



Department of Medicaid  
Department of Mental Health and Addiction Services

# JMOC Update: Behavioral Health Redesign

March 16<sup>th</sup>, 2017



Behavioral Health Redesign

# Ohio Medicaid Behavioral Health Redesign Initiative

The Redesign Initiative is an integral component of Ohio's comprehensive strategy to rebuild community behavioral health system capacity

The Initiative is based on key Medicaid behavioral health reforms implemented in four steps:



## Elevation

Financing of Medicaid behavioral health services moved from county administrators to the state.



## Expansion

Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 500,000 residents with behavioral health needs.



## Modernization

ODM and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need



## Integration

Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.

# Ohio Medicaid Behavioral Health Redesign Initiative - Where We Are Today



**Elevation** – **Completed** as of July 1, 2012.

**Expansion** – **Completed** as of January 1, 2014.



**Modernization** – Underway, ODM and OhioMHAS are modernizing the community behavioral health benefit package to align with national standards and expand services to those most in need. **Implementation on target for July 1, 2017.**



**Integration** – Post benefit modernization, the community Medicaid behavioral health benefit will be fully integrated into Medicaid managed care. **Implementation on target for January 1, 2018.**

# Why is Ohio Changing?

## Current State

- Limited billing codes for all of behavioral health
- Lack of detail on specific services rendered and reimbursed for
- Outdated billing code structure
- Not compliant with national coding standards
- Rates not tied to provider type
- Little information regarding billing practitioner available
- Limited ability of practitioners to practice at the top of their scope of professional practice
- Historically Fee-for-Service
- Difficult to coordinate care
- Physical and behavioral health treated separately
- Difficult to transition to managed care

## Vision and Outcomes

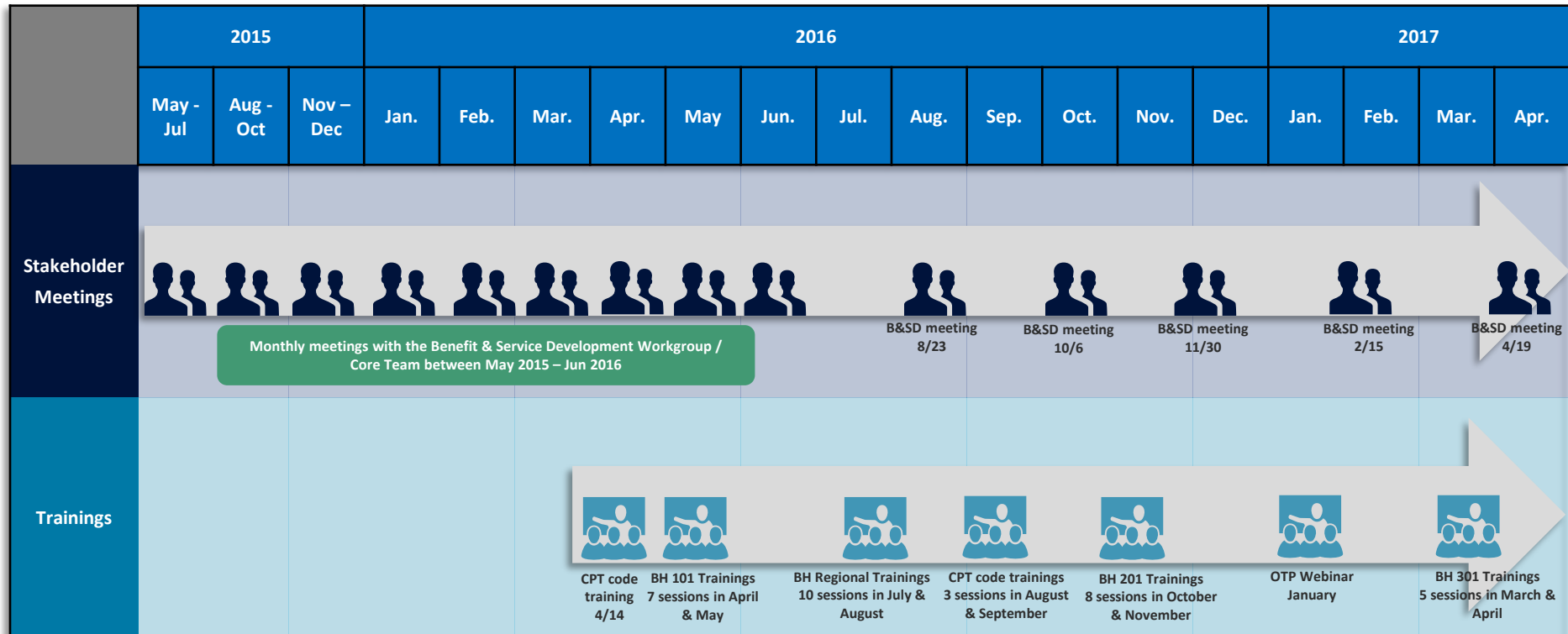
- All providers practice at the top of their scope of professional practice
- Integration of behavioral health & physical health services
- High intensity services available for those with SPMI and SED, and addiction (ACT/IHBT)
- Improved health outcomes for Ohioans with mental illness and/or addictions
- Services and supports available are sustainable with budgeted resources
- Implementation of value-based payment methodology
- Coordination of benefits across payers
- Expanding community based rehabilitation

