



Department of
Medicaid



Resilience through
Integrated Systems and Excellence

OhioRISE Overview: Comprehensive Primary Care

March 25, 2022

2:30pm – 3:30pm

Housekeeping

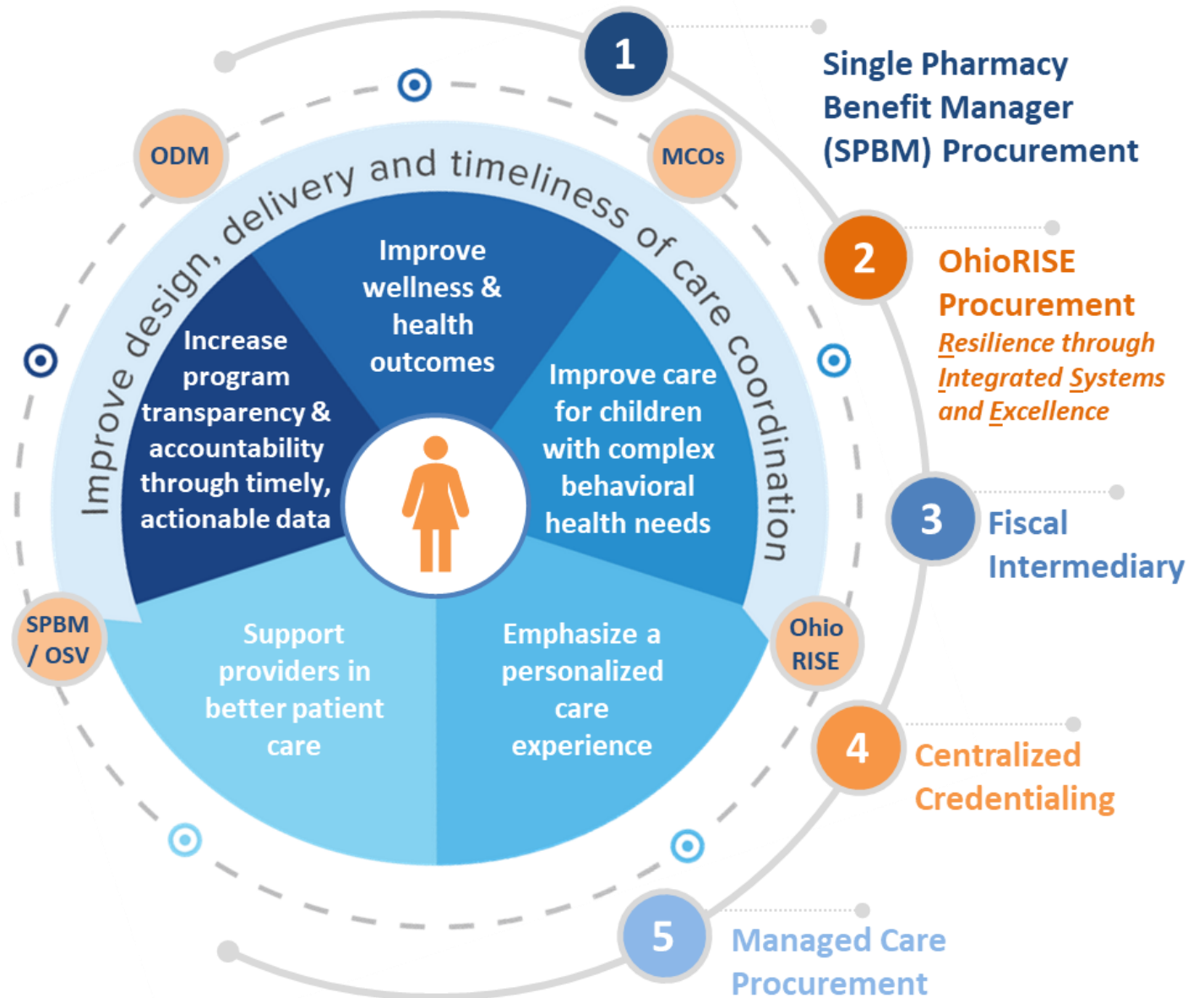
- Thank you for participating!
- The presentation will be posted [here](#) for future access.
- Please submit questions through the **chat** feature.
- We **encourage** participation – please ask questions or provide feedback if you have it!

