# OhioRISE A Multi-System Youth Medicaid Program



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## Time for a Change

Societal Challenges, Eligibility, New Services, Integrations w/ IDD Services

## Societal Challenge

Relinquishing custody

Ohio's siloed payment system of care

Out of State Placements



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 1915(c) waiver 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)
- ✓ Age 0 20
- In need of significant behavioral health (BH) 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)

## More on eligibility

### **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

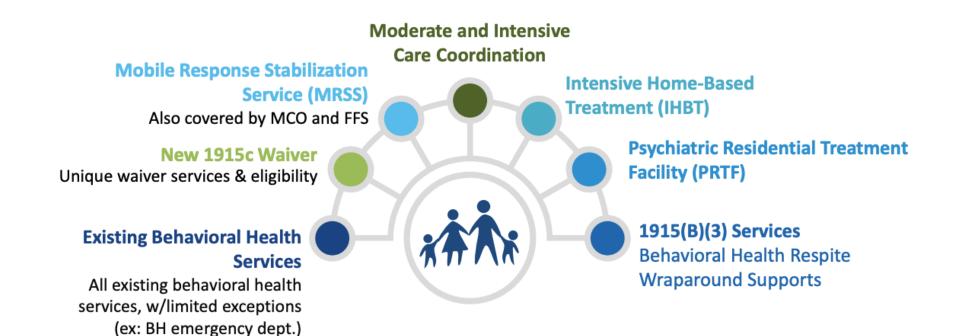
#### **Require Significant and Intensive Behavioral Health Treatment**

- 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.

## **New Services**

#### **OhioRISE New & Enhanced Services**



## Automatic Day 1 Enrollment 7/1/22

#### **Day One OhioRISE Enrollment\***



#### TWO MONTH LOOK BACK

- SUD residential treatment
- Placed in children's residential center or residential parenting facility while in Title IV-E agency custody



#### THREE MONTH LOOK BACK

- Intensive Home-Based Treatment (IHBT)
- CANS assessment
- Intermediate Care Facility / Intellectual Developmental Disability w/intensive behavioral support rate add-on
- Developmental Center <age 18



#### SIX MONTH LOOK BACK

- Inpatient hospital stay for a mental illness or substance use disorder as their primary diagnosis
- Out-of-state Psychiatric Residential Treatment Facility

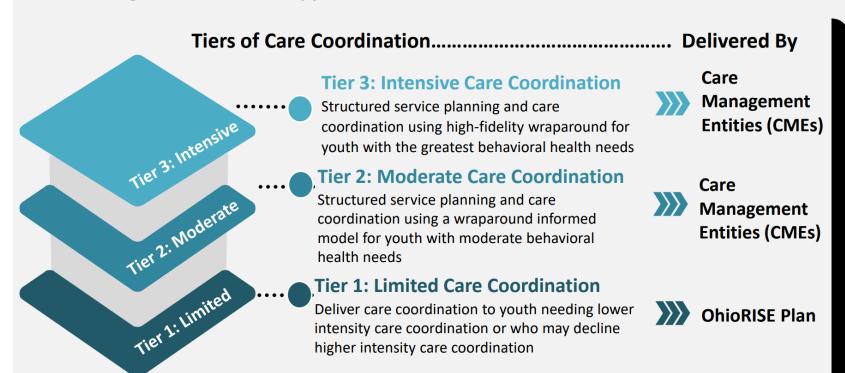
<sup>\*</sup>ODM will review claims data at several intervals after July 1 to ensure no child is missed for enrollment

# OhioRISE Care Management Entities

- 18 Care Management Entities (CMEs) awarded across the state serving 20 catchment areas (88 counties)
- Moderate & Intensive Care Coordination
- Community Resource Development

## Intensive & Moderate Care Coordination

Intensive and Moderate Care Coordination (ICC/MCC) involves team-based service planning and evidence-based care through a coordinated approach.



