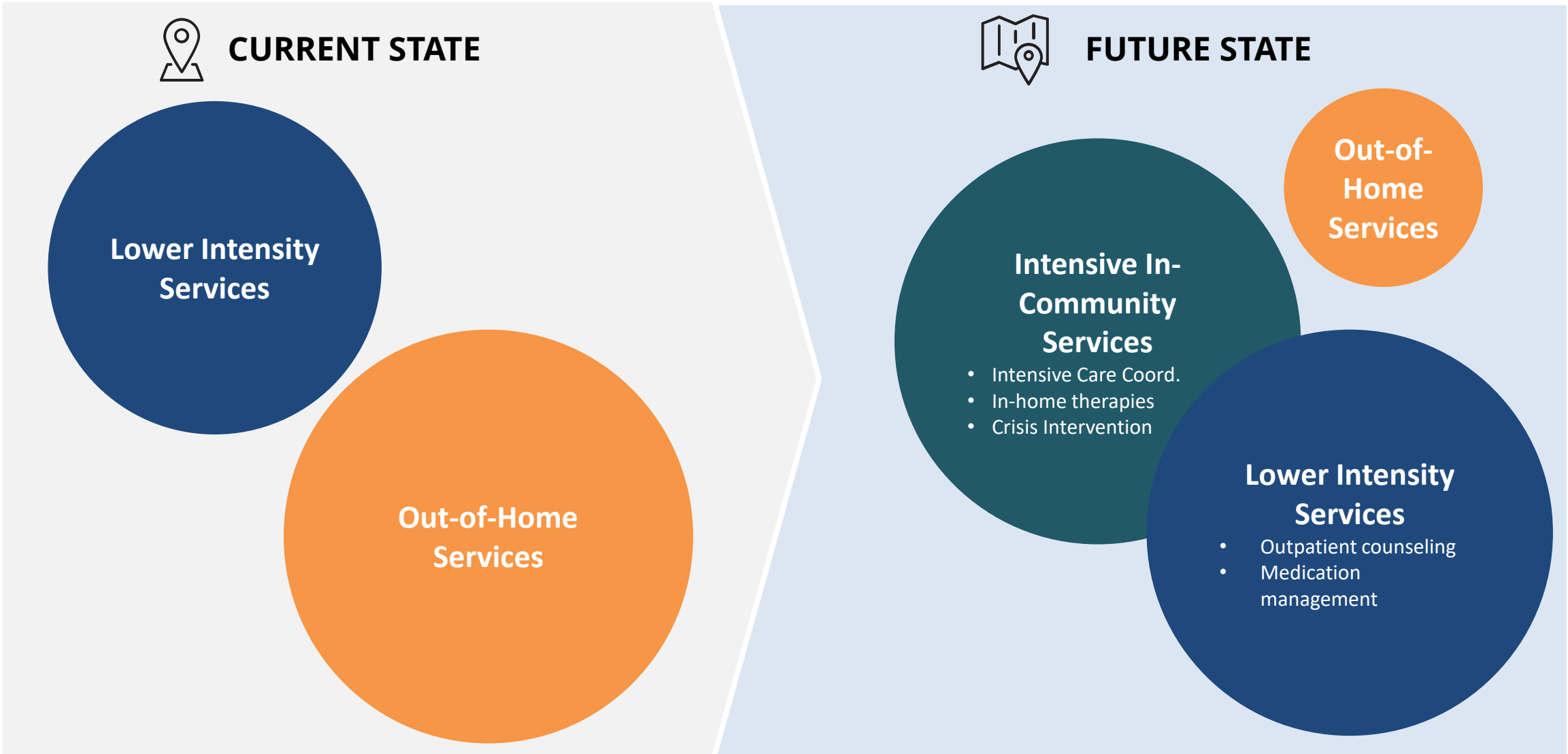
- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health services
- ✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

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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