Agenda

1. Overview of OhioRISE
2. CPC and OhioRISE
 - » Expectations of CPC practices for OhioRISE members
 - » How OhioRISE members fit into CPC model
 - » How to refer a patient to OhioRISE

“Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.





Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multi-system needs



Specialized Managed Care Plan

Aetna Better Health of Ohio will serve as the single statewide specialized managed care plan.



Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.



Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled youth.



Prevent Custody Relinquishment

OhioRISE will utilize a new 1915c waived to target the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Enrollment

- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health service
- ✓ Require significant functional intervention, as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 50-60,000 children & youth by end of year 1

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (BH emergency dept.)
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facility (PRTF) *NEW*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
 - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) *NEW*
 - Also covered outside of OhioRISE (MCO and FFS)

Summary of OhioRISE Objectives

Improve design, delivery, and timeliness of care coordination and supports kids need to thrive



OhioRISE Eligibility and CANS Assessments

OhioRISE Eligibility

Children must meet all of the criteria below

Medicaid Eligible

- Fee for service or managed care
- May also have an existing 1915(c) waiver – Intellectual/Developmental Disability, Ohio Home Care, etc.

Age 0-20 at time of enrollment

Require Significant and Intensive Behavioral Health Treatment

- Meet Functional Needs Criteria as assessed by the Child and Adolescent Needs and Strengths (CANS); or
- An inpatient in a hospital for mental illness or Substance Use Disorder (SUD); or
- An inpatient in a Psychiatric Residential Treatment Facility (PRTF)

ODM anticipates OhioRISE will enroll 50,000 to 60,000 children and youth by the end of the first year.

What is a CANS Assessment?

The **Child and Adolescent Needs and Strengths (CANS)** is a functional assessment tool that:

- Assesses both child and family **needs and strengths**
- Provides **decision support** to identify appropriate approaches
- Used to make OhioRISE **program eligibility determinations**
- Used to support OhioRISE **care planning**



There are two type of CANS Assessments

Brief CANS

Used as an **'initial'** assessment.....

Includes core items to determine eligibility, tier of care coordination, QRTP LOC, recommendations for care

Comprehensive CANS

..... Used for **'ongoing'** assessments – expands items in Brief CANS to improve care planning and coordination
(Could be used at time of initial assessment if preferred by assessor)

Additional modules are triggered by responses on specific items, such as sexually problematic behavior, runaway, adjustment to trauma

Summary of CME Referral, Enrollment, Care Planning Functions

Activity	Description
No wrong door approach	OhioRISE, Specialized Behavioral Health Care from Aetna Better Health of Ohio, incorporates a “no wrong door” approach for children and caregivers to be referred and enrolled into the program.
Referral Entities	A youth and caregiver may be referred from any community agency, Managed Care Organization, behavioral health provider, state agency staff, CPC, schools, crisis referral, a behavioral health acute inpatient (IP) admission, admission into a Psychiatric Residential Treatment Facility (PRTF), or as a self-referral.
Eligibility	<p>Eligibility to be enrolled in the OhioRISE program from any referral source is determined through a Child and Adolescent Needs Assessment (CANS) process using the Brief CANS, an initial assessment which includes the core items necessary to determine Ohio RISE eligibility.</p> <p>The youth’s caregiver, their MCO, the OhioRISE program, the Mobile Response Stabilization Service (MRSS) provider, or the IP/PRTF provider will initiate a referral for the Brief CANS assessment to be completed by a trained CANS assessor.</p>
ODM Engagement	Once ODM receives the complete Brief CANS assessment, ODM will determine eligibility of the child and will inform OhioRISE of enrollment.
Brief CANS informs care coordination Tier Assignment	Once the OhioRISE Plan receives indication of enrollment, they will utilize the level of care coordination indicated within the Brief CANS assessment and other available information to determine and assign the Care Coordination Tier.
Comprehensive CANS	The Comprehensive CANS will be utilized for ongoing assessment and expands upon the items in the BRIEF Cans to inform care planning and coordination.
1915(c) Waiver	<p>CMEs will document assist with initial and redetermination waiver Level of Care assessments within ODM’s CANS IT system prior to referring the child or youth and their family/caregiver to ODM’s Central Processing Team to complete additional steps in the waiver eligibility determination process.</p> <p>Children and youth who obtain waiver eligibility will be enrolled in the OhioRISE Plan by ODM, and the OhioRISE Plan will refer these children and youth to CMEs when they are assessed to need Tier 2 and Tier 3 care coordination services.</p>