## High Fidelity Wraparound Principles

Family and youth perspectives are prioritized

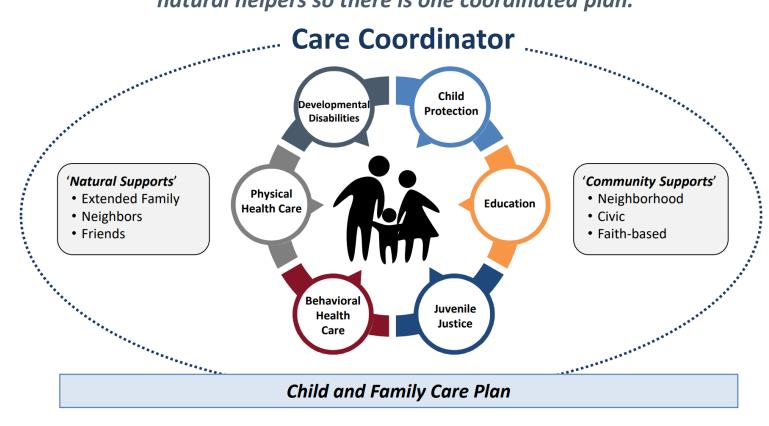
Planning is based on family and youth's choices and preferences and is strengths-based

Utilizes community and natural supports

Process respects family and youth's beliefs, cultures, and identity

## Uses a Wraparound model

In Wraparound, a dedicated Care Coordinator coordinates the work of system partners and other natural helpers so there is one coordinated plan.



## OhioRISE Care Management Entities

- Convene Child & Family Care Teams
- Needs Assessment & Comprehensive Care Plan Development
- Crisis & Safety Planning
- Coordinating all Stakeholders and Child & Family Care Team participants
- Linking to resources (formal and informal)
- Identifying gaps in community resources
- Working to close gaps

## How will CMEs work with IDD System?

- Inviting county boards of DD staff and IDD providers to Child & Family Care Team meetings
- Making sure all Child & Family Care Team participants have access to the youth's care plan
- Reaching out to board staff or IDD provider staff to try to close gaps in care or identify resources for the youth and family, as needed
- Making sure all Child & Family Care Team participants are kept up to date on significant changes or events in the youth's life
- Inviting IDD providers to be providers of 1915 c services for OhioRISE enrolled youth on the 1915 c waiver

## I Am Boundless – Catchment Area M

CME Provider	Grant	Counties	Are
Unison Health	\$1,010,000	Defiance, Fulton, Henry, Lucas, Mercer, Paulding, Putnam, Van Wert, Williams	А
Harbor	\$910,000	Crawford, Erie, Hancock, Huron, Marion, Ottawa, Sandusky, Seneca, Union, Wood, Wyandot	В
National Youth Advocate Program*	\$950,000	Allen, Auglaize, Champaign, Clark, Darke, Hardin, Green, Logan, Madison, Miami, Shelby	с
<b>Choices Coordinated Care Solutions</b>	\$1,020,000	Montgomery, Preble	D
CareStar	\$1,000,000	Butler, Clinton, Warren	E
Lighthouse Youth and Family Services*	\$970,000	Hamilton (West)	F
Cincinnati Children's Healthvine	\$1,010,000	Adams, Brown, Clermont, Hamilton (East), Lawrence, Scioto	G
Integrated Services for Behavioral Health	\$1,000,000	Athens, Fayette, Gallia, Jackson, Highland, Hocking, Meigs, Pickaway, Pike, Ross, Vinton	н
Integrated Services for Behavioral Health	\$930,000	Coshocton, Fairfield, Guernsey, Morgan, Muskingum, Noble, Perry, Washington	1
Jefferson Co. Educational Service Center	\$1,110,000	Belmont, Carroll, Columbiana, Harrison, Jefferson, Monroe, Stark, Tuscarawas,	J
The Village Network*	\$990,000	Franklin (West)	к
The Buckeye Ranch	\$990,000	Franklin (East)	L
I Am Boundless, Inc.	\$890,000	Delaware, Knox, Licking, Morrow	М
Wingspan Care Group	\$890,000	Lorain, Medina	N
Coleman Health Services	\$890,000	Ashland, Holmes, Richland, Wayne	0
OhioGuidestone	\$970,000	Cuyahoga (West)	Р
Positive Education Program	\$1,020,000	Cuyahoga (Central)	Q
Ravenwood Health	\$960,000	Ashtabula, Cuyahoga (East), Geauga, Lake	R
Coleman Health Services	\$1,020,000	Portage, Summit	s
Cadence Care Network*	\$970,000	Mahoning, Trumbull	т



