



Department of
Medicaid



Resilience through
Integrated Systems and Excellence

OhioRISE Intensive Home-Based Treatment Workgroup Meeting

March 18, 2021

11:00 AM – 1:00 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

Meeting Agenda

- 1** Welcome and Introductions
- 2** Stakeholder Engagement Refresher (10 min)
- 3** OMHAS IHBT Rules Concepts (20 min)
- 4** ODM IHBT Rules Concepts (20 min)
- 5** Break Out Rooms (70 minutes)
- 6** Next Steps

IHBT Workgroup

IHBT Workgroup Purpose and Functions

- » Contribute personal experience from providing or participating in IHBT services
- » Provide expert clinical and programmatic input on key components of enhancements to the service
- » Review and provide feedback on regulatory concepts and rules
- » Provide critical technical feedback regarding service implementation



IHBT 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

Intensive Home-Based Treatment (IHBT) – **Need to Enhance Service**

- IHBT provides intensive, time-limited behavioral health services for children, youth and families that helps stabilize and improve behavioral health functioning.
 - » Ohio’s current IHBT Medicaid service implemented in 2018.
 - » Current Service: Umbrella over multiple evidence-based practices
- Enhancements are being considered:
 - » Based on experience with the service to date
 - » To increase access to care
 - » To align with Family First Prevention Services Act Prevention Services (MST and FFT)



Key Areas for Stakeholder Engagement

- ✓ Inform revisions based on experience with current service
 - ✓ Ex: staff credentials and requirements
- ✓ Alignment with FFPSA

Aligning with Family First Prevention Services Act

- The federal Family First Prevention Services Act (Family First) was adopted on February 9, 2018 and will be implemented nationwide by October 1, 2021.
- Family First places emphasis on the use of evidence based prevention services to alleviate the need for placement of children in foster care, and ensuring appropriate settings are used for children in foster care.
- Family First provides new funding for prevention services that are trauma-informed and rated promising, supported, or well-supported in the Title IV-E Clearinghouse
- Phase 1 Prevention Services
 - » Multisystemic Therapy, Functional Family Therapy
 - » OhioSTART
 - » Parents as Teachers, Healthy Families America

More on FFT & MST

- Functional Family Therapy
 - » Short-term prevention and intervention program for at-risk youth and their families.
 - » Aims to address risk and protective factors that impact the adaptive development of 11 to 18-year-old youth who have been referred for behavioral or emotional problems.
 - » Ohio will utilize the FFT manual, Family Therapy for Adolescent Behavioral Problems, and will not use any adaptations to the FFT model (Alexander, Waldron, Robbins, & Need, 2013).
 - » FFT is rated Well-Supported with the Title IV-E Prevention Services Clearinghouse.
- Multisystemic Therapy:
 - » Intensive family and community-based treatment for youth with serious juvenile offenses or who are at high risk for juvenile justice involvement, who may also use substances, and their families.
 - » The target population is 12 to 17-year-olds who are at risk of out-of-home placement due to delinquent or antisocial behavior.
 - » MST is rated Well-Supported with the Title IV-E Prevention Services Clearinghouse.

Summary of February 19th IHBT Workgroup Discussion

- First IHBT workgroup meeting held on February 19th
- Themes/comments
 - » Workforce issues - need for more flexibility in staffing
 - » Challenges in rural areas, travel time
 - » Cross-training and co-occurring model for youth with developmental disabilities
 - » Interaction with other services
 - mobile response and stabilization
 - handoffs with hospitals
 - Respite
 - CPST, TBS, PSR, ICC/MCC
 - Schools, day treatment
 - » Concerns regarding payment rates

OhioMHAS Rule Concepts

What is IHBT – **Continue Current Policy**

- An intensive, time-limited behavioral health treatment for children and adolescents with significant behavioral health challenges and related functional impairments in key life domains.
- Incorporates a comprehensive set of behavioral health services delivered in the home, school and community.
- Requires family involvement
- "Home" = any long-term family living arrangement including biological, kinship, adoptive, and non-custodial families with a long-term commitment to the child
- “Umbrella framework” incorporating a variety of different clinical models, e.g.
 - » Multi Systemic Therapy (MST); Functional Family Therapy (FFT);
 - » “Home builders”; Integrated Co-occurring Treatment (ICT)
 - » Problem Sexual Behaviors (PSB)

Current IHBT Youth and Family Eligibility – Continue Current Approach

- Younger than 18 unless Serious Emotional Disorder (SED) onset occurs before age 18, then transitional age youth (18-21 year olds) may receive IHBT*
- At risk of out of home placement due to BH or MH conditions OR
- Returned within last 30 days from out of home placement OR
- Requiring highly intense MH intervention to return or remain safely at home
- **Primary diagnosis:** diagnostic assessment that substantiates symptomatology that supports mental health diagnosis*
- **Functional impairment:** documentation that behavioral health significantly impacts functioning (family, school, peers, community, etc.)
 - » At risk of removal from school due to behavioral symptomatology
 - » At risk of increased involvement in the juvenile justice system due to behavioral symptomatology
- **Risk and safety:** significant risk and/or safety issue related to youth's behavioral health
 - At risk of hospitalization due to self harm, other harm
 - At risk of re-traumatization due to impulsive risk-taking behaviors