# Supporting Continued Access



# BH Redesign Input Opportunities

Stakeholders were given numerous opportunities to provide feedback as well as many training opportunities to understand the changes coming to Ohio's BH system



# Progress Since Last JMOC Update

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

## Next Steps: December 2016

### Stakeholder Meetings, Trainings, and Ongoing Communications

- ✓ Upcoming stakeholder meeting: February 15, 2017  
*ODM and OhioMHAS updated stakeholders on the status of BH Redesign at the Feb. 15<sup>th</sup> Benefit and Service Development work group meeting*
- ✓ BH 301 Trainings: Anticipated for early 2017  
*BH Fundamentals Trainings (301s) will take place throughout the state during March and April*
- ✓ Ongoing communication with stakeholders  
*ODM and OhioMHAS staff have had extensive communication with stakeholders since the December JMOC update, including:*
  - *January 31 memo communicating the release of rules package, updates provider manual and IT specs*
  - *Feb. 27 in-person meeting with stakeholders in Jackson, OH*
  - *March 6 newsletter communicating policy updates*

# Behavioral Health Redesign Updates from e-Newsletter released March 6<sup>th</sup>

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

**1** For documentation, rules will include the ability to use structured “drop down” and “check list” options that support individualized clinical documentation.

**2** Inclusion of Place of Service 23 “Emergency Room-Hospital” for the provision of crisis services to individuals in an emergency room.

**3** Support of RNs and LPNs to provide nursing services within their scope of practice as defined by the Ohio Board of Nursing.

The Ohio Board of Nursing has purview over the scopes of practice for RNs and LPNs and has published guidance on this topic which is available on their website here:

[http://www.nursing.ohio.gov/PDFS/Practice/RN and LPN Scope of Practice.pdf](http://www.nursing.ohio.gov/PDFS/Practice/RN_and_LPN_Scope_of_Practice.pdf).

**4** ODM will be clarifying the rule language related to staffing requirements for the American Society of Addiction Medicine (ASAM) residential levels of care.



# Behavioral Health Redesign Updates from e-Newsletter released March 6<sup>th</sup>, cont'd

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

**5** Removal of TBS and PSR from the counseling tab of the Behavioral Health Redesign Workbook and moving them to the recovery supports tab.

**6** Urine drug screening (UDS) collection and handling (H0048) - ODM and OhioMHAS will be increasing the payment rate for UDS from the current \$11.48 to \$14.48.

**7** Inclusion of Place of Service 99 "Community" to account for instances where services are provided in a setting when there isn't a representative place of service code available.

**8** ODM will open Medicaid Information Technology System Trading Partner testing in early May.

# New Behavioral Health Redesign Policy Updates

Policy changes set out below address the following objectives:

- *Maintain and improve access for those that have complex behavioral health needs and chronic addictions*
- *Maximize existing and available workforce*
- *Prevent cost shifting to other systems*



Decisions

1

Allow QMHS+3 to provide MH Day Treatment

2

Clarify nursing services guidance

3

Provide TBS/PSR Prorate

# Update: Modification to allow QMHS+3 to Provide Group MH Day Treatment



Qualified Mental Health Specialists (QMHSs) with a minimum of 3 years of experience (without a Bachelor's or Master's degree) in a relevant field may render MH Day Treatment.