New and Enhanced Services Through OhioRISE

OhioRISE New & Enhanced Services

New Mobile Response Stabilization Service (MRSS)

Also covered by MCO and fee for service

New 1915(c) Waiver

Unique waiver services & eligibility

New 1915(b)(3) Services

- Behavioral Health Respite
- Flex Funds

Existing Behavioral Health (BH) Services

Most existing mental health and substance use disorder services, with limited exceptions (e.g., BH emergency dept covered by managed care plan or fee for service)

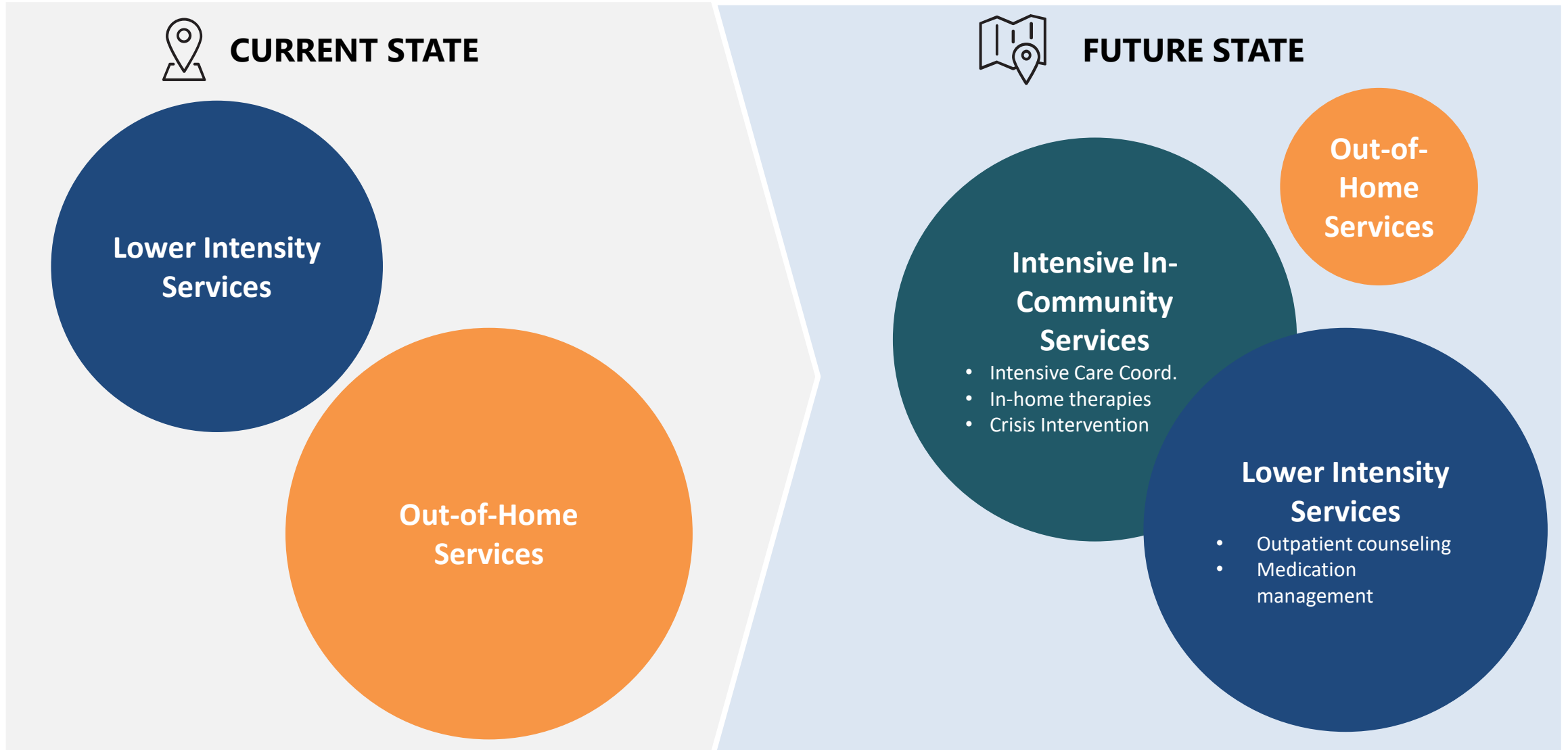
New Moderate and Intensive Care Coordination

