

Public Notice Summary

Background

Over a number of years in Ohio, there have been efforts in the state to develop a care coordination approach for children and families who have care needs which span multiple health care delivery systems. These children and families are presenting with significant mental/behavioral health and substance use disorders, in addition to medically complex illnesses. The OhioRISE 1915(c) Waiver is intended to help support individuals, up to the age of twenty-two, who receive services across multiple health care delivery systems.

The OhioRISE 1915(c) is a subset of the newly created Prepaid Inpatient Health Plan (PIHP), known as the OhioRISE Plan, for Medicaid enrolled youth who have complex behavioral health needs. This waiver will operate as a concurrent 1915(b)/(c) waiver with care coordination provided by the care management entities (CMEs) contracted by the OhioRISE Plan. The 1915(c) OhioRISE waiver is intended to mitigate risks associated with negative health outcomes often associated with adverse social determinants of health. The OhioRISE Plan is focused on providing additional services and supports to individuals and their families who are most at risk for custody relinquishment, entering or aging out of the State's foster care system, and/or at risk of entering a residential treatment facility.

The State of Ohio has selected an OhioRISE Plan through a competitive bid process. The Ohio Department of Medicaid (ODM) holds the OhioRISE Plan contract and oversees all administrative functions of the OhioRISE program. The OhioRISE Plan performs the operational functions of this waiver program with the CMEs acting as the regional point of contact for enrolled individuals. Additionally, the OhioRISE Plan will work in tandem with an individual's assigned managed care organization (MCO), if applicable and the state's pharmacy benefit manager to assure that information is available to the CMEs and the OhioRISE Plan to perform care coordination functions.

Summary of OhioRISE 1915(c) Proposals

The State is posting the OhioRISE 1915(c) waiver application for the public's review and comment prior to submitting the proposed amendment to CMS for consideration. Below is a summary of the key proposals for the OhioRISE 1915(c) waiver program for comment.

Appendix A-Waiver Administration and Operation

- Details responsibilities of the OhioRISE Plan and the Care Management Entities (CMEs) (Appendix A-3, A-4, and A-5)
- Provides ODM oversight details of the various contractors involved with the OhioRISE Program (Appendix A-6)

Appendix B-Participant Access and Eligibility

- Delineates targeted eligibility criteria for enrollment on the OhioRISE 1915(c) waiver including maximum age, SED diagnoses, risk categories, and level of tier coordination requirements. (Appendix B-1-a and B-1-b)
- Specifies a transition plan regarding individuals aging out of the program (Appendix B-1-c)
- Proposes a waiver financial cost cap of \$15,000 per 12-month period (Appendix B-2-a)

- Lists the number of anticipated individuals served in each program year and reserved capacity specific to HB287 requirements (Appendix B-3-a and B-3-c)
- Eligibility information is included to denote specific aid categories (Appendix B-4)
- Level of Care process are specified including: Initial and reassessment CME and OhioRISE Plan responsibilities and schedules (Appendix B-6)
- Details Free Choice of Provider Requirements (B-7)

Appendix C-Participant Services

- Details new waiver services with specific scope, limitations, and provider requirements for each. The four new services are:
 - Out-of-Home Respite
 - Flex Funds/Customized Goods and Services
 - Individualized Behavioral Supports and Training
 - Therapeutic Mentoring (Appendix C-1/C-3)
- Criminal history, background check requirements and abuser registry screening for providers is specified (Appendix C-2)
- Limitations on Flex Funds/Customized Goods and Services is included with detailed information regarding the proposed cost limits (Appendix C-4)
- Statewide Transition Plan and HCBS settings requirements are specified and follow suit with Ohio's other HCBS waiver programs (Appendix C-5)

Appendix D-Participant-Centered Service Planning and Delivery

- Outlines responsibilities for Child and Family-Centered Care Plan development and requirements regarding individual and family inclusion in the care planning process (Appendix D-1-a, D-1-c and D-1-d)
- Specifies safeguards regarding conflict-free case management (D-1-b)
- Includes information regarding risk assessment and mitigation and how these concerns are incorporated in the Child and Family-Centered Care Plan (D-1-e)
- Details information relative to service plan implementation, monitoring, and ODM oversight of these processes (D-2)

Appendix E-Participant-Direction of Services

- Specifies policies regarding budget authority and the operationalization of participant-direction for the purposes of administering Flex Funds/Goods and Services. (Appendix E)

Appendix F-Participant Rights

- Details information regarding fair hearings processes, processes for filing grievances and dispute resolution (Appendix F)

Appendix G-Participant Safeguards

- Outlines process for incident management, oversight and review of critical incidents to include abuse, neglect, misappropriation over \$500, exploitation and death (Appendix G-1-b, G-1-c, G-1-d, and G-1e)
- Specifies allowable circumstances of restraints, seclusion, and restrictive interventions aligned with other HCBS waiver processes and in consideration of Ohio Mental Health and Addiction Services requirements (Appendix G-2-a, G-2-b, and G-2-c)
- Delineates medication management and oversight responsibilities (Appendix G-3-c)

Appendix H-Quality Improvement Strategy

- Provides details on ODM's quality improvement strategy and incorporates methods for quality improvement including but not limited to:
 - The use of an External Quality Review Organization to conduct reviews of the OhioRISE Plan;
 - ODM specific oversight committees focused on health and welfare and HCBS quality programming; and
 - Performance improvement plans in coordination with the OhioRISE Plan (Appendix H)

Appendix I-Financial Accountability

- Includes information specific to payments rendered for services, payment methodologies, and audit requirements as prescribed by State and Federal regulations (Appendix I)

Appendix J-Cost-Neutrality Demonstration

- Specifies cost neutrality demonstration through comparing 1915(c) projected costs to comparable costs for individuals served in institutions (Appendix J-1, J-2-a, J-2-b, J-2-c)
- Details cost projections for each of the four waiver services across the five-year waiver cycle (Appendix J-2-d)

Public comments welcome

As part of the waiver amendment process, the public can comment on the proposed amendment. The public comment period is June 15-July 15, 2021. Comments must be received by midnight on July 15, 2021 and can be submitted by:

E-mail: OhioRISE@medicaid.ohio.gov

U.S. mail: On the envelope, please address the letter as follows "OhioRISE 1915(c) Initial Waiver Submission" and mail to:

Attn: OhioRISE 1915(c) Initial Waiver
Ohio Department of Medicaid
P.O. Box 182709
Columbus, OH 43215

Phone: Call toll-free to leave a voicemail message at 1 (888) 438-8603 to leave a voicemail message about the OhioRISE 1915(c) Initial Waiver Submission

Courier or in-person submission:

Attn: Ohio Department of Medicaid
Lazarus Building
50 West Town Street
Columbus, OH 43215