



Department of Medicaid  
Department of Mental Health and Addiction Services

# JMOC Update: Behavioral Health Redesign


February 15, 2018



Behavioral Health Redesign















# 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
  - ✓ 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
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# Medicaid Mental Health (MH) Benefit

## Beginning January 1, 2018

<b>Psychotherapy CPT Codes</b>	<b>Psychiatric Diagnostic Evaluation</b>	<b>Medical</b> (Office/Home, E&M, Nursing)	<b>Assertive Community Treatment (ACT)</b>	<b>Intensive Home-Based Treatment (IHBT)</b>
Individual, group, family and crisis 	Assessing treatment needs & developing a plan for care 	Medical practitioner services provided to MH patients 	Comprehensive team based care for adults with SPMI 	Helping SED youth remain in their homes and the community 
<b>Group Day Treatment</b>	<b>Crisis Services</b>	<b>Community Psychiatric Supportive Treatment (CPST)</b>	<b>Screening, Brief Intervention and Referral to Treatment (SBIRT)</b>	
Teaching skills and providing supports to maintain community based care 	Covered under crisis psychotherapy and other HCPCS codes 	Care Coordination 	Screening and brief interventions for substance use disorder(s) 	
<b>Therapeutic Behavioral Service (TBS)</b>	<b>Psychosocial Rehabilitation (PSR)</b>	<b>Respite for Children and their Families</b>	<b>Office Administered Medications</b>	<b>Psychological Testing</b>
Provided by paraprofessionals with Master's, Bachelor's or 3 years experience 	Provided by paraprofessionals with less than Bachelor's or less than 3 years experience 	Providing short term relief to caregivers 	Long Acting Psychotropics 	Neurobehavioral, developmental, and psychological 

# Medicaid Substance Use Disorder Benefit – Jan. 1, 2018

<b>Outpatient</b> Adolescents: Less than 6 hrs/wk Adults: Less than 9 hrs/wk	<b>Intensive Outpatient</b> Adolescents: 6 to 19.9 hrs/wk Adults: 9 to 19.9 hrs/wk	<b>Partial Hospitalization</b> Adolescents: 20 or more hrs/wk Adults: 20 or more hrs/wk	<b>Residential</b>
<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Psychiatric Diagnostic Evaluation</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> <li>• Group and Individual (Non-Licensed)</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration</li> <li>• Urine Drug Screening</li> <li>• Peer Recovery Support</li> <li>• Case Management</li> </ul> <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> <li>• Level 1 Withdrawal Management (billed as a combination of medical services)</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Psychiatric Diagnostic Evaluation</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> <li>• Group and Individual (Non-Licensed)</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration</li> <li>• Urine Drug Screening</li> <li>• Peer Recovery Support</li> <li>• Case Management</li> </ul> <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> <li>• Additional coding for longer duration group counseling/psychotherapy</li> <li>• Level 2 Withdrawal Management (billed as a combination of medical services)</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Psychiatric Diagnostic Evaluation</li> <li>• Counseling and Therapy               <ul style="list-style-type: none"> <li>• Psychotherapy – Individual, Group, Family, and Crisis</li> <li>• Group and Individual (Non-Licensed)</li> </ul> </li> <li>• Medical</li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration</li> <li>• Urine Drug Screening</li> <li>• Peer Recovery Support</li> <li>• Case Management</li> </ul> <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> <li>• Additional coding for longer duration group counseling/psychotherapy</li> <li>• Level 2 Withdrawal Management (billed as a combination of medical services)</li> </ul>	<ul style="list-style-type: none"> <li>• Per Diems supporting all six residential levels of care including:               <ul style="list-style-type: none"> <li>• Clinically managed through medically monitored</li> <li>• Two residential levels of care for withdrawal management</li> </ul> </li> <li>• Medications</li> <li>• Buprenorphine and Methadone Administration</li> <li>• Medicaid is federally prohibited from covering room and board/housing</li> </ul> <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> <li>• Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem)</li> </ul>

## Implementation Data as of February 13, 2018

**433** unique providers (out of 636) have submitted claims for services under redesign, and of those, **94%** have been paid for claims.









**\$56.7 million** the cumulative total of all claims paid.

**46** Agencies signed-up for contingency payment by 1/16

**6** Agencies are beginning to repay contingency payment

**2** Agencies approved for date extension on contingency plan

# July 1, 2018 Readiness Checklist

-  1. MyCare Ohio Plans implement new behavioral health benefit package and coding structure in January 2018.
-  2. Implement a robust training and technical assistance plan to ensure provider readiness.
-  3. Managed Care Plans open test environments for behavioral health providers by March 2018.
-  4. Managed Care Plans conduct on-going analysis of test claims to focus provider outreach efforts.
-  5. Conduct administrative readiness reviews of the Managed Care Plans in April 2018.
-  6. Conduct onsite readiness reviews of the Managed Care Plans in May 2018.
-  7. Managed Care Plans meet network adequacy requirements.
-  8. Finalize any changes necessary to the Provider Agreement due to the incorporation of services into the managed care environment by July 1, 2018.

Key  Complete  On Target  Scheduled