Enhanced Intensive Home-Based Treatment (IHBT)

New Psychiatric Residential Treatment Facility (PRTF)



We Need to Build Significant Capacity to Shift the System



Behavioral Health Services – Financial Responsibility

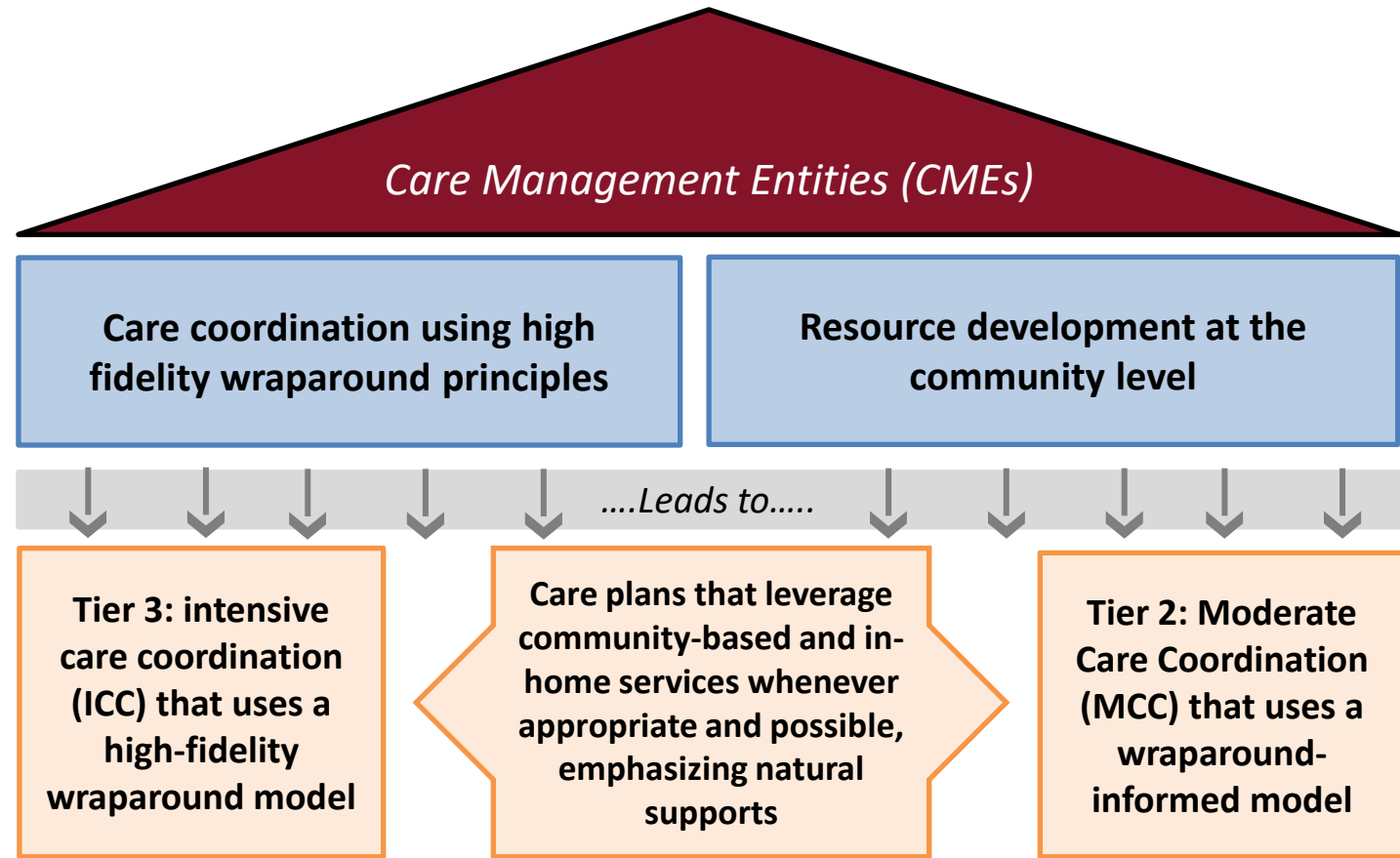
Service	Children Not Enrolled in OhioRISE		Children Enrolled in OhioRISE	
	Managed Care Org. Responsibility*		Managed Care Org. Responsibility*	OhioRISE Responsibility
Medical Services	✓		✓	
Emergency Department Behavioral Health Services	✓		✓	
Mobile Response and Stabilization Services	✓			✓
Ohio Children’s Initiative CANS Assessment	✓			✓
Outpatient MH and SUD Services	✓			✓
• Community Behavioral Health	✓			✓
• Outpatient Hospital Behavioral Health	✓			✓
• Psychiatrists and Other Licensed Practitioners	✓			✓
• FQHCs and RHCs	✓			✓
Residential SUD Treatment Services	✓			✓
Psychiatric Inpatient Hospital Services				✓
OhioRISE-Only Services				✓
• Intensive & Moderate Care Coordination				✓
• Intensive Home-Based Treatment				✓
• Psychiatric Residential Treatment Facility				✓
• OhioRISE 1915(b) and 1915(c) services				✓

*** FFS will follow the same payment responsibility as MCOs**

Care Management Entities and Care Coordination

Roles of Care Management Entities (CMEs)

- CMEs will be the OhioRISE plan’s collaborative partner, a **“go-to” place** to help families/caregivers, providers, and other community partners **navigate a complex and often confusing multi-system environment.**
- In addition to individual work with youth and caregivers, **the CMEs will work with community partners** (service providers, public child serving agencies and other stakeholders) **to develop the local system of care.**
- **CMEs will be culturally and linguistically competent**, with agencies, programs, and care coordination services that reflect **the cultural, racial, ethnic, and linguistic differences of the populations they serve** to facilitate access to and utilization of appropriate services and supports and **to eliminate disparities in care.**



CME Collaboration Requirements

- Community resource development
- Identify formal and informal resources in their catchment area, paying particular attention to the availability of culturally responsive resources for children or youth and family/caregivers of the various racial and ethnic communities in the area.
- Identify the need for additional capacity and/or new resources and pass that information on to the OhioRISE Plan and ODM so we work to fill service gaps.
- Prepare an annual resource development plan according to criteria developed by the OhioRISE Plan to be shared with the OhioRISE Plan and ODM.

