Ohio | Department of Medicaid
Department of Mental Health and Addiction Services

JMOC Update: Behavioral Health Redesign

June 22, 2017

Behavioral Health Redesign

Progress Since Last JMOC Update

ODM and OhioMHAS communicated the actions below at the March JMOC update:

Next Steps: March 2017

Rules process, Trainings and Stakeholder Meetings

✓ Submit new/updated Ohio Administrative Code rules via the Common Sense Initiative (CSIO) and the Joint Committee Agency on Rule Review (JCARR) public processes
ODM and OhioMHAS submitted their BH Redesign rules to the CSIO in March. The CSIO found that the proposed rules were justified and recommended their submission to JCARR in April.

✓ Hold BH Fundamentals trainings throughout March and April
BH Fundamentals Trainings (301s) were held throughout the state during March and April. Additionally, ODM and OhioMHAS held a BH 401 webinar on May 22nd which was attended by over 800 participants.

✓ Meet with Benefit and Service Development Work Group on April 19, 2017
ODM and OhioMHAS updated stakeholders on the status of BH Redesign at the April 19th and June 7th Benefit and Service Development work group meetings.

June 14th Interested Parties Meeting

- The Ohio Council of Behavioral Health & Family Services Providers asked JCARR not to allow the ODM rules to take effect on July 1, 2017. At JCARR's request, the Administration agreed to put the ODM rules in "To be Refiled" status to allow time for additional review.
- The JCARR Chairman convened an interested parties meeting during which it was determined that the ODM rules do not violate a JCARR prong.
- However, the Administration is mindful that the Ohio Council continues to advocate a delay and the timing of redesign for community behavioral health providers is an active issue in the budget deliberations.
- Therefore, ODM will not refile the community behavioral health rules until the timing issue is resolved nor propose an effective date for Chapter 5160-27 any earlier than allowed at the conclusion of the budget process.

The Administration will respect the JCARR process and budget deliberations.

Rules Updates Made as a Result of the June 14th Interested Parties Meeting

Changes Include:

- ✓ Update place of service (POS) Definitions in rule;
- ✓ Work with Social Worker, Marriage and Family Therapist, Counselor Board on TBS definition;
- ✓ Add “when applicable” to documentation requirements that may not occur in every visit to 5160-8-05;
- ✓ Clarify the reference to rates in 5160-1-60 by adding it to every line in section (D) of Reimbursement rule 5160-27-03;
- ✓ Clarify that TBS/PSR will not be stepped on 50% when provided outside of the office in Reimbursement rule 5160-27-03;
- ✓ Clarify language if needed in (C) of SUD rule 5160-27-09.

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.
- In order to increase access for children and multi-system youth, ODM refiled Rule 5160-2-75 on Monday, June 19th for an August 1, 2017 effective date. 5160-2-75 will likely be on the July JCARR agenda.
- ODM is able to accommodate the new services in this manner because the billing methodology for hospitals in the Medicaid claims system is separate from the coding changes related to community behavioral health providers.
- The Administration is working with hospitals and the Medicaid Managed Care Plans to implement this approach.
- Hospitals would be required to have the appropriate national credentialing or accreditation to provide services under the new code set.

Policy Updates from April 19th Stakeholder Meeting

The following policy updates have been made in response to stakeholder feedback:

#	TOPIC	SOLUTION
1	*Medicaid coverage of a "doctor and a nurse on the same day"*	ODM revised the reimbursement policy to allow a provider to bill for a physician visit (E&M code) and a nurse visit (H-code, T-code) on the same day.
2	*Staffing Requirements for SUD Residential*	ODM removed from its rules any language regarding staffing requirements in the Substance Use Disorder (SUD) rules.
3	*MH Day Treatment, SUD Intensive Outpatient and SUD Partial Hospitalization*	ODM revised the reimbursement policy to allow a provider to be paid for day treatment and a group counseling service on the same day – same policy has been implemented for SUD intensive outpatient and SUD partial hospitalization.
4	*General Supervision vs. Direct Supervision*	ODM revised the minimum supervision requirements for psych assistants, social work trainees, marriage and family therapist trainees, counselor trainees, chemical dependency counselor assistants to general supervision (supervisor available by phone). Direct supervision will be optional for these practitioners providing CPT codes.
5	*Documentation Standards*	Documentation requirements in the rules were aligned to eliminate confusion between the ODM and OhioMHAS rules.
6	*Places Of Service 23 & 99*	ODM will allow behavioral health services to be billed when rendered in an emergency room setting (place of service (POS) 23) or in the community (POS 99).
7	*Transportation*	ODM modified its rules to clarify that transportation in and of itself is not reimbursable.
8	*SSI/SSDI for Assertive Community Treatment (ACT)*	ODM will allow a Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) determination to stand in the place of an Adult Needs and Strength Assessment (ANSA) score, assuming all other eligibility criteria for ACT are met.
9	*Continuity of Fee-For-Service (FFS) Rates for Managed Care*	MCPs (including MyCare) will keep the FFS rates as a floor for what they pay through December 31, 2018. MyCare Plans will follow FFS prior authorization policies for a 12 month period.
10	*Community Behavioral Health Center (CBHC) Laboratories*	When the MyCare plan is contracted with a CBHC that is an appropriately credentialed laboratory and meets Medicaid provider-eligibility requirements as a laboratory, the MyCare plan is directed to accept the CBHC laboratory into their panel to allow for continuity of care. MyCare Plans may negotiate with CBHC laboratories.
11	*Outpatient Hospital Clinics*	ODM will allow hospital-based agencies to maintain provider types 84 and/or 95 if they choose to, but must comply with all other aspects of BH Redesign.
12	*Therapeutic Behavioral Services (TBS) / Psychosocial Rehabilitation (PSR)*	TBS/PSR services rendered in an office (POS 11) or a CMHC (POS 53) for more than 90 minutes provided by the same agency, to the same recipient, on the same calendar day will be paid at 50% of the rate. TBS/PSR services provided in all other places of services will be paid at 100% of the rate after 90 minutes.
13	*Collateral Contacts*	A Medicaid reimbursable collateral contact, as referred to in Ohio Administrative Code rules 5160-27-04 and 5160-27-08, occurs when the practitioner contacts individuals who play a significant role in a Medicaid recipient's life. The information gained from the collateral contact can provide insight into treatment OR basic psychoeducation provided to that collateral contact can assist with the treatment of the Medicaid recipient.