This includes MH Day Treatment per hour up to two hours – Group (H2012 HN) and MH Day Treatment per diem (H2020 HN)

## Additional Details



- QMHSs+3 without a Bachelors or Masters degree will have their rates set at 85% of the Bachelor's level:

Service Code	Bachelor's	QMHS+3
H2012 HN	\$18.54 per person per hour	\$15.76 per person per hour
H2020 HN	\$104.55 per person per day	\$88.87 per person per day

*Note: The 3 years of experience in a relevant field can be achieved at any time, not solely on or before July 1, 2017*

# Update: RN/LPN Scopes of Practice



Ohio Medicaid follows the guidance of the Ohio Board of Nursing regarding the Scopes of Practice for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)

## **What services can a nurse can perform?**

Any service or activity that falls within their professional scope of practice as defined by the Ohio board of Nursing. If a nurse performs the service, it should be billed as a nursing service.

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## **Each licensee is responsible for knowing and working within their scope of practice.**

Activities of CPST (i.e., case management, including assessing health, regiments, coordinating services, and discharge planning surrounding housing, etc.) fall within the scope of nurses. These services should be billed as nursing services and not as CPST.

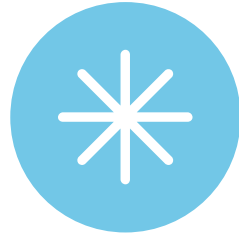
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## **No limits to medically necessary nursing services.**



Questions regarding RN/LPN scope of practice should go to the Board of Nursing at [practice@nursing.ohio.gov](mailto:practice@nursing.ohio.gov).

# Update: TBS/PSR Reimbursement



For TBS/PSR services rendered in a office (POS 11) or a community health center (POS 53) –

- Medicaid reimbursement for greater than 90 minutes of TBS/PSR services provided by the same billing provider, to the same recipient, on the same calendar day will be paid at 50% of the rate



All other places of services will be paid at 100% after 90 minutes.

# Behavioral Health Redesign Operational Updates

Policy changes set out below address the following *objectives*:

- *Ensure timely payment*
- *Extend the testing timeline to ensure successful implementation*
- *Guarantee investment in additional service capacity*



Decisions

1

Modify and expand the testing timeline

2

Establish a rapid response team

3

Monitor implementation

# EDI File Testing Timeline



Timeline for trading partner EDI file testing has been expanded from two weeks to

***six weeks***

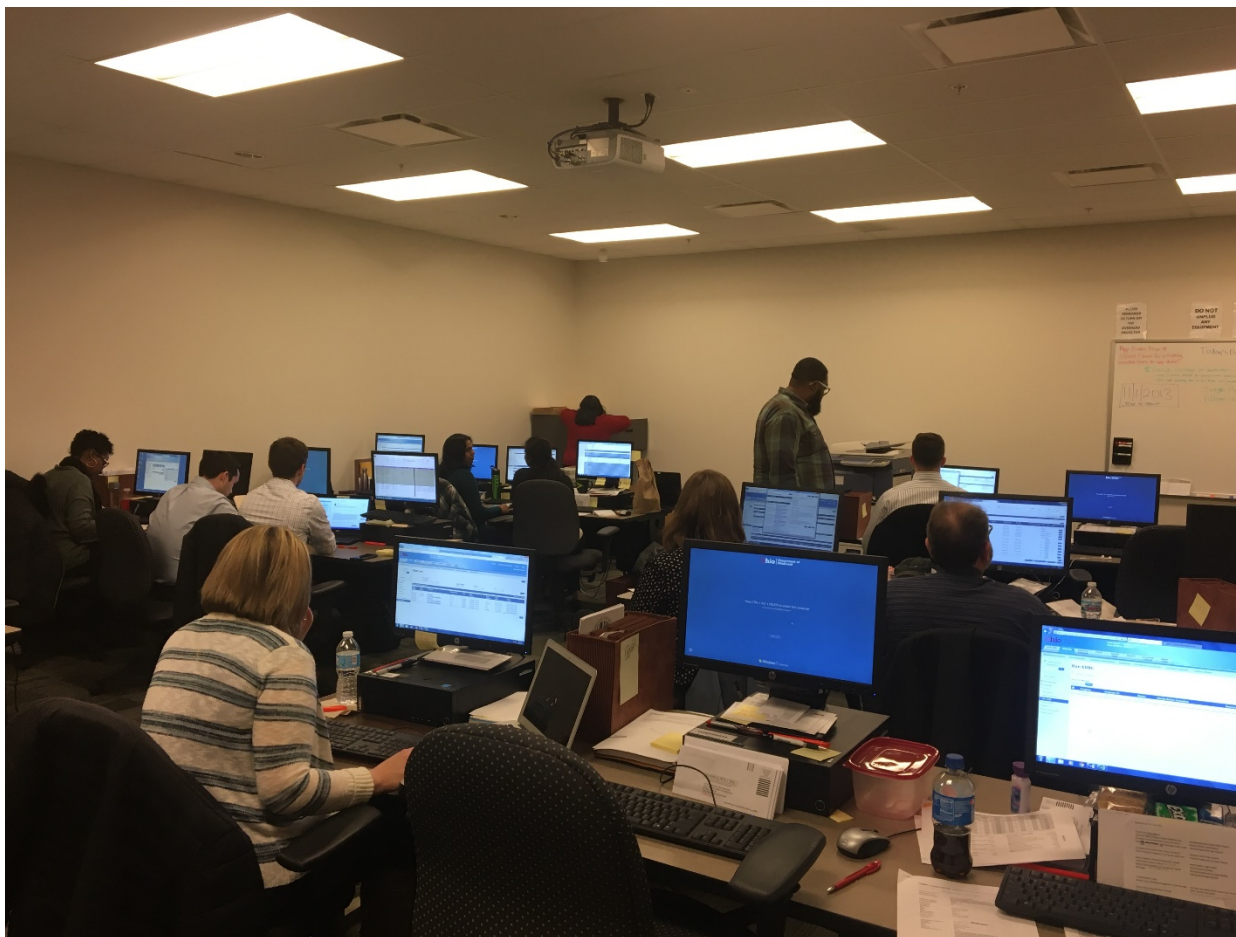
Trading partners will be able to start testing on May 1, 2017



