



*Promoting Wellness and Recovery*

John R. Kasich, *Governor*  
Tracy J. Plouck, *Director*

# **Joint Medicaid Oversight Committee**

## **OhioMHAS Update**

**November 20, 2014**

**Tracy Plouck, Director**

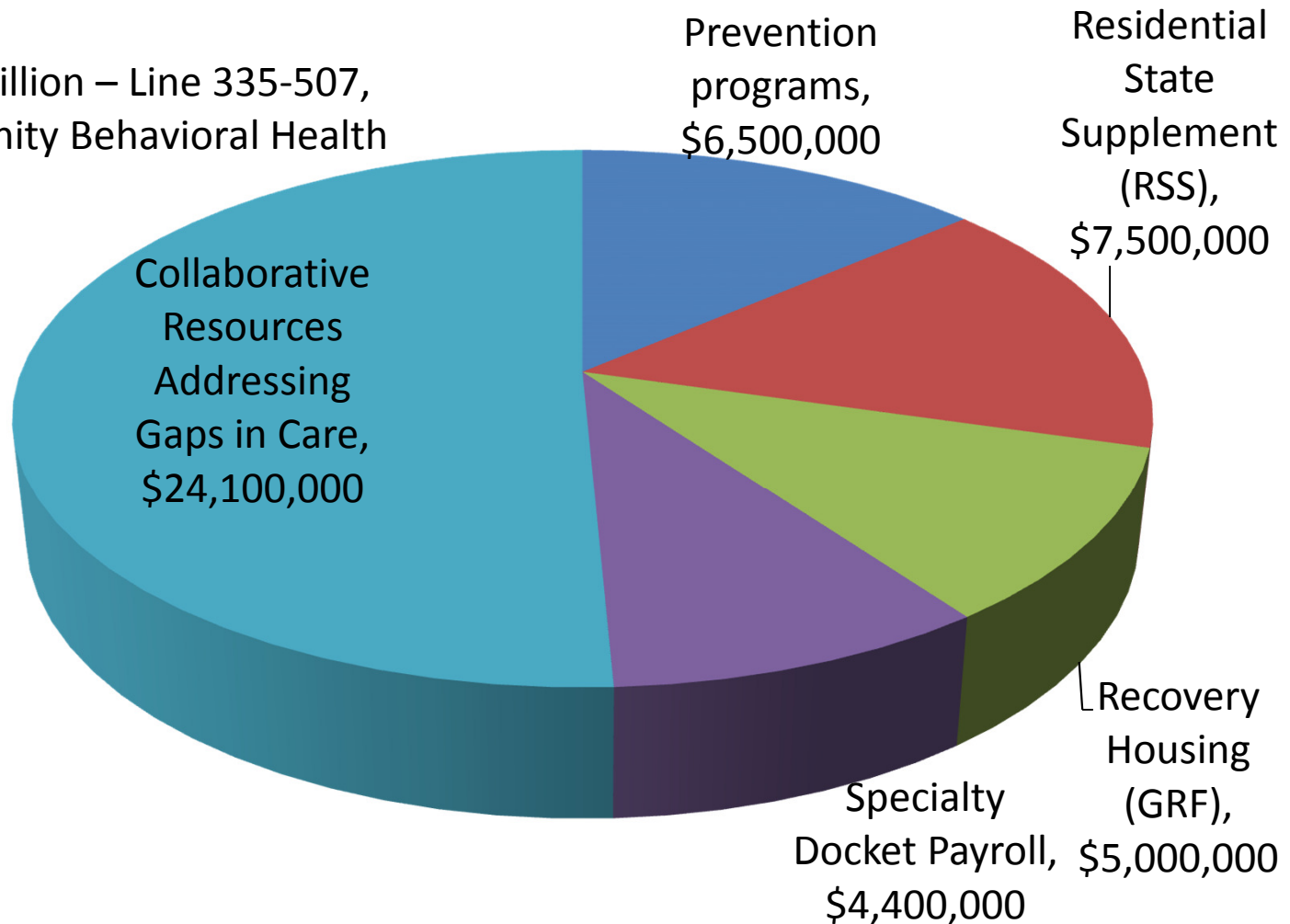
# Overview

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- Agenda
  - Update on Implementation of House Bill 483 (Mid-Biennium Review) – one-time funding resources in 335-507
  - Behavioral Health System Transformation
  - Impact of the Extension of Medicaid Benefits on Behavioral Health

