Response to Opiate Crisis

- Prevention
- Early Intervention
- Treatment
- Interdiction
- Life-saving measures

Start Talking!
Building a Drug-Free Future
starttalking.ohio.gov
SHIP Priority: Reduce Drug Overdose Deaths

Governor Kasich’s Budget invests nearly $1 billion each year across 11 departments to reduce drug abuse and overdose deaths:

<table>
<thead>
<tr>
<th>Department</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Drug Addiction/Behavioral Services</td>
<td>$650,200,000</td>
</tr>
<tr>
<td>Department of Mental Health and Addiction Services</td>
<td>$88,768,265</td>
</tr>
<tr>
<td>Programs in Ohio’s Prisons</td>
<td>$31,411,160</td>
</tr>
<tr>
<td>Department of Public Safety</td>
<td>$11,069,452</td>
</tr>
<tr>
<td>Medical Board</td>
<td>$5,257,526</td>
</tr>
<tr>
<td>Pharmacy Board</td>
<td>$4,232,963</td>
</tr>
<tr>
<td>Bureau of Workers’ Compensation</td>
<td>$2,900,000</td>
</tr>
<tr>
<td>Department of Youth Services</td>
<td>$2,827,469</td>
</tr>
<tr>
<td>Department of Health</td>
<td>$262,025</td>
</tr>
<tr>
<td>Department of Job and Family Services</td>
<td>$138,238,777</td>
</tr>
<tr>
<td>Adjutant General</td>
<td>$4,068,190</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$939,235,827</strong></td>
</tr>
</tbody>
</table>

Source: OBM analysis of state fiscal year 2016 expenditures.
Ohio Third Frontier Commission

- $20 million total investment to advance new ideas in the battle against drug abuse and addiction.
- RFP for first $12 million dollars for Ohio Opioid Abuse, Prevention, and Treatment Technology Initiative was released last week.
- The Ohio Development Services Agency is currently accepting applications and funding decisions will be made by year’s end.
- Remaining $8 million will be offered as part of a challenge grant – more information to come on this.
Opiate Prescribing

✓ Start Talking!
✓ Prescribing Guidelines and proposed rules regarding acute prescribing
✓ OARRS interface with electronic health records
✓ Building episodes of care to include safer opioid prescribing
✓ Appropriate access to naltrexone (Vivitrol) and buprenorphine (Suboxone) based medication-assisted treatment
Medicaid Expansion

• 2014 Ohio Medicaid expansion extended coverage to many low-income adults in Ohio
• There are currently over 700,000 individuals covered in the expansion category
• Since 2014, Medicaid has been extended to more than 500,000 residents with behavioral health needs who previously relied on county-funded service or went untreated
Key Findings: Access and Utilization

56% Reduction in uninsured rate among low-income Ohio adults

94% Report improved or the same access to care

59% Without a usual source of care obtained one since enrollment

34% Report visiting the emergency department less since enrollment

89% had no health insurance at the time of enrollment
Key Findings: Behavioral Health and Employment

- 62% With depression diagnoses received antidepressants
- 59% Found it easier to continue working
- 52% Found it easier to continue working
- 48% Found it easier to afford food
- 48% Found it easier to afford housing
- 45% Reductions of individuals with medical debt
- 44% Found it easier to pay off debt

Group VIII Enrollees: What Does Medicaid Mean To You?

More freedom. Less worries. I was an addict for 3 years before getting Medicaid. Because of Medicaid, I'm not an addict.
Medicaid Expansion for Drug Court Docket Enrollees

• OhioMHAS provides subsidy to certified docket in 21 counties to assist in the provision of treatment and recovery supports.
  o Medicaid is primary for treatment
  o Addiction Treatment Program funds treatment prior to Medicaid enrollment and/or for individuals who are not Medicaid-eligible, as well as for recovery supports.
Addiction Treatment Program (ATP) Counties

Orange Counties: Enrolled Prior to State Fiscal Year 2017
Yellow Counties: New Enrollees
Ohio Medicaid Behavioral Health Redesign Initiative

The Redesign Initiative is an integral component of Ohio’s comprehensive strategy to rebuild community behavioral health system capacity.

The Initiative is based on key Medicaid behavioral health reforms implemented in four steps:

**Elevation**
Financing of Medicaid behavioral health services moved from county administrators to the state.

**Expansion**
Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 500,000 residents with behavioral health needs.

**Modernization**
ODM & OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need.

**Integration**
Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.
Behavioral Health Redesign Vision

<table>
<thead>
<tr>
<th>OUTCOMES &amp; VISION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Providers:</strong> Follow National Correct Coding Initiative (NCCI) and practice at the top of their scope of practice</td>
</tr>
<tr>
<td><strong>Integration of Behavioral Health &amp; Physical Health services</strong></td>
</tr>
<tr>
<td><strong>High intensity services available for those most in need</strong></td>
</tr>
<tr>
<td><strong>Developing new services for individuals with high intensity service and support needs</strong></td>
</tr>
<tr>
<td><strong>Services &amp; supports available for all Ohioans with needs:</strong> Services are sustainable within budgeted resources</td>
</tr>
<tr>
<td><strong>Implementation of value-based payment methodology</strong></td>
</tr>
<tr>
<td><strong>Coordination of benefits across payers</strong></td>
</tr>
<tr>
<td><strong>Improving health outcomes through better care coordination; and</strong></td>
</tr>
<tr>
<td><strong>Recoding of all Medicaid behavioral health services to achieve alignment with national coding standards.</strong></td>
</tr>
</tbody>
</table>
Ohio’s Priorities for Behavioral Health (BH) Redesign