*Note: Original testing target was scheduled for June 14, 2017*

# Ensuring Success: BH Redesign Rapid Response Team

A Rapid Response team will be available to provide technical assistance six days a week to ensure a successful transition to the new code set and BH benefit package.





# BH Monitoring Mission – Short Term Objectives



## GOAL:

The State is implementing a plan to monitor the BH redesign changes. Short-term, the state will monitor claims payment and processing times to ensure continuity of care during the transition period.

*Example metrics to begin monitoring July 1, 2017 –*



**Provider Network Adequacy**



**Claims Paid / Denied**  
(reason codes for denials)

# BH Monitoring Mission – Long Term Objectives



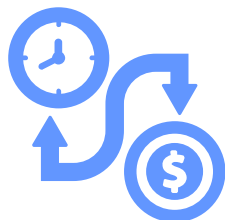
## GOAL:

The State is implementing a plan to monitor the BH redesign changes. Long-term, the state will monitor overall spending to ensure our commitment to invest into the system is realized.

*Example metrics to monitor after July 1, 2017 –*



**Members Served**



**System & Service-Level Spending**

# Upcoming Stakeholder Engagement

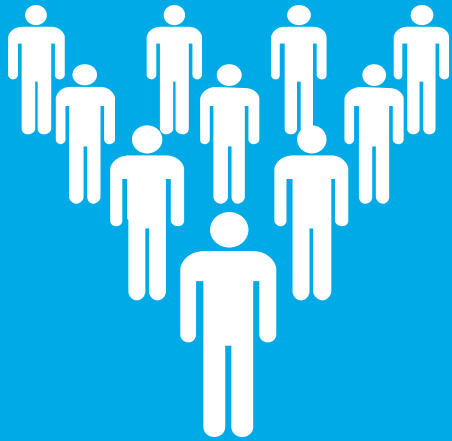
2017

	March	April	May	June	July
Stakeholder Meetings	Bi-Weekly IT work group meetings	Benefit & Service Development work group meeting 4/19		Benefit & Service Development work group meeting 6/7	
<i>Bi-weekly IT meetings ongoing through May</i> →					
Training and Technical Assistance	BH Fundamentals Trainings 3/20 Toledo, 3/21 Cleveland, 3/22 Cincinnati, 3/28 Zanesville, 4/7 Columbus		Prior Authorization Webinar May 2017	Technical Aspects of Medicaid Claim Adjudication Webinar June 2017	Post go-live, Technical Assistance available 6 days a week
<i>Ongoing Managed Care Forums</i> →					

*Technical Assistance available on an on-going basis* →

# Next Steps

## Next Steps



### Rules process, Trainings and Stakeholder Meetings

- Submit new/updated Ohio Administrative Code rules via the Common Sense Initiative and the Joint Committee Agency on Rule Review public processes
- Hold BH Fundamentals trainings throughout March and April
- Meet with Benefit and Service Development Work Group April 19, 2017

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