*See next slide for additional detail

Criteria to Receive IHBT Services – **Changes Proposed**

Replace the reference to being clinically determined to meet the "person with serious emotional disturbance" (SED) criteria in rule 5122-24-01 of the Administrative Code with the following:

The child/adolescent

- » Is under eighteen years of age;
- » Has marked to severe emotional/behavioral impairment;
- » Has impairment that seriously disrupts family or interpersonal relationships; and
- » May require the services of other youth-serving systems (e.g., education, human services, juvenile court, health, mental health/ mental retardation, youth services, and others).

IHBT Team Staff requirements – **Continue Current Policy**

- Current Requirements to be maintained
 - » Minimum 2 FTE staff
 - » Training in skills and competencies to provide IHBT
 - » IHBT team practitioners treating youth with co-occurring MH and SUD must have credentials in both
 - » Team must be fully dedicated to IHBT program
 - » Annual fidelity review (agency level)
 - » Intensive home based treatment service shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code

IHBT Team Staff requirements – **Changes Proposed**

- Proposing three types of teams under IHBT
 - » Evidence Based Practice (MST/FFT) Team
 - » Licensed Team
 - » Hybrid Team
- Recognizes the difference between EBPs and other forms of IHBT
- Accommodates flexibility in workforce
- Increases access to IHBT
- Align with requirements under FFPSA

Proposed Evidence Based Practice Team

- Offering Multi-Systemic Therapy & Functional Family Therapy
- Must meet national fidelity standards
- Must have at least two licensed clinicians

Proposed Fully Licensed Team

- Staffed by two or more clinicians licensed by an Ohio licensing body
- Mix of dependently and independently licensed clinicians (?)
- Not providing MST and/or FFT
- Must meet Ohio IHBT fidelity requirements

Proposed Hybrid Team

- Must be a two-member team
 - » Staffed with one licensed clinician AND
 - » One or more unlicensed paraprofessionals (QBHS) OR
 - » Trainees/Interns registered with the CSWMFT or Psychology Boards.
 - Supervised by licensed clinician
- Team composition based on the individual's need.
- All staff must operate within scope of practice and with required supervision
 - » QBHS in OAC Rule 5122-29-30
 - » Peer Supporter Certification in OAC Rule 5122-29-15.1.

ODM Rule Concepts

Medicaid Coverage and Benefit Design – **Continue Current Approach**


- Medicaid IHBT benefit will be aligned with the OhioMHAS rule including:
 - » Clinical criteria
 - » Provider eligibility
 - » Activity requirements
 - » Staffing
 - » Documentation
- IHBT providers must be certified by OhioMHAS and complete fidelity reviews
 - » Fidelity reviews will be adjusted to account for new team configurations and MST, FFT
- Medicaid coverage will include in person and telehealth

Medicaid Coverage and Benefit Design – **Proposed New Approach**


- Medicaid coverage includes under age 21 – available through OhioRISE only
 - » CANS will be used to determine need for IHBT, and will be aligned with OhioRISE eligibility
 - » IHBT will not be available through MCOs or Fee for Service Medicaid
- Prior Authorization for IHBT as it exists today will be removed
 - » The OhioRISE Plan will be responsible for monitoring utilization (including strategies for outlier management).
- Significant involvement of the Care Management Entities/Care Coordinator
 - » Child and Family Team
 - » Child and Family-Centered Care Plan

OhioRISE Plan and Care Management Entity Roles

CME/Care Coordinator will work with the Child and Family Team to identify need for IHBT



CME/Care Coordinator will develop the Child and Family-Centered Care Plan inclusive of IHBT



OhioRISE Plan will review and approve the Child and Family-Centered Care Plan with IHBT

Reimbursement – Continue Current Approach

- Billable activities include IHBT activities described in Ohio MHAS rule
- Continue current policy regarding activities that are not reimbursable while enrolled in IHBT:
 - » (1) Assessments*, screenings, and diagnostic evaluations.
 - » (2) Mental health day treatment.
 - » (3) Individual, group, or family psychotherapy and counseling.
 - » (4) Therapeutic behavioral services.
 - » (5) Community psychiatric supportive treatment.
 - » (6) Psychosocial rehabilitation.
 - » (7) Substance use disorder residential treatment services.
 - » (8) Assertive community treatment.
 - » (9) Crisis intervention provided by the provider agency employing the IHBT practitioner.

