Medicaid Behavioral Health (BH) Redesign

Ohio Supreme Court
2017 Specialized Dockets Conference

October 24th, 2017

October 24th, 2017 Agenda

- Welcome and Opening Remarks
- BH Redesign Overview
- Overview of Ohio Medicaid and Managed Care Delivery System
- Medicaid-Governed BH Services Now and After BH Redesign
- BH Benefit Changes of Interest to Specialized Dockets
- Medication-Assisted Treatment
- Prior Authorization
- BH Practitioners
- Resources

BH Redesign Overview
History of Ohio Medicaid Behavioral Health Services

Over the past 6 years, Ohio has redesigned the Medicaid behavioral health services delivery system and benefit package in the following four stages.

- **Elevation:** Completed as of July 1, 2012
  - Financing of Medicaid behavioral health services moved from county administrators to the state.

- **Expansion:** Completed as of January 1, 2014
  - Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 600,000 residents with behavioral health needs.

- **Modernization:** Implementation on target for January 1, 2018
  - ODM and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those in need.

- **Integration:** Implementation on target for July 1, 2018
  - Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.

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January 1, 2018

**Modernization** – Underway, ODM and OhioMHAS are modernizing the community behavioral health benefit package to align with national standards and expand services to those most in need. **Implementation on target for January 1, 2018.**

- January 1, 2018: New behavioral health (BH) benefit begins.
  - Ohio Administrative Code 5160-27 rules were filed October 1, 2017 for January 1, 2018 effective date.
  - MyCare Ohio plans administer the new benefit. (BH services are "carved in" to the MyCare Ohio benefit package today.)
  - Traditional managed care plan members will continue to receive the new benefit through fee-for-service delivery system.

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July 1, 2018

**Integration** – The community Medicaid behavioral health benefit will be fully integrated into Medicaid managed care. **Implementation on target for July 1, 2018.**

- July 1, 2018: Behavioral health benefit incorporated into managed care:
  - AKA "Carve-in"
    - Medicaid managed care plans become responsible for the financing and delivery of behavioral health benefits for all members. (Brings BH in line with the rest of Medicaid health care services.)
    - A few Medicaid enrollees (those receiving long-term care services & not in a MyCare Ohio county and those being served in the DD system) will continue to receive their benefits through fee-for-service Medicaid.
    - Refer to consumer’s Medicaid card to tell whether they are enrolled in a managed care plan (see slides 12 & 14).
Overview of Ohio Medicaid

- Nearly 3 million Ohioans receive their health care via Ohio Medicaid program, making it Ohio’s largest health insurer
- Ohio Medicaid contracts with more than 83,000 active providers including hospitals, nursing homes, physician offices, dentist and community based providers
- 86% of Medicaid enrollees (over 2.4 million individuals) are enrolled in a Medicaid managed care plan (MCP) who is responsible for their health care needs

What is Managed Care?

- Under a managed care model, the state pays Medicaid Managed Care Plans (MCPs) a monthly rate to cover the health care needs of every member.
  - This is known as a per member/per month (PM/PM) capitation payment
  - MCPs are responsible to contract with health care providers to deliver medically necessary services to Medicaid members
  - Health care providers are paid by MCPs for the services they deliver.
  - MCPs must meet state set standards for access and adequacy of provider panel in every region of the state.
  - MCPs are held to certain health performance standards for their covered members.
MyCare Ohio

- Three year demonstration project that integrates Medicare and Medicaid into one program operated by a Medicare Medicaid Plan (MMP)
  - May 1, 2014: MyCare Ohio went live in first region (Medicaid only mandatory)
  - July 1, 2014: MyCare Ohio live in all regions
  - January 1, 2015: Full integration with Medicare occurred
  - August 2015: Program extended through December 31, 2019
- Individuals may “opt-out” only on the Medicare side; enrollment in Medicaid is mandatory
- MyCare Ohio is not statewide
- MyCare Ohio plans are responsible for community behavioral health services for their members

MyCare Ohio Managed Care Plans

BH Services are “CARVED IN”

- Ohio Medicare and Medicaid recipients enrolled in a MyCare Ohio plan receive community behavioral health services through their MyCare Plan.
- Members must receive services from in-network providers; otherwise, the member may be responsible for the cost of their care.