Collaborating Partners

Children's Service System	County Boards of Development Disabilities
Family and Children First Councils	Schools
Comprehensive Primary Care	Behavioral Health Providers/Boards
Managed Care Organizations	Local Corrections/Court Systems

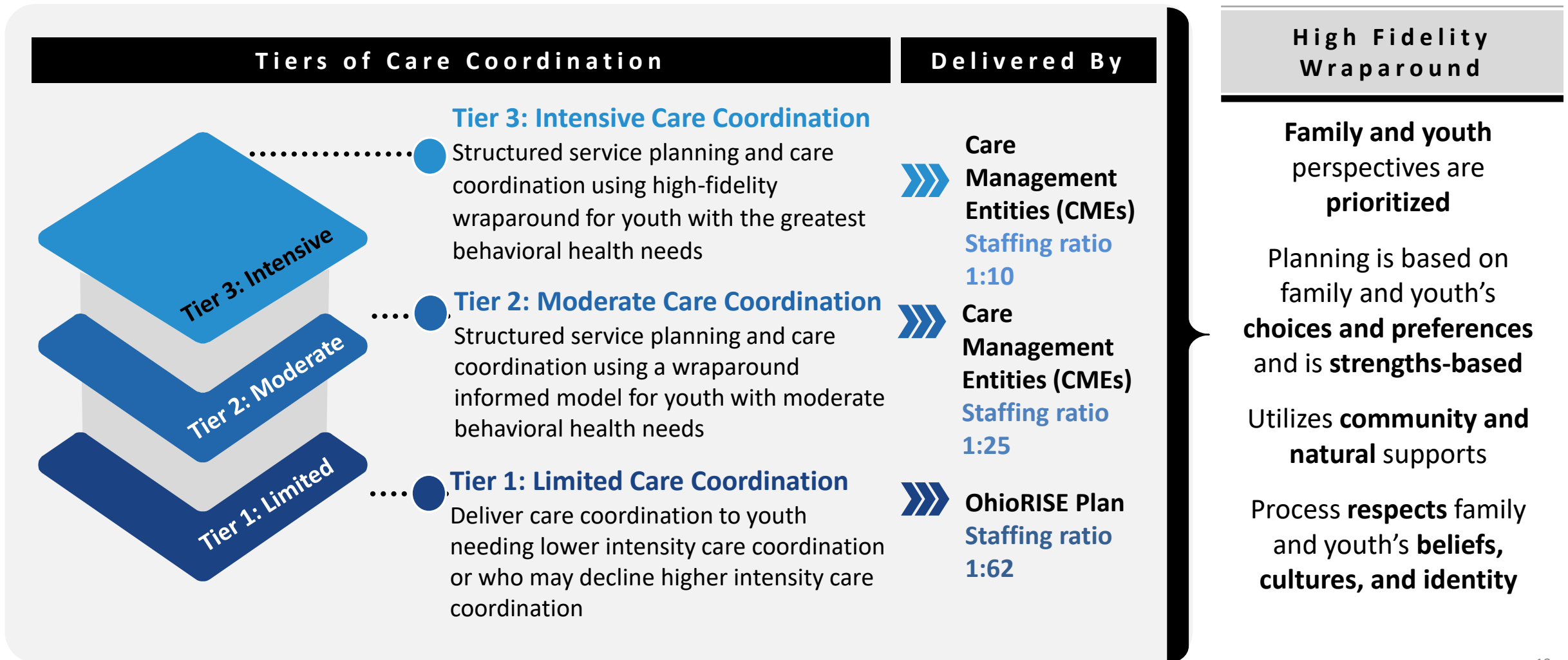
Which CMEs will serve Ohio's CME catchment areas?