Reimbursement – **Proposed Changes**

- *Need to consider the use of CANS while youth is enrolled in IHBT
- Current rate will be revisited to take into consideration varying team configurations proposed in OhioMHAS changes
 - » Considering multiple rates based on team composition
- 5160-27-05 will be modified to incorporate interaction with MRSS:
 - » Payment for IHBT will not be allowable when youth is enrolled in MRSS Stabilization Services

Breakout Room Discussions

Breakout Rooms

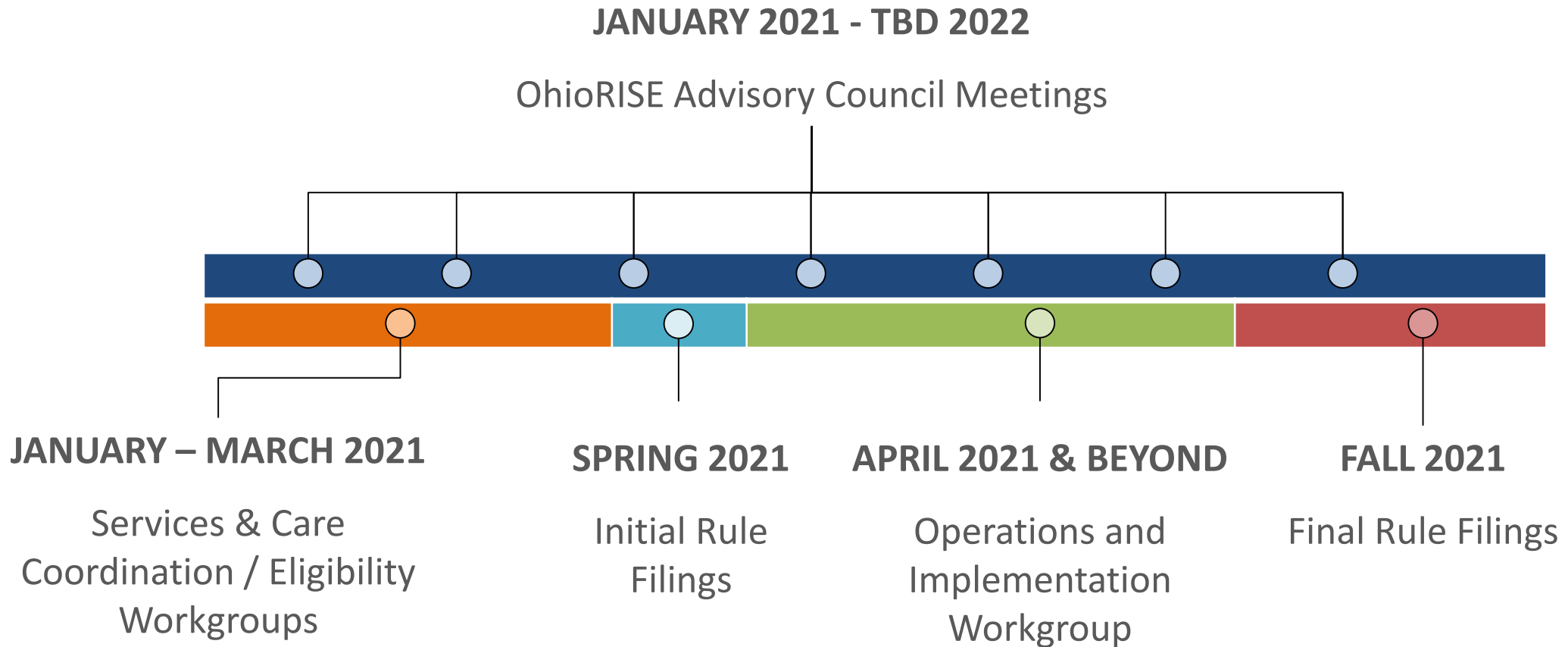
- Break out into smaller groups to discuss rule concepts
- Choose one person per room to be the facilitator
 - » The facilitator should help guide the discussion in the room
 - » The facilitator should take notes
 - » The facilitator will report out from the breakout room discussion to the larger group
- You can type in the chat box which will save notes for the organizer to review
- Send your notes to Kelly.Smith@medicaid.ohio.gov
- *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.

Next Steps

Next Steps

- Review stakeholder feedback from today's meeting (3/18)
- Decide how to incorporate into model & revised policy
- Share DRAFT OAC rules & discuss at next Stakeholder meeting
- What else?

