Medicaid Behavioral Health Redesign

COHHIO Housing Ohio Conference

Sysilie Hill
Ohio Department of Medicaid
April 10, 2017
Overview: Ohio Medicaid
Our Mission

Providing accessible and cost effective health care coverage for Ohioans by promoting personal responsibility and choice through transformative and coordinated quality care.
Our Vision

We are dedicated to being a national leader in health care coverage innovation that improves the lives of Ohioans and strengthens families.
Ohio Medicaid

• Medicaid is Ohio’s largest health care insurance provider:
  » Medicaid insures 1.2 million children
  » Pays for 53% of all births

• Over 90,400 hospitals, nursing homes, community behavioral health agencies and other providers deliver services for over 3 million individuals insured by Medicaid.

• Over 2.4 million Medicaid enrollees are served by the five statewide managed care plans (MCPs)
Medicaid and Housing Supports

• Medicaid is HEALTH CARE

• Federally prohibited from paying for room and board (except in very unique situations – hospital, nursing home, and pilot programs like Home Choice)

• Although housing stability is commonly accepted as linked to stable and improved health status, Medicaid and housing have never been co-mingled.
But Medicaid and Housing Can Support Each Other...

- Collaboration and communication between housing providers and health care providers
- Partnerships in care plan development and implementation
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:

- **Expansion**: Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 400,000 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.
- **Elevation**: Financing of Medicaid behavioral health services moved from county administrators to the state.
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.**
Behavioral Health Redesign Vision

OUTCOMES & VISION:

» **All Providers**: Follow NCCI & practice at the top of their scope of practice

» **Integration of Behavioral Health & Physical Health services**

» **High intensity services available for those most in need**

» **Developing new services for individuals with high intensity service and support needs;**

» **Services & supports available for all Ohioans with needs**: Services are sustainable within budgeted resources

» **Implementation of value-based payment methodology**

» **Coordination of benefits across payers**

» **Improving health outcomes through better care coordination; and**

» **Recoding of all Medicaid behavioral health services to achieve alignment with national coding standards.**
## Ohio’s Priorities for Behavioral Health Redesign

<table>
<thead>
<tr>
<th>1915(i) Program for Adults With SPMI</th>
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<tbody>
<tr>
<td>The Specialized Recovery Services Program ensures continued access to care for ~4-6K adults with SPMI who meet financial and clinical/needs criteria and who are at risk of potential loss of eligibility for Medicaid</td>
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<tr>
<td>Cover new services such as Recovery Management, IPS Supported Employment and Peer Recovery Support</td>
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<table>
<thead>
<tr>
<th>Rebuilding Community BH System Capacity</th>
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<tbody>
<tr>
<td>Recode Medicaid BH services to achieve alignment with national coding standards (AMA, HCPCS, Medicare, NCCI/PTP/MUE)</td>
</tr>
<tr>
<td>Redesigning certain existing services (Community Psychiatric Supportive Treatment, Case Management and Health Home services) and provide for lower acuity service coordination and support services</td>
</tr>
<tr>
<td>Develop new services for people with high intensity needs under the Medicaid Rehabilitation Option: Assertive Community Treatment, Intensive Home Based Treatment, residential treatment for person’s with substance use disorders</td>
</tr>
<tr>
<td>Services are sustainable within budgeted resources</td>
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<thead>
<tr>
<th>Managed Behavioral Health Care</th>
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<tbody>
<tr>
<td>Addition of BH services to Managed Care Plan contract, with specific requirements for MCPs to delegate components of care coordination to qualified Community Behavioral Health providers</td>
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<tr>
<th>Payment Innovation</th>
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<tr>
<td>Design and implement new health care delivery payment systems to reward the value of services, not volume</td>
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<tr>
<td>Develop approach for introducing episode based payment for BH services</td>
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</table>
Expanded Medicaid Behavioral Health Service Codes

**Current State of Behavioral Health**

- 8 service codes for MH & 10 service codes for SUD
- Limited access to primary care services
- Payment rates based on provider reported costs; not parallel with other Medicaid rates
- MANY practitioners render each service, but rates are the same regardless of practitioner credentials
- No indication of which practitioner rendered the service
- Units can be billed in decimals
- No enforcement of billing Medicare or third party health insurer before billing Medicaid