1915(I) Program for Adults with SPMI

- The Specialized Recovery Services Program ensures continued access to care for ~4-6K adults with SPMI who meet financial and clinical/needs criteria and who are at risk of potential loss of eligibility for Medicaid
- **Cover new services** such as Recovery Management, IPS Supported Employment and Peer Recovery Support

Rebuilding Community BH System Capacity

- **Recode Medicaid BH services to achieve alignment with national coding standards** (AMA, HCPCS, Medicare, NCCI/PTP/MUE)
- **Redesigning certain existing services** (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and **provide for lower acuity service coordination** and support services
- **Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option:** Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for substance abuse
- **Services are sustainable** within budgeted resources

Managed Behavioral Health Care

- **Addition of BH services to Managed Care Plan contract**, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers

Payment Innovation

- **Design and implement new health care delivery payment systems to reward the value of services, not volume**
- Develop approach for introducing episode based payment for BH services
Timeline is subject to resolution of JCARR and budget discussions

Timeline: 2017 – 2019

Managed Care

MyCare

• Plans will follow state benefit administration policies for one year.
• MCP year is administered on a calendar year basis (Jan-Dec). Note: Benefit year is the calendar year (Jan-Dec).
• Any prior authorizations approved by Medicaid prior to carve-in will be honored by the plans, and the plans will assume the responsibility for the prior authorization process when authorizations under FFS expire.
Next Steps

The State will respect the resolution of JCARR and budget discussions.

The State supports Chairman Duffey’s invitation for stakeholders to provide feedback on any potential JCARR prong issues and will participate in the Interested Parties meeting.

The State recognizes the need for decision points on two tracks of rules:
1. Community Medicaid provider track (5160-27)
2. Hospital provider track (5160-2-75)
Hospitals

Hospital Approach

• The hospitals have indicated that they are prepared to move forward with the coding changes and make the new services available as soon as possible.

• The State is considering this in order to increase access for children and multi-system youth.

• Provider Type 01 (general hospitals) and Provider Type 02 (psychiatric hospitals) may be reimbursed for community behavioral health services in accordance with OAC rule 5160-2-75 (G)(2).

• Hospitals would bill BH services using Fee for Service until managed care carve-in on January 1, 2018 (except MyCare patients).
Opportunities Post-January 1, 2018

**Mobile Crisis and BH Urgent Care Work Group will reconvene**

**High Fidelity Wraparound Work Group will reconvene**

**Payment Innovation**

"Design and implement new health care delivery payment systems to reward the value of services, not volume. Develop approach for introducing episode-based payment for BH services."

- Focusing on ADHD and ODD
Rapid Response Team and Testing Information

Rapid Response Team

- The Pre-Go Live Rapid Response team is currently available to provide technical assistance to ensure a successful transition to the new code set and BH benefit package.

Testing

- Trading Partner Testing is currently open for both Fee for Service and MyCare Ohio Plans.
- Trading partners should submit test files as early as they are ready in order to ensure successful implementation.

Please refer to the three Trading Partner Testing MITS Bits for more details:

1. [http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITSBITS/BH-MITS-Bits%205-1-17_Medicaid-Trading-Partner-Testing.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITSBITS/BH-MITS-Bits%205-1-17_Medicaid-Trading-Partner-Testing.pdf)
2. [http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITSBITS/BH-MITS-Bits-Trading-Partner-Testing_5-12-17.pdf](http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITSBITS/BH-MITS-Bits-Trading-Partner-Testing_5-12-17.pdf)
### Health Homes Update

#### Health Homes

- Health Home services will continue through **December 31, 2017**. In late May, this was communicated to the health homes.

- Beginning January 1, 2018, health home enrollees will be transitioned to other services in BH benefit package.

- In the coming months, ODM will send written notice to health home enrollees that service will be discontinued effective January 1, 2018.

- Health Home agencies are expected to continue reporting quality and outcome measures for dates of service through December 31, 2017.
Recent Trainings Posted

• Go to: http://bh.Medicaid.ohio.gov/training

• **New** trainings and resources available:
  ✓ BH 401 Training
  ✓ IT Vendors & Training Partners Workgroup
  ✓ Prior Authorization

• Previous trainings and resources available:
  ✓ Provider Enrollment
  ✓ Current Procedural Terminology & Evaluation and Management Resources
  ✓ Opioid Treatment Programs
  ✓ Specialized Recovery Services & Expedited SSI/SSDI
Ohio’s transition to the new BH benefit package should be seamless for individuals who access these critical services. Current BH services should not be impacted by BH Redesign, and new services (e.g., ACT/IHBT) will be available to individuals with high intensity needs.

The resources below can help individuals in accessing current or new services:

**ODM Resources:**
- Medicaid Consumer hotline: 1-800-324-8680
- Beneficiary Ombudsman: Sherri Warner (Phone: 614-752-4599; Email: Sherri.Warner@medicaid.ohio.gov)

**MHAS Resources:**

**Local Resources:**
- National Alliance on Mental Illness helpline: 1-800-686-2646

**MCP Resources:**
- Medicaid Consumer hotline: 1-800-324-8680

**SRS Resources:**
For questions related to the Specialized Recovery Services program, please contact your RM agency:
- CareSource SRS Program Manager: Dawn Rist-Opal (Phone: 216-618-8124; Email: Dawn.RistOpal@CareSource.com)
- Council on Aging SRS Program Manager: Christy Nichols (Phone: 513-592-2779; Email: Cnichols@help4seniors.com)
- CareStar SRS Program Manager: Mary Farrell (Phone: 614-729-6319; Email: Mfarrel@CareStar.com)