## CURRENT STATE

**Lower Intensity Services**

**Out-of-Home Services**



## FUTURE STATE

**Intensive In-Community Services**

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

**Out-of-Home Services**

**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



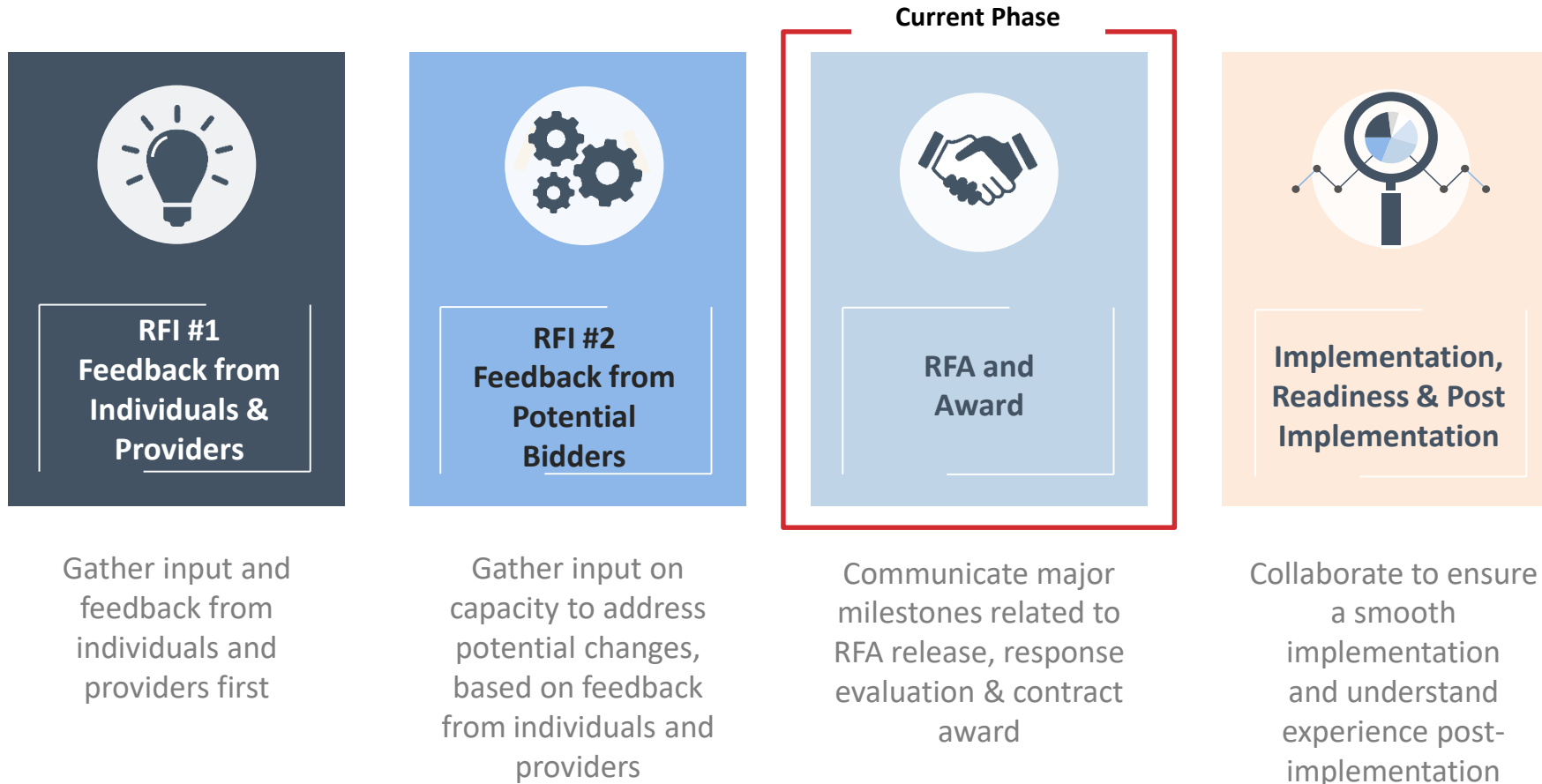
### Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High Fidelity Wraparound

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


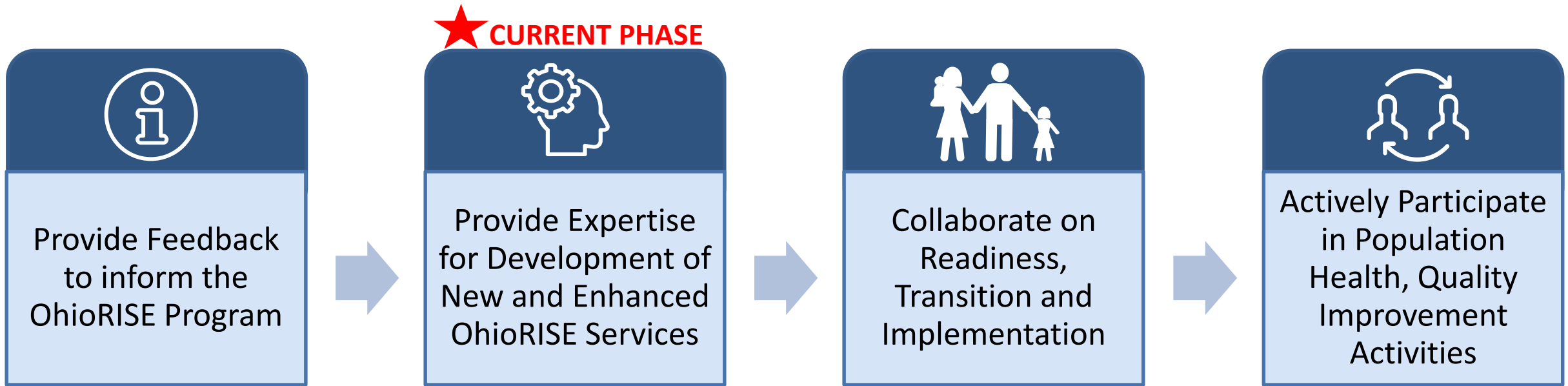
Support evidence-based practices, training,  
fidelity reviews, workforce development

# Medicaid Managed Care Procurement Project Phases



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