*Currently, not in line with national health care coding standards*

**Future State of Behavioral Health**

- Expanded CPT and HCPCS codes; all standardized with national coding standards
- SUD benefit aligned with ASAM criteria
- Services added to MH and SUD benefit package, including:
  - CLIA waived testing
  - Vaccines and administration
  - ACT
  - SUD residential
  - Buprenorphine administration (OTPs)
- Payment rates scaled to credentials of rendering practitioner
- Rendering practitioner on claims
- Third Party Liability enforced on all claims, assuring Medicaid is the last payer

**Added Medicaid Funding for:**

- Assertive Community Treatment (adults)
- Intensive Home Based Treatment (youth)
- Buprenorphine administration (OTPs)

*Currently, not in line with national health care coding standards*
Implementation Schedule

**Go Live for Specialized Recovery Services Program**

**1/1/2017: OTP coverage updates implemented**

**7/1/2017: Medicaid requires rendering (NPI) practitioner*, ORP, and/or supervisor on claims**

**7/1/2017: All providers transition to new code set (CPTs, including E&M, along with HCPCS codes). Medicare and NCCI** edits apply.

**4/1/2017: Recommended date by which all active practitioners should be enrolled and affiliated**

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**Practitioners who must enroll with Ohio Medicaid:**

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Enrolled Professionals</th>
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</thead>
<tbody>
<tr>
<td>Physicians (MD/DO), Psychiatrists</td>
<td>Licensed Independent Social Workers</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurses</td>
<td>Licensed Professional Clinical Counselors</td>
</tr>
<tr>
<td>Certified Nurse Practitioners</td>
<td>Licensed Independent Marriage and Family Therapists</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>Licensed Independent Chemical Dependency Counselors (LICDC)</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>Licensed Psychologists</td>
<td>Licensed Practical Nurses</td>
</tr>
</tbody>
</table>

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*Practitioners who must enroll with Ohio Medicaid:
Affected Providers

Community Mental Health Agencies (Provider type 84)

» Certified by the Ohio Department of Mental Health and Addiction Services.

» National Accreditation (CARF, Joint Commission, ACHC)

Community Substance Use Disorder Agencies (Provider type 84)

» Certified by the Ohio Department of Mental Health and Addiction Services.

» National Accreditation (CARF, Joint Commission, ACHC)

» Following the ASAM Criteria
July 1, 2017 Benefit Package
July 1, 2017 Benefit Package

**Expanded Code Set**

- Expanded code set and practitioner list to more accurately represent services and practitioners

**SUD Basic Benefit Package**

- ASAM Outpatient and Intensive Outpatient Levels of Care are available to everyone (not subject to prior authorization; limited only by total hours)

**ASAM Levels of Care**

- Aligned SUD Benefit with American Society of Addiction Medicine (ASAM) Levels of Care

**Children’s BH Services**

- No diagnosis edits for children services provided by licensed practitioners
July 1, 2017 Benefit Package

- Monitoring of cardiac health for individuals receiving BH medications through use of EKG

**EKGs**

- Inclusion of certain clinical laboratory tests and vaccinations

**Labs and Vaccines**

- Office-based E&M codes at 100% of Medicare
- Home-based E&M codes at 100% of Medicare
- Registered Nurse and Licensed Practical Nurse coding solution
- Compliance with national correct coding

**Medical Services**

- MH para-professionals with 3+ years of experience (on or before June 30th, 2017) will be able to provide Therapeutic Behavioral Services

**MH Professional Experience**
July 1, 2017 Benefit Package

**Expanded coverage to include buprenorphine-based medication dispensing and administration. OTPs will have a daily and weekly billing option for both methadone and buprenorphine administration, along with coverage of the buprenorphine medications.**

**Introduced peer recovery support as a covered Medicaid service**

**Covered entire psychotherapy code set, including family psychotherapy.**

**Added psychological testing codes**
July 1, 2017 Benefit Package

Per diem payments are available for SUD residential levels of care, including withdrawal management. Providers will no longer be required to have a psychiatrist on staff, but will be required to have access to a psychiatrist.

