



Department of Medicaid
Department of Mental Health and Addiction Services

JMOC Update: Behavioral Health Redesign

February 15, 2018



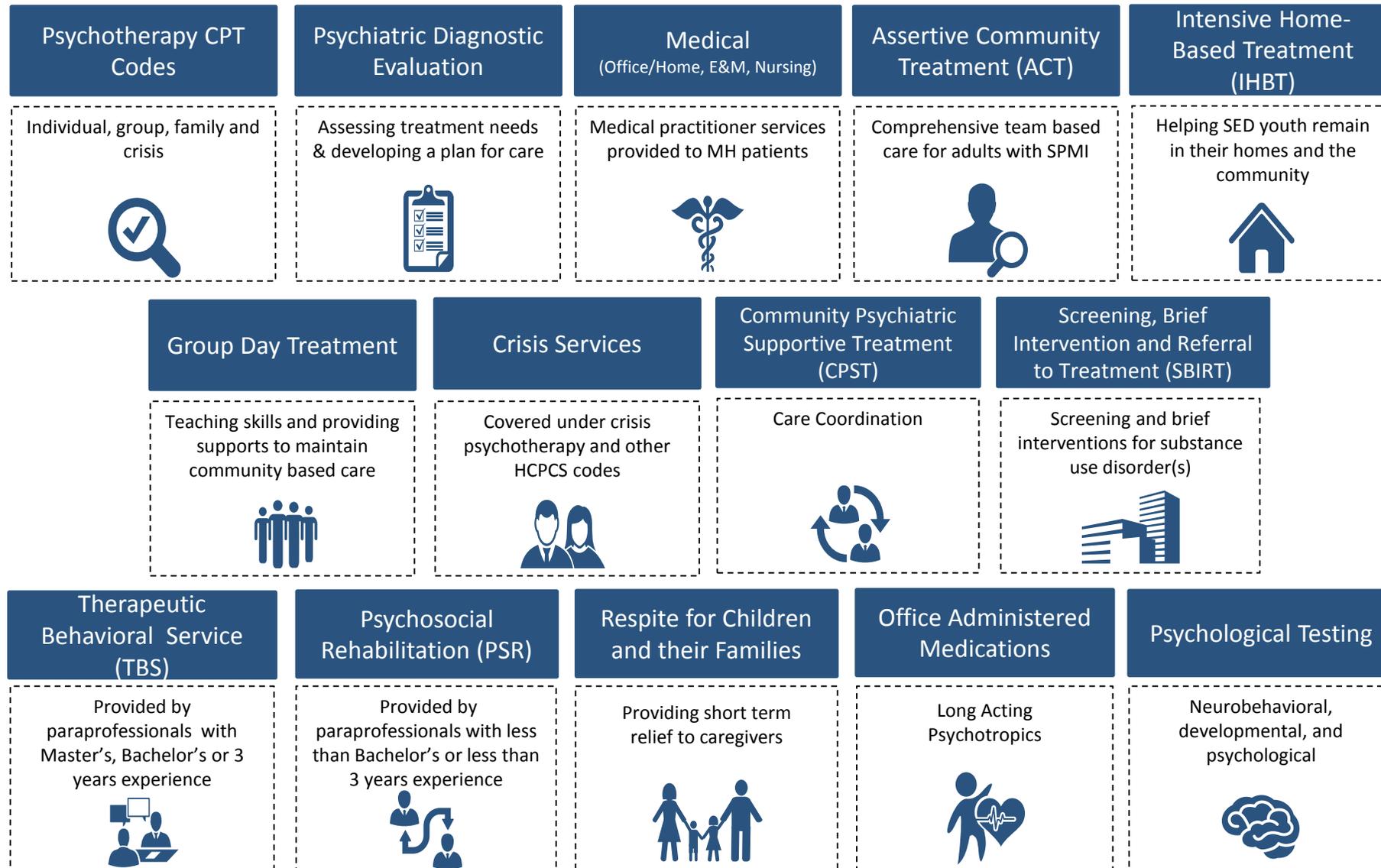
Behavioral Health Redesign

Medicaid Mental Health Benefit Package BH Redesign Details

Changes

- ✓ Adding family psychotherapy both with and without the patient
 - ✓ Adding primary care services, labs & vaccines
 - ✓ Adding coverage for psychotherapy
 - ✓ Adding coverage for psychological testing
 - ✓ Adding evidence based/state best practices:
 - Assertive Community Treatment (ACT) - adults with Serious and Persistent Mental Illness (SPMI)
 - Intensive Home-Based Treatment (IHBT) - youth at risk of out of home placement
 - ✓ Expanding community based rehabilitation: Therapeutic Behavioral Services (TBS) & Psychosocial Rehabilitation (PSR)
 - ✓ Maintaining coverage of Community Psychiatric Supportive Treatment (CPST)
 - ✓ Maintaining prior authorization exemption for antidepressant or antipsychotic medications
 - ✓ Added respite for children and their families
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Medicaid Mental Health (MH) Benefit Beginning January 1, 2018



Medicaid Substance Use Disorder Benefit – Jan. 1, 2018

Outpatient Adolescents: Less than 6 hrs/wk Adults: Less than 9 hrs/wk	Intensive Outpatient Adolescents: 6 to 19.9 hrs/wk Adults: 9 to 19.9 hrs/wk	Partial Hospitalization Adolescents: 20 or more hrs/wk Adults: 20 or more hrs/wk	Residential
<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> • Level 1 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> • Additional coding for longer duration group counseling/psychotherapy • Level 2 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> • Additional coding for longer duration group counseling/psychotherapy • Level 2 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Per Diems supporting all six residential levels of care including: <ul style="list-style-type: none"> • Clinically managed through medically monitored • Two residential levels of care for withdrawal management • Medications • Buprenorphine and Methadone Administration • Medicaid is federally prohibited from covering room and board/housing <hr style="border-top: 1px dashed green;"/> <ul style="list-style-type: none"> • Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem)

Implementation Data as of February 13, 2018

433 unique providers (out of 636) have submitted claims for services under redesign, and of those, **94%** have been paid for claims.

\$56.7 million the cumulative total of all claims paid.

46 Agencies signed-up for contingency payment by 1/16

6 Agencies are beginning to repay contingency payment

2 Agencies approved for date extension on contingency plan

July 1, 2018 Readiness Checklist

-  1. MyCare Ohio Plans implement new behavioral health benefit package and coding structure in January 2018.
-  2. Implement a robust training and technical assistance plan to ensure provider readiness.
-  3. Managed Care Plans open test environments for behavioral health providers by March 2018.
-  4. Managed Care Plans conduct on-going analysis of test claims to focus provider outreach efforts.
-  5. Conduct administrative readiness reviews of the Managed Care Plans in April 2018.
-  6. Conduct onsite readiness reviews of the Managed Care Plans in May 2018.
-  7. Managed Care Plans meet network adequacy requirements.
-  8. Finalize any changes necessary to the Provider Agreement due to the incorporation of services into the managed care environment by July 1, 2018.

Key  Complete  On Target  Scheduled