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
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)'

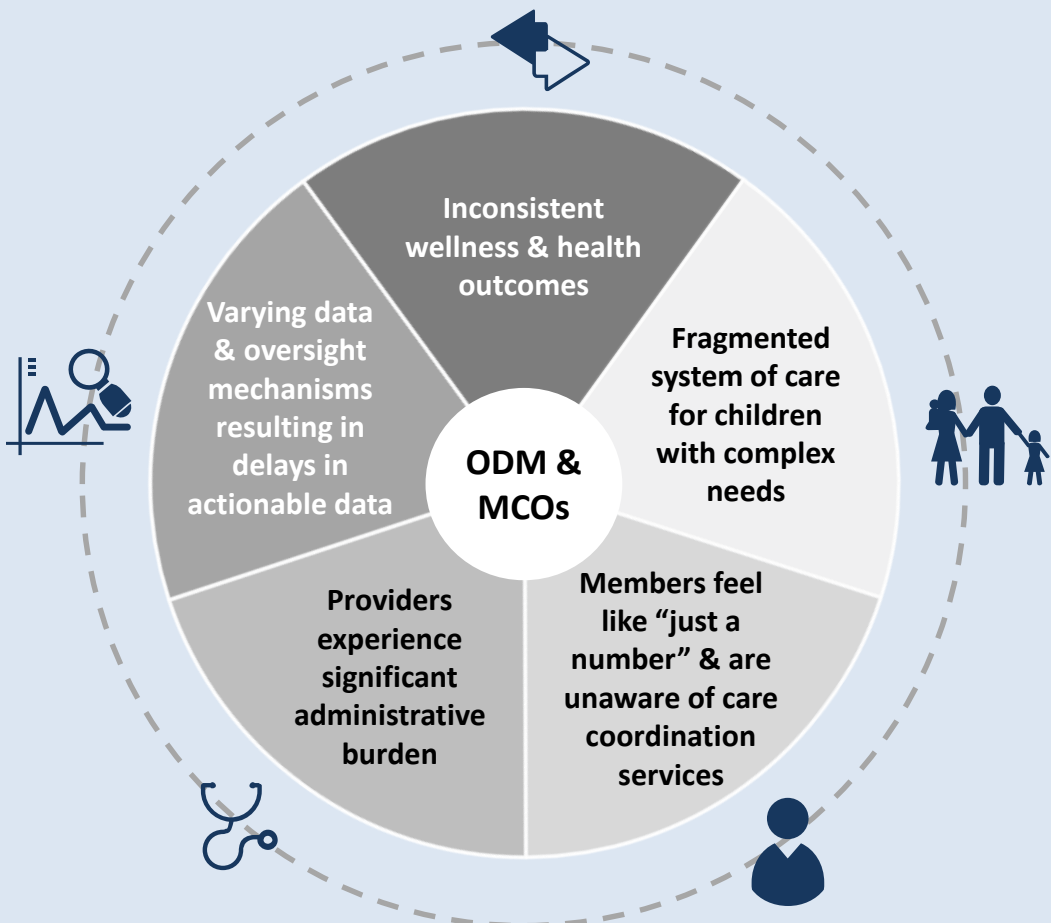
Join meetings by clicking on the meeting links in the 'Registration Link'

Thank you for attending!