# House Bill 483

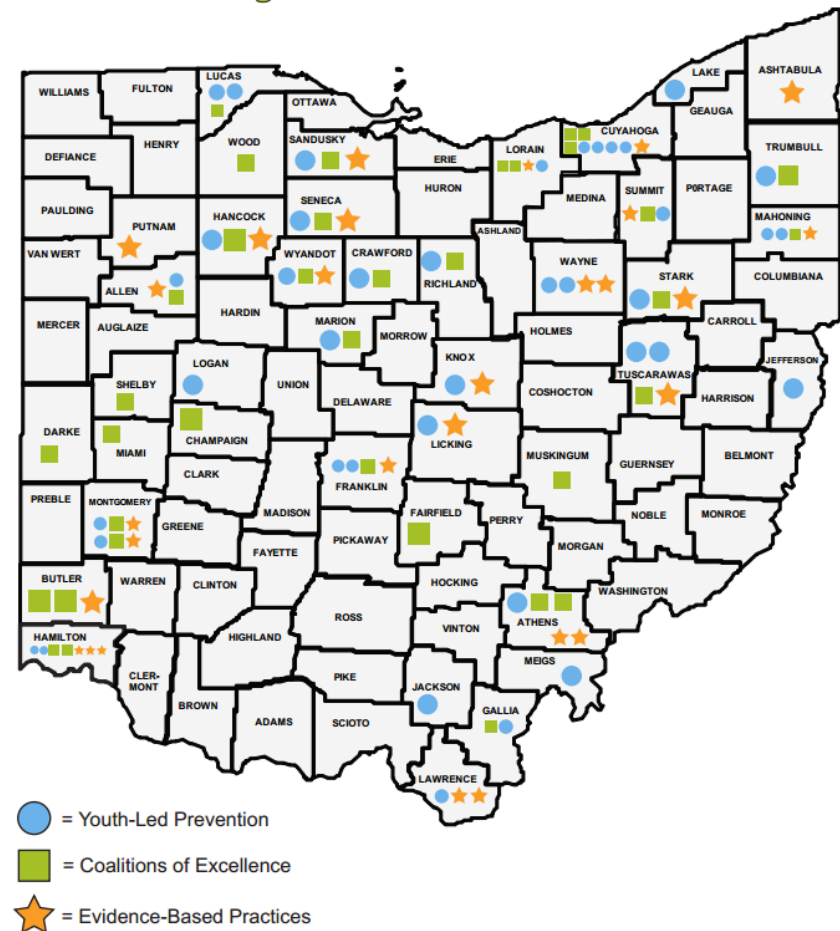
\$47.5 Million – Line 335-507,  
Community Behavioral Health



# HB 483 – Prevention Programs

- Support for Ohio Youth-Led Prevention Network
- Establishment of Coalitions of Excellence to strengthen community prevention
- Focus on evidence-based practices
- Evaluation and training/technical assistance
- \$3.4 million total

MBR Targeted Prevention Investments



# HB 483 – Prevention Programs

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- Statewide Student Survey – developed in conjunction with partners in Education, Health. Data will be available to partners and will be valid at county level. - *\$1.6 million*
- Stability for prevention programming during SAPT realignment - *\$1.5 million*

# Residential State Supplement

- Implementation of recommendations from Legislative Study.
- RSS is an income supplement for adults with a disability (many with mental illness) who use the assistance for housing, supervision and personal care in a community setting.
- Previously, new enrollees were only accepted if coming out of a nursing home setting.
- Opened enrollment on October 1 to any person who meets eligibility, regardless of current living arrangement.
- To date – additional 532 applications received.

# Recovery Housing

- Total of \$10 million (\$5 million GRF and \$5 million capital).
- Funding amounts may vary from award depending on readiness of the project.
- Also have established an Ohio affiliate of National Alliance for Recovery Residences to develop best practices and promote quality.