Policy Updates from June 7th Stakeholder Meeting

The following policy updates have been made in response to stakeholder feedback:

#	TOPIC	SOLUTION
1	*Individual Psychotherapy and 'Community' POS 99*	✓ Place of Service 99 "Community" will be allowed for Individual Psychotherapy CPT Codes 90832, 90834, 90837
2	*QMHS+3 performing MH Day Treatment*	✓ Hourly and per diem Medicaid rate for MH day treatment performed by Qualified Mental Health Specialists with 3 or more years of experience (QMHS +3) will be increased to match the rate for practitioners with a bachelors' degree
3	*Rendering MH Day Treatment per diems*	✓ More than one "Per Diem" unit of MH Day Treatment may be rendered on the same day to the same client when it is performed by two different provider agencies. This is only available after documenting medical necessity and obtaining prior authorization from the ODM vendor.
4	*Hospital Providers*	✓ ODM will not require hospitals to convert their community BH provider status to hospital outpatient by January 1, 2018, and will not terminate provider types 84 and 95 for hospital associated providers, unless requested by the provider. Providers must bill BH services either as an outpatient hospital or as a community mental health/SUD agency.
5	*CIBS provider type 21*	✓ Provider type 21 can be used for agencies providing Children's Intensive Behavioral Service (CIBS)
6	*Family Psychotherapy and 'Community' POS 99*	✓ Place of Service 99 "Community" will be allowed for Family Psychotherapy CPT Codes 90846 and 90847

Opportunities Post-January 1, 2018

Mobile Crisis and BH Urgent Care

Mobile Crisis and BH Urgent Care Work Group will reconvene

High Fidelity Wraparound

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*

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.

Rapid Response Team and Testing Information

Testing has been open for all since May 12th.

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.

ODM and OhioMHAS have released three Trading Partner Testing MITS Bits with additional detail:

1. http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits%205-1-17_Medicaid-Trading-Partner-Testing.pdf
2. http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits-Trading-Partner-Testing_5-12-17.pdf
3. http://mha.ohio.gov/Portals/0/assets/Funding/MACSIS/MITS-BITS/BH-MITS-Bits-5-23-17_Trading-Partner-Testing-Technical-Assistance-Support.pdf

Workgroup on Behavioral Health Care Coordination

A Workgroup has been formed to develop a path of mutual accountability for behavioral health care coordination in Ohio.

The Workgroup, made up of behavioral health providers, comprehensive primary care (CPC) practices, and Medicaid Managed Care Plans will:

- Define the appropriate level of alignment, responsibility and accountability among Medicaid managed care plans, CPC practices, and behavioral health providers;
- Create a common approach to identify individuals with high behavioral health needs; and
- Share thoughts on the appropriate level of care coordination based on patient needs and assign specific care coordination activities to the most appropriate provider.

The Workgroup will meet intensively between April and August, 2017.

Accountability for Care Coordination

- **Require health plans to delegate components of care coordination to qualified behavioral health centers ("Model 2" commitment)**
- **Care management identification strategy for high risk population**

Medicaid Managed Care Plan

- **Require health plans to financially reward practices that keep people well and hold down total cost of care, including behavioral health**
- **Care coordination defaults to primary care unless otherwise assigned by the plan**

Qualified Behavioral Health Center

Comprehensive Primary Care (CPC)

- **Mutual Accountability**
- **Alignment on care plan, patient relationship, transitions of care, etc.**
- **Common identification of needs and assignment of care coordination**

MAKING OHIO BETTER