Appendix

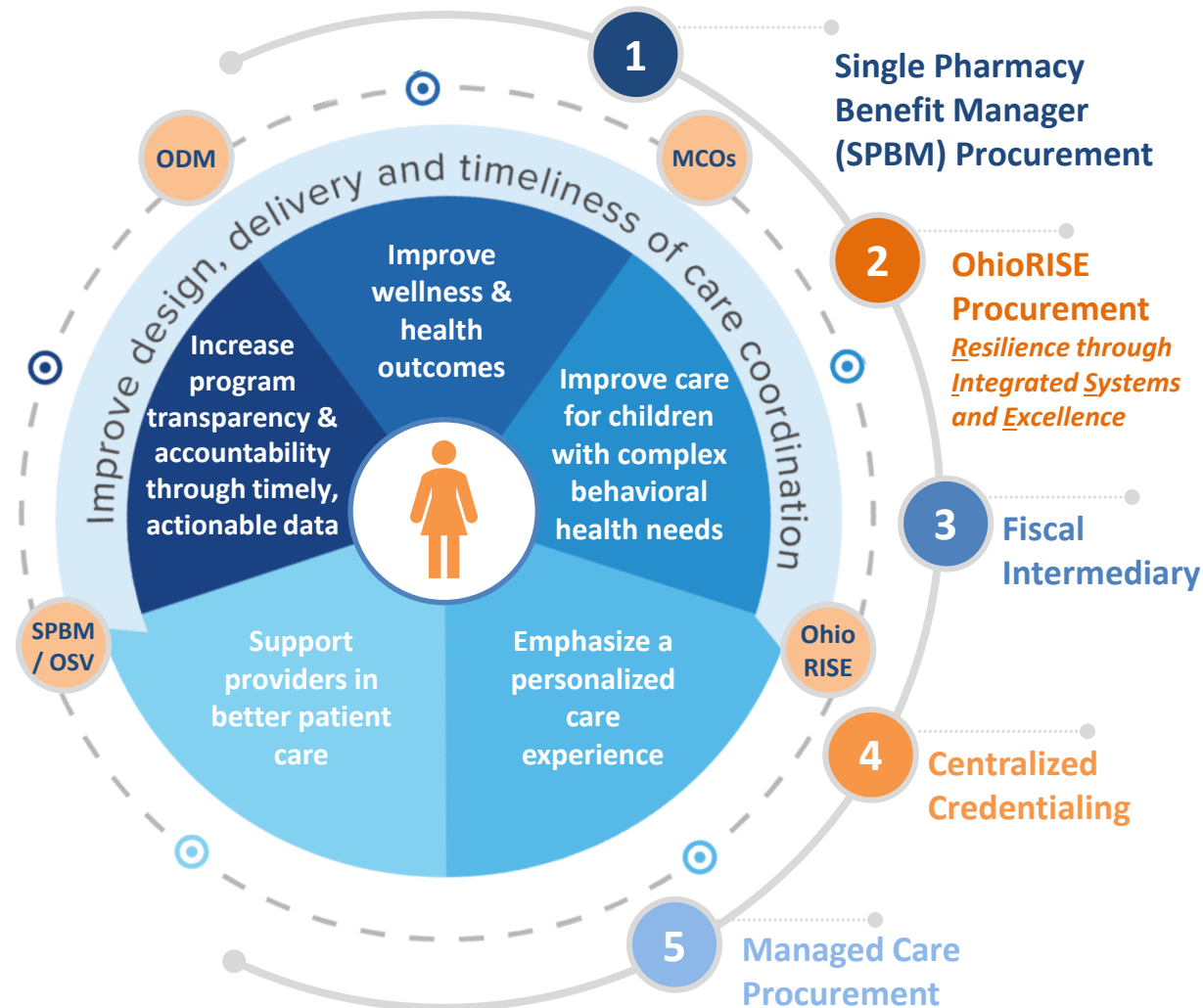
Today's Ohio Medicaid Managed Care Program

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.



"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.