CME Provider	Counties	Area
Unison Health	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams	A
Harbor	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot	B
National Youth Advocate Program*	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby	C
Choices Coordinated Care Solutions	Montgomery, Preble	D
CareStar	Butler, Clinton, Warren	E
Lighthouse Youth and Family Services*	Hamilton (West)	F
Cincinnati Children's Healthvine	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto	G
Integrated Services for Behavioral Health	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton	H
Integrated Services for Behavioral Health	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington	I
Jefferson Co. Educational Service Center	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,	J
The Village Network*	Franklin (West)	K
The Buckeye Ranch	Franklin (East)	L
I Am Boundless, Inc.	Delaware, Knox, Licking, Morrow	M
Wingspan Care Group	Lorain, Medina	N
Coleman Health Services	Ashland, Holmes, Richland, Wayne	O
OhioGuidestone	Cuyahoga (West)	P
Positive Education Program	Cuyahoga (Central)	Q
Ravenwood Health	Ashtabula, Cuyahoga (East), Geauga, Lake	R
Coleman Health Services	Portage, Summit	S
Cadence Care Network*	Mahoning, Trumbull	T

* In Partnership with the Child and Family Health Collaborative

Care Coordination is Guided by High Fidelity Wraparound Principles



Future Implementation of OhioRISE

OhioRISE Transition Timeline

Key OhioRISE activities and milestones in 2022



*PRTF Service begins in January 2023

CPC and OhioRISE

Expectations of CPC practices for OhioRISE members

- CPC practices should:
 - » Identify and refer patients who may benefit from OhioRISE services.
 - Be aware of OhioRISE CME catchment areas.
 - » Participate in patient's OhioRISE care planning team, as appropriate.
 - » Ensure that OhioRISE members receive the same level of care and patient experience as any other CPC-attributed patient.
 - » Ensure that at least one CPC staff member has access to the MCO Care Coordination Portal.
- CPC practices may:
 - » Become a certified CANS assessor.

MCO Care Coordination Portal

- The MCO Care Coordination Portal will be live on 7/1/2022.
 - » Please note, CPCs may gain access to the portal after this date.
- Portal will be used to access and share care coordination information for OhioRISE and Managed Care members.
- If your practice has not designated a representative/user for the portal, please send the following information to: CareManagement@medicaid.ohio.gov
 - » Practice name
 - » User's full name
 - » Phone number
 - » Email address
- ODM will be sending registration information for upcoming Care Coordination Entity (CCE) meetings and trainings – please stay tuned for dates!

CPCs and OhioRISE CMEs

- If you identify a child who may benefit from OhioRISE services:
 - » Identify whether the child is already enrolled in OhioRISE.
 - » Look in the MITS system and care coordination portal.
- If the child **is** enrolled in OhioRISE, the member's MCO and/or OhioRISE care coordination portal will provide the name and contact information of the assigned CME.
- If the child **is not** enrolled in OhioRISE, refer the child for a CANS assessment.
 - » There is no wrong door to obtaining a CANS assessment. Refer to a CME, the member's MCO, Aetna, or local CANS assessor.
 - » If your CPC practice is a certified CANS assessor, this referral may be internal.

OhioRISE Members are Excluded from CPC Attribution and Reporting

- » Per Ohio Administrative Code 5160-19-01(B)(1), *"Attributed medicaid individuals" are Ohio medicaid recipients for whom PCPs have accountability under a PCMH. A PCP's attributed medicaid individuals are determined by ODM or medicaid managed care organizations (MCOs). All medicaid recipients are attributed except for:*
- *(a) Recipients dually enrolled in Ohio medicaid and medicare;*
 - *(b) Recipients not eligible for the full range of medicaid benefits; and*
 - *(c) Recipients with third party benefits as defined in rule 5160-1-08 of the Administrative Code except for recipients with exclusively third party dental or vision coverage.*
 - ***(d) Recipients enrolled in a prepaid inpatient health plan, as defined in 42 C.F.R. 438.2 (as in effect on October 1, 2021), under contract with ODM."***

Questions and Answers