Added MH day treatment hourly and per diem codes and rates as replacements to MH partial hospitalization code and rate.

SUD and MH payment rates are the same for shared codes (e.g., E&M, nursing, psychotherapy).
July 1, 2017 Benefit Package

**ACT and IHBT**

- Added evidence-based/state-best practices and associated payments

**SBIRT**

- Added Screening, Brief Intervention and Referral to Treatment to the mental health benefit package as a best practice

**Specialized Recovery Services (SRS) Program**

- Implementing Specialized Recovery Services program for adults identified with a SPMI – Eligibility for the SRS program is based on the following criteria:
  - Income between $743 and $2,199 per month.
  - 21 years of age or older.
  - Diagnosed with a severe and persistent mental illness.
  - Needs help with activities such as medical appointments, social interactions and living skills.
  - Not living in a nursing facility, hospital, or similar setting.
  - Determined disabled by the Social Security Administration.
BH Redesign: Mental Health Benefit
### Medicaid Mental Health Benefit – Pre July 1, 2017

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnostic Evaluation w/ Medical</td>
<td>Assessing treatment needs &amp; developing a plan for care</td>
</tr>
<tr>
<td>Mental health Assessment</td>
<td>Assessing treatment needs &amp; developing a plan for care</td>
</tr>
<tr>
<td>Pharmacological Management</td>
<td>Services provided by medical staff directly related to MH conditions and symptoms</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Teaching skills and providing supports to maintain community based care</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Services for people in crisis</td>
</tr>
<tr>
<td>CPST</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Mental health counseling</td>
<td>Individual and group counseling may be provided by all credentialed practitioners</td>
</tr>
<tr>
<td>Respite for Children and their Families</td>
<td>Providing short term relief to caregivers</td>
</tr>
<tr>
<td>Office Administered Medications</td>
<td>Long Acting Psychotropics</td>
</tr>
</tbody>
</table>
Medicaid Mental Health Benefit – July 1, 2017

- **Psychotherapy CPT Codes**
  - Individual, group, family and crisis

- **Psychiatric Diagnostic Evaluation**
  - Assessing treatment needs & developing a plan for care

- **Medical (Office/Home, E&M, Nursing)**
  - Medical practitioner services provided to MH patients

- **Assertive Community Treatment (ACT)**
  - Comprehensive team based care for adults with SPMI

- **Intensive Home-Based Treatment (IHBT)**
  - Helping SED youth remain in their homes and the community

- **Group Day Treatment**
  - Teaching skills and providing supports to maintain community based care

- **Crisis Services**
  - Covered under crisis psychotherapy and other HCPCS codes

- **CPST**
  - Care Coordination

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
  - Screening and brief interventions for substance use disorder(s)

- **Therapeutic Behavioral Service (TBS)**
  - Provided by paraprofessionals with Master’s, Bachelor’s or 3 years experience

- **Psychosocial Rehabilitation (PSR)**
  - Provided by paraprofessionals with less than Bachelor’s or less than 3 years experience

- **Respite for Children and their Families**
  - Providing short term relief to caregivers

- **Office Administered Medications**
  - Long Acting Psychotropics

- **Psychological Testing**
  - Neurobehavioral, developmental, and psychological
### Medical Service CPT Codes

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>99201-99205</td>
<td>Evaluation and Management, Office, New Patients</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Evaluation and Management, Office, Established Patients</td>
</tr>
<tr>
<td>99341-99345</td>
<td>Evaluation and Management, Home, New Patients</td>
</tr>
<tr>
<td>99347-99350</td>
<td>Evaluation and Management, Home, Established Patients</td>
</tr>
<tr>
<td>+99354</td>
<td>Prolonged service-first hour</td>
</tr>
<tr>
<td>+99355</td>
<td>Prolonged Service-each add. 30 mins</td>
</tr>
<tr>
<td>+90833</td>
<td>Psychotherapy add on, 30 min</td>
</tr>
<tr>
<td>+90836</td>
<td>Psychotherapy add on, 45 min</td>
</tr>
<tr>
<td>+90838</td>
<td>Psychotherapy add on, 60 mins</td>
</tr>
<tr>
<td>+90785</td>
<td>Interactive Complexity</td>
</tr>
<tr>
<td>96372</td>
<td>Therapeutic Injection</td>
</tr>
</tbody>
</table>

All codes are subject to NCCI edits.
Medicaid-Funded Assertive Community Treatment (ACT)
Why Initiate Medicaid Payment for ACT?