Example of MyCare Ohio Managed Care Cards
(as of the date of this presentation)
**Medicaid Managed Care Plans**

BH Services are "CARVED OUT" Until July 1, 2018

- Ohio Medicaid recipients enrolled in a Medicaid managed care plan can receive community behavioral health services through any participating Medicaid BH Provider agency.
- Hospital and primary health care services (e.g., pharmacy, laboratory services) are the responsibility of MCPs.

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**Examples of Medicaid Managed Care Cards**
(as of the date of this presentation)

http://medicaid.ohio.gov/OhioMy/MHCards/ManagedCareCards.aspx

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**Example of Fee For Service Card**
(as of the date of this presentation)

Additional information can be found on the back of the FFS card
### Medicaid-Covered BH Services Now and After BH Redesign

#### Medicaid Mental Health (MH) Benefit Through December 31, 2017

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnostic Evaluation (CPT)</td>
<td>Evaluating mental health conditions and developing treatment plans.</td>
</tr>
<tr>
<td>Mental Health Assessment</td>
<td>Conducting assessments to identify mental health needs.</td>
</tr>
<tr>
<td>Pharmacological Management (CPT)</td>
<td>Medication management directly related to mental health conditions.</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Teaching skills and providing supports to maintain community-based care.</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Services for people in crisis.</td>
</tr>
<tr>
<td>Inpatient Psychiatric Supportive Treatment (CPST)</td>
<td>Care Coordination and intervention.</td>
</tr>
<tr>
<td>Office Administered Medications</td>
<td>Providing short-term relief to caregivers.</td>
</tr>
<tr>
<td>Therapeutic Behavioral Services (TBS)</td>
<td>Provided by paraprofessionals with Master’s, Bachelor’s or 3 years experience.</td>
</tr>
<tr>
<td>Intensive Home-Based Treatment (IHBT)</td>
<td>Helping SED youth remain in their homes and the community.</td>
</tr>
<tr>
<td>Psychological Rehabilitation (PSR)</td>
<td>Provided by paraprofessionals with less than Bachelor’s or less than 3 years experience.</td>
</tr>
</tbody>
</table>

#### Medicaid MH Benefit Beginning January 1, 2018

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy (CPT)</td>
<td>Services for adults with SPMI.</td>
</tr>
<tr>
<td>Psychiatric Diagnostic Evaluation (CPT)</td>
<td>Evaluating mental health conditions and developing treatment plans.</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Comprehensive team-based care for adults with SPMI.</td>
</tr>
<tr>
<td>Medical (Office/Home, E&amp;M, Nursing)</td>
<td>Medical practitioner services provided to MH patients.</td>
</tr>
<tr>
<td>Group Day Treatment</td>
<td>Teaching skills and providing supports to maintain community-based care.</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>Services for people in crisis.</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Comprehensive team-based care for adults with SPMI.</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>Evaluation of psychological, neurobehavioral, and developmental functioning.</td>
</tr>
<tr>
<td>Community Psychiatric Supportive Treatment (CPST)</td>
<td>Care Coordination and intervention.</td>
</tr>
<tr>
<td>Office Administered Medications</td>
<td>Providing short-term relief to caregivers.</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Comprehensive team-based care for adults with SPMI.</td>
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</table>
Medicaid Mental Health Benefit Package
BH Redesign Details

Changes

- Adding family psychotherapy both with and without the patient
- Adding primary care services, labs & vaccines
- Adding coverage for psychotherapy
- Adding coverage for psychological testing
- Adding evidence based/state best practices:
  - Assertive Community Treatment (ACT) - adults with Serious and Persistent Mental Illness (SPMI)
  - Intensive Home-Based Treatment (IHBT) - youth at risk of out of home placement

Changes

- Expanding community based rehabilitation: Therapeutic Behavioral Services (TBS) & Psychosocial Rehabilitation (PSR)
- Maintaining coverage of Community Psychiatric Supportive Treatment (CPST)
- Maintaining prior authorization exemption for antidepressant or antipsychotic medications
- Added respite for children and their families

Medicaid Substance Use Disorder (SUD) Benefit
Through December 31, 2017

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory detoxification</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
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<tr>
<td>Crisis Intervention</td>
<td></td>
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<tr>
<td>Group Counseling</td>
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<tr>
<td>Individual Counseling</td>
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<tr>
<td>Intensive Outpatient</td>
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<tr>
<td>Laboratory Urinalysis</td>
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<tr>
<td>Medical/Somatic</td>
<td></td>
</tr>
<tr>
<td>Methadone Administration</td>
<td></td>
</tr>
<tr>
<td>Ambulatory detoxification</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
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<td>Case Management</td>
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<tr>
<td>Crisis Intervention</td>
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<td>Group Counseling</td>
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<td>Individual Counseling</td>
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<tr>
<td>Intensive Outpatient</td>
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<tr>
<td>Laboratory Urinalysis</td>
<td></td>
</tr>
<tr>
<td>Medical/Somatic</td>
<td></td>
</tr>
</tbody>
</table>
Medicaid SUD Benefit  
Beginning January 1, 2018