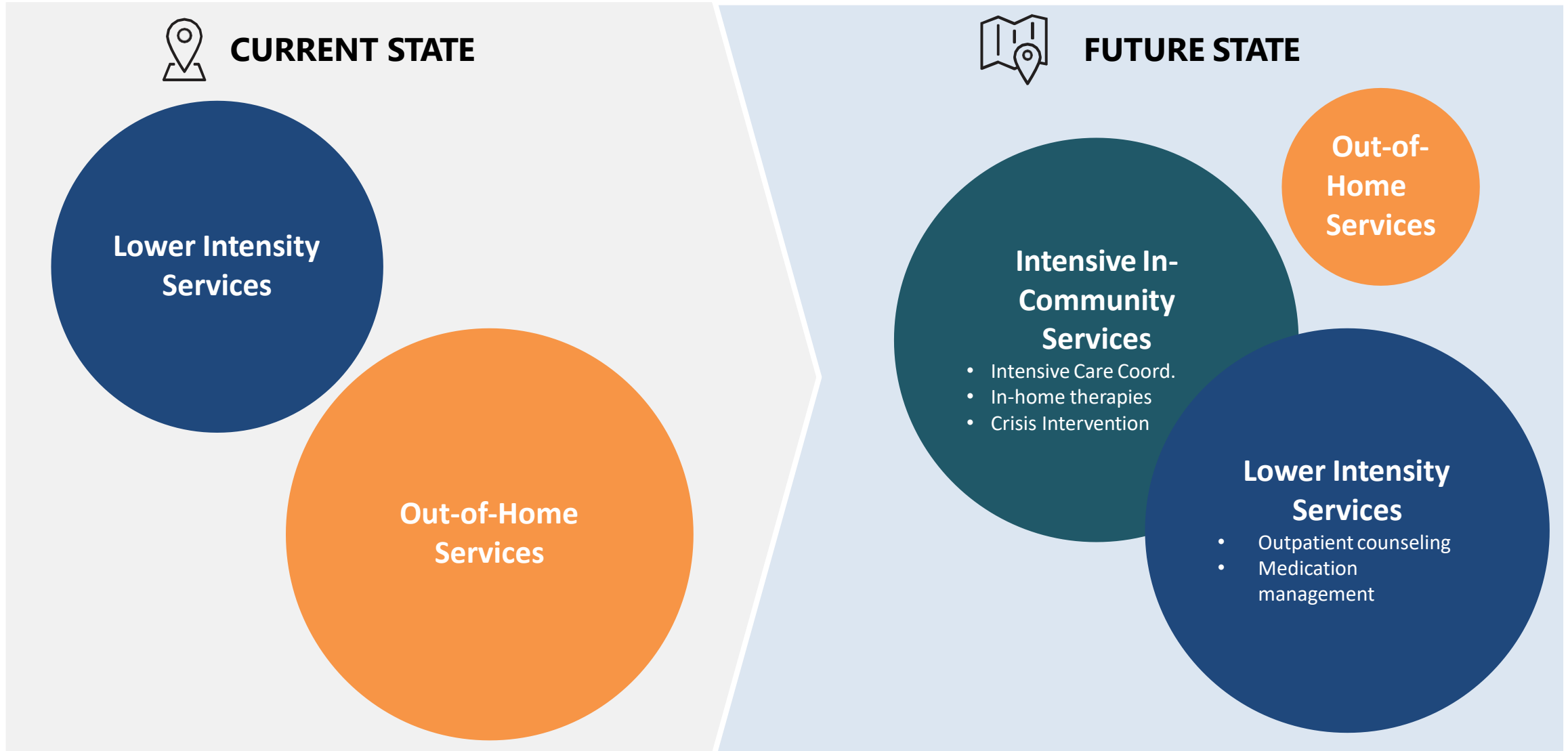
OhioRISE Enrollment

- ✓ 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





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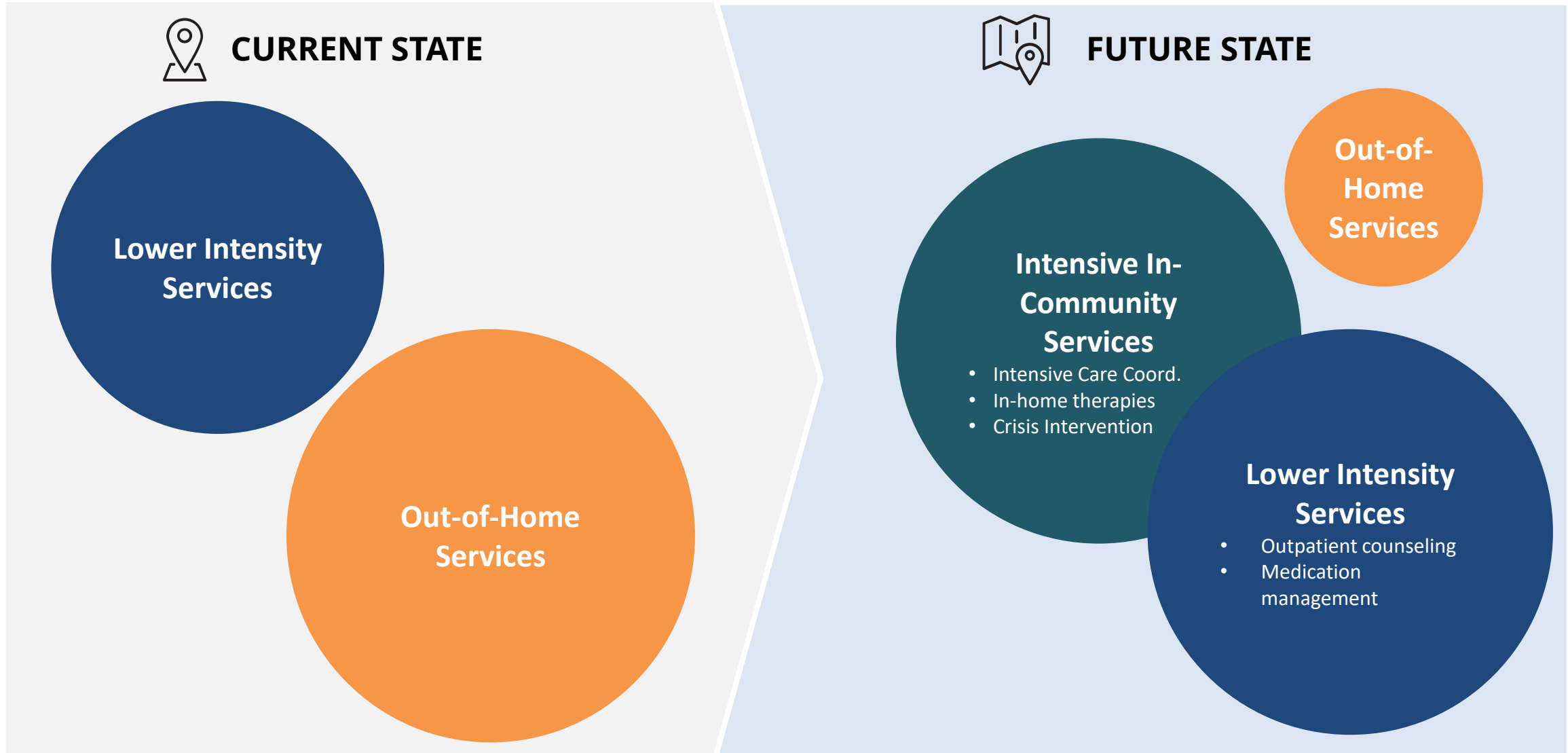
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OhioRISE Ecosystem

