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
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)

OhioRISE
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 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.
OhioRISE New & Enhanced Services

- Mobile Response Stabilization Service (MRSS)
  Also covered by MCO and FFS
- New 1915c Waiver
  Unique waiver services & eligibility
- Existing Behavioral Health Services
  All existing behavioral health services, w/limited exceptions (ex: BH emergency dept.)
- Moderate and Intensive Care Coordination
- Intensive Home-Based Treatment (IHBT)
- Psychiatric Residential Treatment Facility (PRTF)
- 1915(B)(3) Services
  Behavioral Health Respite Wraparound Supports
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

*ODM will review claims data at several intervals after July 1 to ensure no child is missed for enrollment
• 18 Care Management Entities (CMEs) awarded across the state serving 20 catchment areas (88 counties)

• Moderate & Intensive Care Coordination

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

**Tiers of Care Coordination**

- **Tier 3: Intensive Care Coordination**
  Structured service planning and care coordination using high-fidelity wraparound for youth with the greatest behavioral health needs.

- **Tier 2: Moderate Care Coordination**
  Structured service planning and care coordination using a wraparound informed model for youth with moderate behavioral health needs.

- **Tier 1: Limited Care Coordination**
  Deliver care coordination to youth needing lower intensity care coordination or who may decline higher intensity care coordination.

**Delivered By**

- Care Management Entities (CMEs)

**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.

**OhioRISE Plan**
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
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<th>CME Provider</th>
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<th>Counties</th>
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<td>Cadence Care Network*</td>
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*In Partnership with the Child and Family Health Collaborative
Psychiatric Residential Treatment Facilities
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

- **Diagnosis of Serious Emotional Disturbance (SED)**
  Ex: Depressive Disorders, Trauma-and Stressor-Related Disorders, Feeding & Eating Disorders, and Paraphilic Disorders

- **Have a qualifying Level of Care (LOC)**
  Determined using the CANS tool and additional supporting documentation.

- **Age 20 or Younger**
  Enrollment must occur at or before age 20. OhioRISE 1915(c) will allow continued enrollment in the program through age 22.

- **Use Care Coordination**
  Tier 1: Limited Care Coordination
  Tier 2: Moderate Care Coordination
  Tier 3: Intensive Care Coordination

- **Meets all other Medicaid and OhioRISE Program eligibility criteria**
  Including having a demonstrated need for an OhioRISE 1915(c) Waiver service.
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**
- **Year 1**: 1,000 individuals
- **Year 2**: 1,235 individuals
- **Year 3**: 1,446 individuals
- **Year 4**: 1,648 individuals
- **Year 5**: 1,844 individuals

**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**

1. 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.

2. 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 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.
OhioRISE Waiver Services

1915(c) Waiver – New Service

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)
Jill’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