**Outpatient**
- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-licensed)
- Medical – including for withdrawal management
- Medications – including for withdrawal management
- Buprenorphine and Methadone Administration (OTPs)
- Urine Drug Screening
- Peer Recovery Support
- Case Management

**Residential**
- Per Diems supporting all six residential levels of care including:
  - Clinically managed through medically monitored
  - Two residential levels of care for withdrawal management
  - Medications
  - Buprenorphine and Methadone Administration (OTPs)

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**What is Detoxification and Withdrawal Management And How Is It Delivered?**

**What is Detoxification?**
- The body rid ing itself of the chemicals.

**What is Withdrawal Management?**
- The management of the person through detoxification.

Detoxification and Withdrawal Management can be provided in different settings, such as:
- Hospital
- Residential treatment program
- Outpatient treatment program

Note: Medicaid covers all of these settings

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**BH Benefit Changes of Interest to Specialized Dockets**
Opioid Treatment Programs (OTP) Updated Benefit
Updated January 1, 2017

In ADDITION to the outpatient benefit described on slide 21 (through December 31, 2017) and slide 22 (beginning January 1, 2018, and thereafter), the OTP benefit was updated for January 1, 2017 to include Medicaid coverage of:

- Medications – Buprenorphine-based medications (SAMHSA certificate), injectable/nasal naloxone and oral naltrexone (Ohio Board of Pharmacy)
- Medication administration
- Collection of blood samples for external laboratory testing

OTP License and Certification

OTP Methadone License: Ohio Medicaid recognizes and enrolls OTPs that are licensed by OhioMHAS under Ohio Administrative Code 5122-29-35. These OhioMHAS licensed programs are authorized to administer methadone.

OTP Certification: Ohio Medicaid recognizes and enrolls OTPs that are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) under 42 CFR §8.11(21 U.S.C. 823(g)(1)). These SAMHSA certified programs are authorized to administer buprenorphine-based medications.

Behavioral Health Benefit Changes of Interest to Specialized Dockets, Effective January 1, 2017

Urine Drug Screening

- Coverage of point of service/point of care medically necessary random urine drug screening
- Supports immediate clinical response based upon result
- Medicaid payment rate adjusted to reflect cost of sample collection and “smart cups/iCups/dip stick test”
- Laboratory testing is still available when medically necessary. SUD treatment agency sends sample to lab for testing and lab bills Medicaid Managed care plan or MyCare Ohio plan.

Medicaid continues to cover medically necessary laboratory testing.

Behavioral Health Benefit Changes of Interest to Specialized Dockets, Effective January 1, 2018

Effective January 1, 2018: New Services Added

New Services added:
- SUD Residential Treatment
- Peer Recovery Support Services
- Assertive Community Treatment for adults with serious mental illness
- ACT teams required to integrate SUD outpatient treatment for patients with dual diagnosis
- Intensive Home Based Treatment for youth at risk of being removed from their homes
- Focus on treating the family - not just the youth - and teaching coping skills
- Therapeutic Behavioral Services (TBS)
- Psychosocial Rehabilitation (PSR)
- Office based electrocardiogram
- Psychological testing
Medication-Assisted Treatment

The medications for an OhioMHAS certified program that is NOT an OTP are: buprenorphine (with patient limit) and injectable naltrexone.

• Note: Patient receives medication and clinical supports.

OTP

The medications for OTPs are: methadone and/or buprenorphine (no patient limit) and injectable naltrexone.

• Note: Patient receives medication and clinical supports.