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



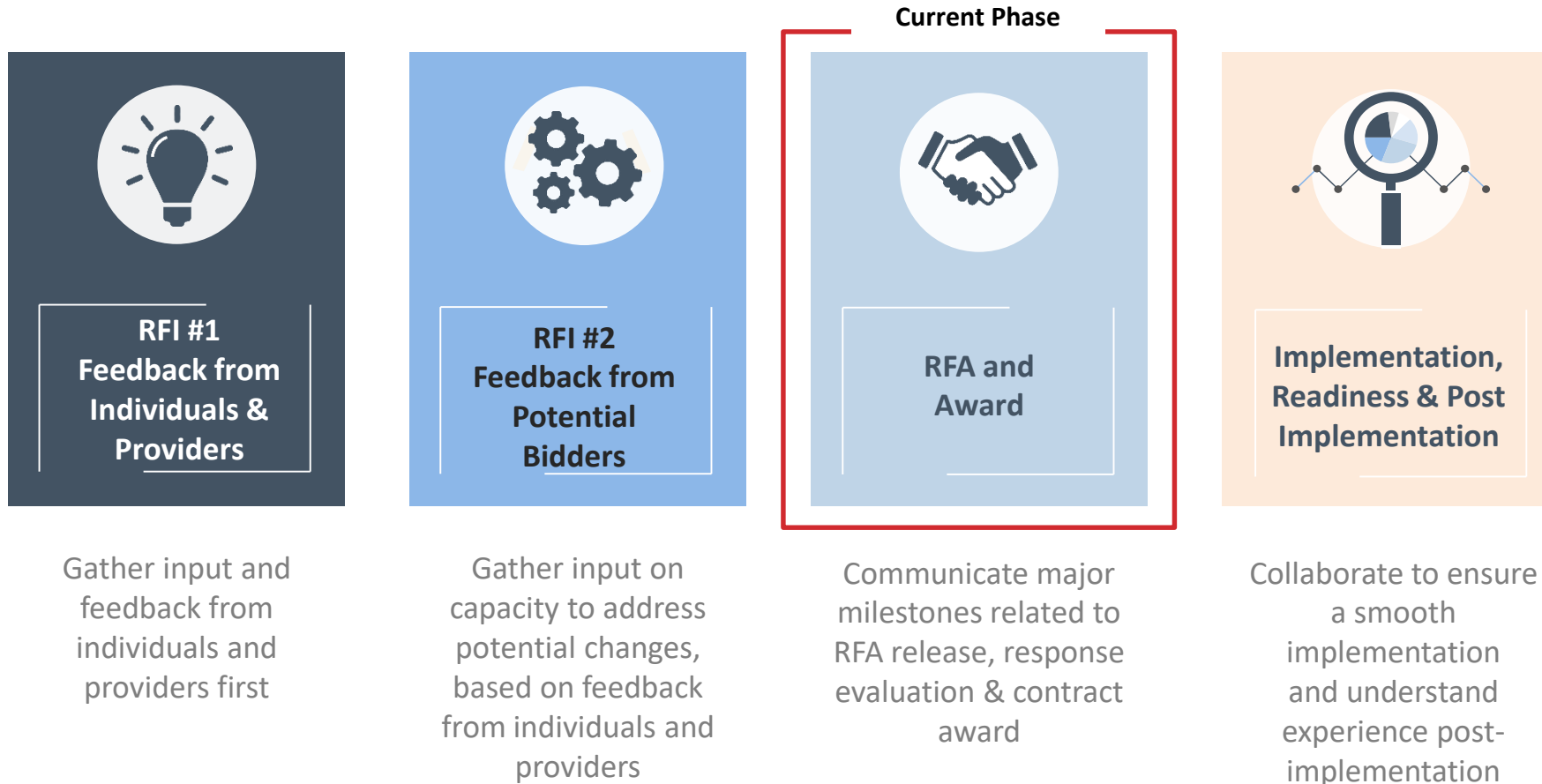
Network of Care Management Entities (CMEs)

Provide Intensive Care Coordination using High Fidelity Wraparound

Center(s) of Excellence (COEs)