Psychiatric Residential Treatment Facilities

## Psychiatric Residential Treatment Facilities (PRTF)

## Provide high-quality inpatient-level behavioral health treatment services in a residential setting:

- » Quickly stabilize behaviors and treat symptoms of children and youth with acute behavioral health needs
- » Help children/youth prepare to return to a lower level of treatment or family-based setting



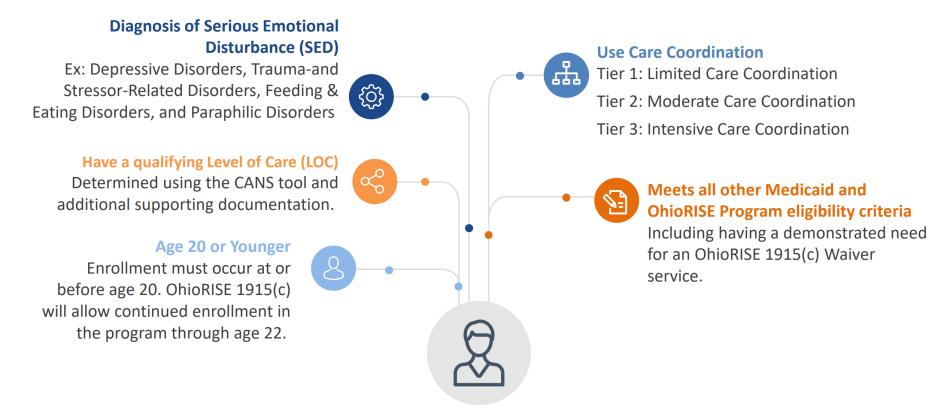


Beginning in Jan. 2023, Ohio's approach will prioritize treatment with the goal of keeping youth in-state and rapidly reunifying children with their families and/or community support networks:

- » Provide services that are trauma-informed and use evidence-based practices to ensure the highest quality of care and the best possible outcomes for youth and children
- » Coordinate effectively and seamlessly with key partner entities, including the OhioRISE plan and Care Management Entities (CMEs)
- » Cultivate strong community networks around youth and children
- » Where appropriate, align with Qualified Residential Treatment Program (QRTP) principles

# Who qualifies for the new OhioRISE waiver?

#### 1915(c) Waiver Eligibility and Enrollment



## OhioRISE Waiver

#### OhioRISE Waiver Eligibility Age Criteria, Financial Cap, Slots, Care Coord.

#### Financial Cap



Waiver financial cap is \$15,000 per 12-month period for waiver services

## Anticipated Five-year Waiver Cycle





Children and youth enrolled in the OhioRISE Waiver are assessed for OhioRISE care coordination (Tier 1, 2 or 3)

#### **Care Coordination**



OhioRISE Plan and CME-provided care coordination will incorporate federal waiver service coordination requirements



OhioRISE Child and Family-Centered Care Plan will serve as the Home and Community Based Services (HCBS) person-centered care plan

## Impact to IDD Waiver Program

#### **OhioRISE Enrollment & Waiver Enrollment**

OhioRISE
Program
Enrollment
& Service
Coverage

Aetna covers all behavioral health related services. OhioRISE Program Services are provided to any youth who qualifies.



## Waiver Enrollment Scenarios

DODD or Ohio Home Care
(OHC) Waiver-enrolled
youth stays on their current
DODD/OHC 1915(c)
Medicaid waiver and has
access to OhioRISE program
& services

OhioRISE
1915(c)
Waiver
Enrollment
& Service
Coverage

Aetna covers all OhioRISE 1915(c) services ONLY for youth who qualify and are enrolled on the OhioRISE 1915(c) Waiver.



Youth can't be enrolled on two 1915(c) waivers at once.