Recovery Housing Number of Beds:  
General Revenue Fund and Capital Dollars\*



Total number of proposed beds: 657  
Funding allocated: up to \$9,935,362  
\*As of Nov. 7, 2014

# Specialized Dockets Payroll

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- 93 total dockets have applied for and received funds
  - 40 different counties
  - Includes 15 newly established dockets
- Currently on track to spend \$3.5 million out of \$4.4 million budgeted
- Applications continue to be accepted from interested courts



# Resources for Gaps in Care

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- \$1.5 million to provide funding stability for treatment programs such as women's residential during SAPT realignment
- \$2.5 million to continue AoD "hot spot" funding for collaborative projects determined by local boards
- Remaining resources (\$20.1 million) were used to fund projects proposed by boards with other partners. Projects were collaborative in nature and focused on meeting gaps in care. Each project includes an evaluation component.

# Resources for Gaps in Care

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- Project examples:
  - NEW detox bed capacity being established in the Dayton area to offer shared access to residents of multiple board areas in western Ohio
  - Expansion of Project DAWN in Southeast Ohio to expand access to the life-saving overdose antidote, naloxone
  - Opening new peer-run respite in Lucas county
  - Capacity to serve individuals who are “hard to house” in Mahoning, Trumbull, Tuscarawas and Carroll counties
  - Criminal justice projects that focus on helping people transition from local jails into treatment.

# Behavioral Health System Transformation

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- Medicaid behavioral health population in Ohio represents 27% of members who account for 47% of the Medicaid spending.
- Only half of this group are seen through the public behavioral health system.
- Properly coordinated care can improve quality AND reduce spending by reducing the need for higher cost services such as hospitalization.

# Behavioral Health System Transformation

- On-going work to support behavioral health system transformation and integration
  - Medicare and Medicaid reimbursement methodologies need **aligned**.
  - **Workforce capacity** needs addressed to provide adequate access to clinical services.
  - There is a need for on-going **recovery supports** such as housing, peer support, and employment in order to ensure sustained recovery.

# Behavioral Health System Transformation - Reimbursement

- The billing codes used in Ohio for Medicaid behavioral health do not match up with those used nationally for Medicare.
  - Until the payment structure is aligned, it is difficult to achieve integration.
  - Work is underway to identify the coding hurdles, the impact of making a change, and a workplan to accomplish the alignment.

# Behavioral Health System Transformation - Workforce

- Telemedicine
  - OhioMHAS supports and funds the use of telemedicine.
  - Particularly important for professional shortage areas and for high-need specialized consultation such as MI/DD.
- Practicing at top of license scope
  - OhioMHAS state hospitals making use of APN classification to support psychiatrists; exploring use of Physician Assistants.
  - MBR included language allowing Chemical Dependency Counselors to treat problem gambling disorders.
  - More behavioral health expertise is needed to be imbedded in primary care.

# Behavioral Health System Transformation – Recovery Supports

- In order to sustain mental health wellness and recovery from substance abuse, a person should have support in four key areas: Health, Home, Purpose, and Community.
- A person who is able to address clinical needs may also need assistance with other recovery supports.
- Several key OhioMHAS initiatives related to recovery:
  - Housing Expansion (RSS and recovery housing)
  - Employment (Federal Supported Employment grant)
  - Peer Support (certificate for training, OhioMHAS employs peer supporters)

# Impact of Extension of Medicaid



Meet  
Lindsay



# Impact of Extension of Medicaid

Lindsay is a young woman who we met at this year's Rally for Recovery. She qualified for coverage under the extension of Medicaid. In her words:

- Recovery has changed my life in every way imaginable.
- I have hope for my future, I don't struggle with depression anymore, I don't self-medicate.
- I am going to go back to college and study what I've always wanted to study, which is environmental science.
- It just goes hand in hand. I can't recover from drug addiction without taking care of my mental health as well.
- I haven't had insurance, I would always just go to the emergency room and now I can go to the doctor. I have a primary health care physician and I am able to actually take care of myself. It's a peaceful kind of feeling.

# Impact of Extension of Medicaid

Newly eligible Medicaid recipients are in need of behavioral healthcare.

- **17,252** people have accessed the Medicaid behavioral health benefit who were previously unknown to the public behavioral health system. This is a subset of the overall number of people in the extended Group 8 category who accessed behavioral health services.
- The value of the clinical care for this group of individuals is \$21.8 million in behavioral health services in the first three quarters (through Sept. 30).
  - \$12.6 million AoD spend
  - \$9.2 million MH spend

# Questions?

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