

Behavioral Health Redesign Implementation – Next Steps

The Ohio Departments of Medicaid and Mental Health and Addiction Services (OhioMHAS) are ready to implement Behavioral Health Redesign. After more than two years of development and extensive stakeholder outreach, Ohio Medicaid and OhioMHAS were ready to implement Behavioral Health Redesign rules with an effective date of July 1, 2017. The Departments shared their rules on an informal basis by posting them to the Ohio Behavioral Health Redesign website in early 2017, before formally submitting them to the Common Sense Initiative Office in March 2017. The CSIO found that [the rules would not have an adverse impact on business](#), paving the way for their submission to the Joint Committee on Agency Rule Review (JCARR). On May 30, 2017, the Departments' rules came before JCARR as the final step in the formal rules process.

The Ohio Council of Behavioral Health & Family Services Providers requested that JCARR not allow the rules to take effect July 1. Throughout the spring, the Ohio Council has lobbied the legislature in general, and JCARR specifically, to seek a delay of Behavioral Health Redesign, alleging that many small providers will not be prepared to go forward on July 1. The House version of the state fiscal year 2018-2019 budget bill (House Bill 49) contained a provision that would delay implementation until January 1, 2018. While this provision was being debated in the Senate, the Ohio Council informed JCARR that many providers were against implementation on July 1, 2017.

While members of JCARR were still investigating alleged violations of a JCARR “prong” (the test JCARR uses to determine if a rule can proceed), a few expressed the Ohio Council’s concern that some community Medicaid providers are not ready to implement behavioral health coding changes. As requested by JCARR, the Administration agreed to place the Ohio Medicaid rules in “To Be Refiled” status to allow time for additional review. As a result, the amendments to rules in Chapter 5160-27 (“Community Mental Health Agency Services”) and Rule 5160-2-75 (“Hospital Outpatient Reimbursement”) were put on hold, pending further discussion of the alleged prong issues and resolution of the timing issue in House Bill 49.

Many providers and stakeholders favored a July 1 implementation date, and have expressed disappointment and negative business impacts from the delay. Even before the scheduled hearing on the rules before JCARR, several stakeholders and providers, including NAMI Ohio, the Ohio Association of County Behavioral Health Authorities and ADAMH boards, Neil Kennedy Recovery Centers, Harbor Behavioral Health, Zepf Center, Unison Health, and the *MyCare Ohio* managed care plans expressed support for going forward with behavioral health redesign. These providers and others recognized and invested in the changes necessary to their business models to make redesign a success

and bring much needed new services online. Since the JCARR hearing, these and other providers have expressed disappointment that the Ohio Council's action has delayed redesign. The Buckeye Ranch has had to delay planned training on its strategy to implement the new codes,¹ and it is not alone. Ravenwood Health says, "Our agency has spent hundreds of hours and a thousands of dollars preparing for this change over the course of the last two years. We have revamped programs, hired staff, and redone our entire billing system. ... We have already set up to end the current coding system on June 30th and have to spend hours going back and bringing everything back."²

Ohio Hospitals are prepared to go forward with Behavioral Health Redesign. The Ohio Hospital Association and Ohio Children's Hospitals Association have indicated that hospitals are prepared to move forward with the coding changes and make new services available through redesign as soon as possible. In order to increase access for children and multi-system youth, Ohio Medicaid plans to refile Rule 5160-2-75 for an August 1, 2017 effective date, so that hospitals may be reimbursed for community behavioral health services on a fee-for-service basis until managed care carve-in on January 1, 2018. Hospitals would be required to have the appropriate national credentialing or accreditation to provide services under the new codes. Ohio Medicaid is able to accommodate the new services via hospitals in this manner because the outpatient billing methodology for hospitals in the Medicaid claims system is separate from the coding changes related to the community mental health providers.

Ohio Medicaid and OhioMHAS respect the JCARR process and budget deliberations regarding Behavioral Health Redesign. The JCARR Chairman convened an interested parties meeting on June 14 during which it was determined that the Medicaid rules (both 5160-27 and 5160-2-75) do not violate a JCARR prong and there is no barrier to Ohio Medicaid refiling either rule. However, the Administration is mindful that the Ohio Council continues to advocate a delay and the timing of redesign for community mental health providers is still an active issue in the deliberations over House Bill 49. Therefore, Ohio Medicaid will not refile the community mental health rule until the timing issue is resolved nor propose an effective date for Chapter 5160-27 any earlier than allowed at the conclusion of the budget process.

The hospitals are not advocating a delay in the outpatient hospital rule, and that rule does not interfere with the budget process, so Ohio Medicaid will proceed to refile Rule 5160-2-75 on June 19 for an August 1, 2017 effective date.

¹ Email from Nick Rees, President and CEO of the Buckeye Ranch, dated June 6, 2017.

² Email from Kim Pirnat, Billing Supervisor, Ravenwood Health, dated June 7, 2017.