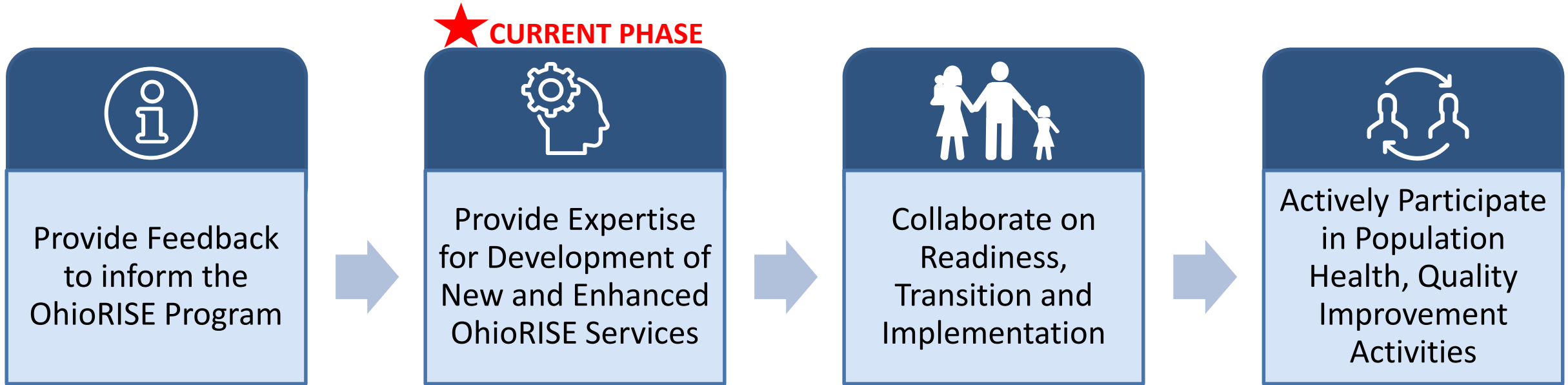
Support evidence-based practices, training,
fidelity reviews, workforce development

Medicaid Managed Care Procurement Project Phases



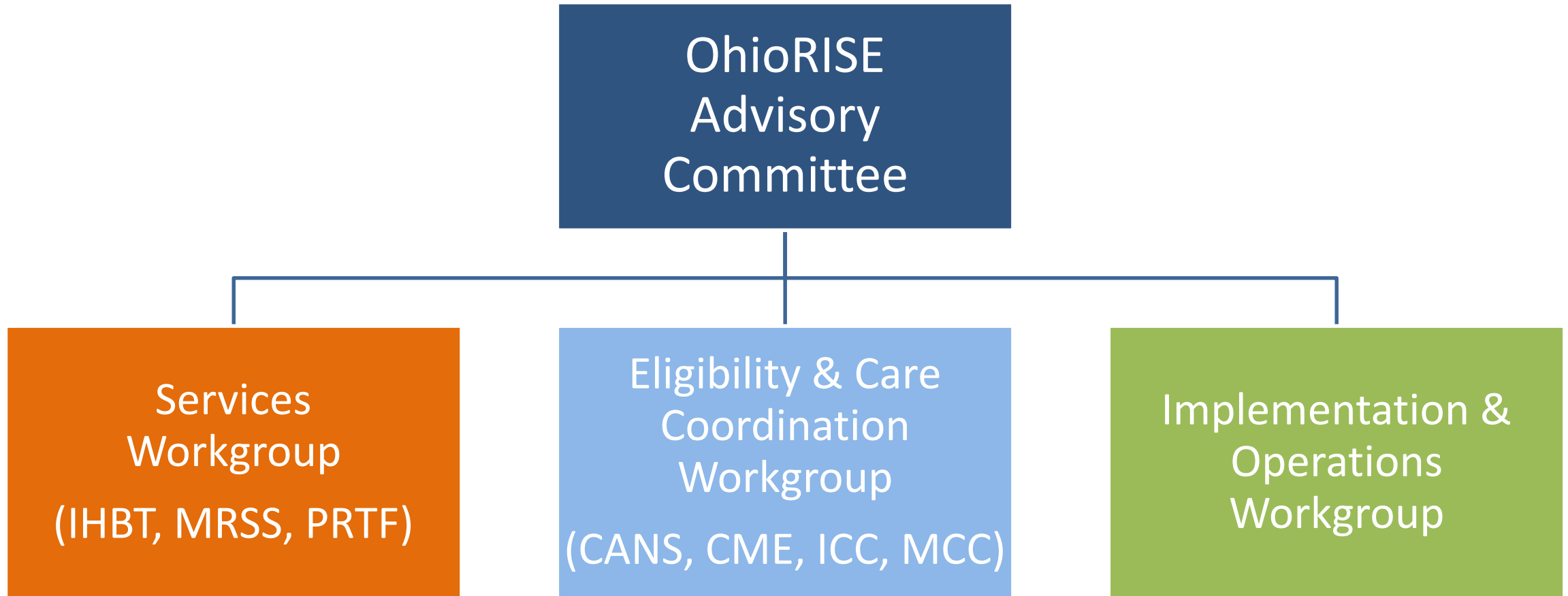
The current focus of the managed care procurement is on soliciting RFA responses and evaluating them in preparation for award.

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



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 COMMITTEE WILL REPRESENT:

Diverse range of expertise and experience

Local system partners

Associations and providers of services

Youth and Families with lived experience

Ohio's geography