Prior Authorization
Prior Authorization under BH Redesign

<table>
<thead>
<tr>
<th>Description and Code</th>
<th>Benefit Period</th>
<th>Authorization Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Community Treatment (ACT) H0040</td>
<td>Calendar year</td>
<td>ACT must be prior authorized and all SUD services must be prior authorized for ACT enrollees. See service description for additional information.</td>
</tr>
<tr>
<td>Intensive Home Based Treatment (IHBT) H2015</td>
<td>Calendar year</td>
<td>IHBT must be prior authorized. See service description for additional information.</td>
</tr>
<tr>
<td>SUD Partial Hospitalization (20 or more hours per week)</td>
<td>Calendar year</td>
<td>Prior authorization is required for the level of care for adults and adolescents.</td>
</tr>
<tr>
<td>Psychological Diagnostics Evaluations H0001, H0007</td>
<td>Calendar year</td>
<td>Prior authorization is required for any additional services within the calendar year.</td>
</tr>
<tr>
<td>Psychological Testing H0015, H0019, H0021</td>
<td>Calendar year</td>
<td>Prior authorization is required for any additional services within the calendar year.</td>
</tr>
<tr>
<td>Screening Brief Intervention and Referral to Treatment (SBIRT) G0396, G0397</td>
<td>Calendar year</td>
<td>One of each code (G0396 and G0397), per billing agency, per patient, per year. Cannot be billed by provider type 95. Prior authorization for any additional services within the calendar year.</td>
</tr>
<tr>
<td>Alcohol or Drug Assessment H0001</td>
<td>Calendar year</td>
<td>2 hours per patient per calendar year per billing agency. Prior authorization for any additional services within the calendar year.</td>
</tr>
<tr>
<td>SUD Residential H2034, H2036</td>
<td>Calendar year</td>
<td>Up to 30 consecutive days without prior authorization. Prior authorization then must support the medical necessity of continued stay, if not, only the initial 30 consecutive days are reimbursed. Applies in first two stays; any stays after that would be subject to full prior authorization.</td>
</tr>
</tbody>
</table>

Any service or ASAM level of care not listed in this table is not subject to prior authorization.

Prior Authorization for BH Redesign

**MyCare Ohio Plans**
- MyCare Ohio Plans will begin prior authorizing the behavioral health services with implementation of redesign – January 1, 2018.

**Managed Care Plans**
- Managed Care Plans will begin prior authorizing the behavioral health services with implementation of carve-in July 1, 2018.
  - FFS prior authorization requests will be honored until the prior authorization expires.

**Both MyCare Ohio Plans and Managed Care**
- Both MyCare Ohio and Managed Care Plans will be required to follow behavioral health coverage policies as established through redesign for 12 months (including prior authorization and rates).
  - MyCare Ohio – December 31, 2018
  - Managed Care – June 30, 2019

BH Practitioners
**Medicaid Covered Behavioral Health Practitioners** *

<table>
<thead>
<tr>
<th>Medical BHPs</th>
<th>Licensed BHPs</th>
<th>BHPs</th>
<th>BHP-Paraprofessionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (MD/DO)</td>
<td>Licensed Independent Chemical Dependency Counselors</td>
<td>Licensed Independent Social Workers</td>
<td>Care Management Specialists</td>
</tr>
<tr>
<td>Certified Nurse Practitioners</td>
<td>Licensed Chemical Dependency Counselors</td>
<td>Licensed Social Workers</td>
<td>Counselor Trainees</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>Licensed Independent Marriage and Family Therapists</td>
<td>Licensed Professional Clinical Counselors</td>
<td>Marriage and Family Therapist Trainees</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Licensed Marriage and Family Therapists</td>
<td>Licensed Professional Counselors</td>
<td>Psychology Assistants, Interns of Training</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Licensed Psychologists</td>
<td>Social Work Assistants</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td></td>
<td>Social Worker Trainees</td>
<td></td>
</tr>
</tbody>
</table>

* When employed by or contracted with an OhioMHAS certified agency/program

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**Resources**

Behavioral Health Redesign

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**Behavioral Health Redesign Website**

Go To: bh.medicaid.ohio.gov

Sign up online for the BH Redesign Newsletter.

Go to the following OhioMHAS webpage: [http://mha.ohio.gov/?tabid=154](http://mha.ohio.gov/?tabid=154) and use the "BH Providers Sign Up" in the bottom right corner to subscribe to the BH Providers List serve.
Available Consumer Resources

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
  
**MHAS Resources:**
- Client Rights and Advocacy Resources (http://mha.ohio.gov/Default.aspx?tabid=270)

**Local Resources:**
- National Alliance on Mental Illness Help line: 1-800-686-2646
- Ohio Association of County Behavioral Health Authorities, Board Directory (http://www.oacbha.org/mappage.php)

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