DODD or Ohio Home Care

Waiver-enrolled youth must choose between keeping their current DODD/OHC 1915(c)

Medicaid waiver or enrolling on the OhioRISE 1915(c) Waiver

## OhioRISE Waiver Services

### 1915(c) Waiver – New Service

Existing BH Services 1915(b)(3) Services

1915c Waiver

MRSS

ICC/MCC

**IHBT** 

PRTF

The 1915(c) OhioRISE waiver may provide the following services to youth enrolled on the waiver:



Out-of-Home Respite: A service provided outside of the youth's home that will provide a short-term temporary relief to the primary caregiver or caregivers of an OhioRISE plan enrolled youth.

This supports and preserves the primary caregiving relationship



Transitional Services and Supports: Designed to support youth and their families who are experiencing changes in circumstances/locations or qualifying conditions.



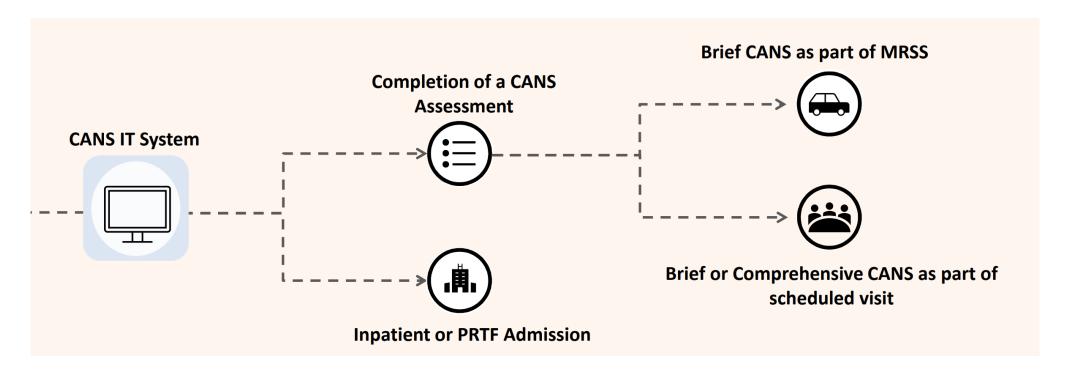
Secondary Flex Funds: Services, equipment, or supplies, not otherwise provided through the waiver or through the Medicaid state plan, that are designed to meet a need of the youth in order to address behaviors.

- Very similar to Primary Flex Funds covered under the 1915(b)(3) services
- Must exhaust the Primary Flex Funds first before using this service

# Ongoing Enrollment in OhioRISE after 7/1/22

OhioRISE enrollment is triggered by one of the following actions in the CANS IT System:

- Notification of an Inpatient Psychiatric/PRTF admission
- Submission of a CANS assessment by a certified assessor (either Brief or Comprehensive)



## ill's Story

Jill, age 9, is in the custody of her mother and father. She has 3 siblings that reside in the home with the family. Jill's mother and father are heavily invested and engaged in Jill's treatment.

- Jill is newly enrolled in OhioRISE after her local board of developmental disabilities suggested the program to her parents.
- Jill is diagnosed with autism, anxiety, and diabetes. She has uncontrollable tantrums and aggression toward other children and teachers.
- Jill is prescribed several antipsychotic and psychotropic medications and is receiving intensive behavioral support services in an intermediate care facility for children with developmental disabilities (ICF/DD) with the goal of discharging to home.
- Prior to her admission, Jill was receiving targeted case management (TCM) through the local board of developmental disability and was receiving Applied Behavior Analysis (ABA) services offered by her Managed Care Organization (MCO)



## Jill's Journey

Jill's case worker from the local DD board meets with her and her parents about the OhioRISE program.

Jill and her parents think
OhioRISE might give Jill
additional behavioral services
to support her needs.

The local DD board has a CANS assessor on their team who completes the CANS with Jill and her family and submits it to the CANS IT System

## Jill's Journey

The CANS IT System determines Jill is eligible for OhioRISE, which results in a data exchange process through state IT systems.

Jill is enrolled in OhioRISE and assigned to a CME in her community.

The CME contacts her and her family, and the OhioRISE Plan sends the family OhioRISE Member Materials.

## For more resources

https://managedcare.medicaid.ohio.gov/managed-care/ohiorise

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