1. Investing in “what works” – an evidence-based practice
2. Improve health outcomes
3. Reduce use of emergency room and inpatient hospital admissions
4. Improve stability of community living & quality of life
5. Available to Medicaid enrollees with the most complex mental health conditions who meet eligibility criteria
6. Only ACT teams who meet and maintain minimum fidelity to the model may bill Medicaid for ACT intervention
ACT – Fidelity Measurement

Fidelity Measures to qualify for ACT billing methodology were built on recommendations and discussions from November 2015.

For additional reference on DACTS: Dartmouth ACT Fidelity Scale Protocol (1/16/03)

SAMHSA-approved ACT Fidelity Scale Toolkit
**ACT Team Patient Scenario**

<table>
<thead>
<tr>
<th>Scenario Example</th>
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<tbody>
<tr>
<td>A 57-year-old client, Mary, is receiving services from an ACT team. She has Schizophrenia with a long history of multiple inpatient hospitalizations due to chronic paranoia, hallucinations, disorganized and delusional thinking. She has been able to maintain community living since initiating services with the ACT team 2 months ago. However, she continues to have poor medication compliance with her recently prescribed Clozapine, poor hygiene skills and overall poor ADLs and IADLs. She receives multiple services throughout the month to help her maintain in independent living and to reduce periods of decompensation.</td>
</tr>
</tbody>
</table>

- Mary has a monthly visit with her psychiatrist. At this visit, medications are reviewed to assure there are no needed adjustments/adverse interactions as well as providing psychotherapy as needed.
- **Weekly, an RN medically monitors Mary by taking vitals and drawing blood.** The RN educates Mary re: the importance of taking Clozapine as prescribed and the need for regular lab work to monitor blood levels and prevent possible side effects. The RN encourages Mary to take her daily medication to increase optimal thinking levels and to increase performance of ADLs and IADLs.
- **Every evening and twice a day on weekends, an unlicensed BA staff member (acting as a medication monitor) goes to Mary’s home to prompt and monitor her self-administration of medication.** The BA staff member reminds Mary about the importance of medication compliance.
- **Weekly, an LPN provides verbal direction and supervision when Mary fills her weekly medication box.** The LPN educates Mary about the side effects of Clozapine and how medication compliance can reduce and stabilize her Schizophrenia, as well as helping her to maintain independent living in her own apartment.
- **Weekly, a peer recovery supporter works with Mary overcome her disorganized thinking by helping her at her home and in other community settings with money management and healthy nutrition.** The peer recovery supporter redirects Mary and keeps her focused on ADLS and IADLs as reflected on her care plan.

Scenario is for **illustrative purposes only**
## ACT Services/Billing Events: November 2016

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td></td>
<td>Peer Recovery Supporter Visit</td>
<td>RN Visit</td>
<td></td>
<td>Unlicensed BA Visit</td>
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<td>Unlicensed BA Visit</td>
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<td></td>
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<td>Peer Recovery Supporter Visit</td>
<td>RN Visit</td>
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<td>Psychiatrist Visit</td>
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<td>Unlicensed BA Visit</td>
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<td>Peer Recovery Supporter Visit</td>
<td>RN Visit</td>
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<td>Unlicensed BA Visit</td>
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Intensive Home-Based Treatment (IHBT)
Fidelity Measures to qualify for the IHBT billing methodology were built on premises similar to ACT.
IHBT Billing Structure

Code - H2015

Licensed clinician (modifier or NPI)

Unit Rate (15 minute)

$33.26

Medicaid will only cover when the service is provided by a licensed clinician

IHBT is a fully prior authorized service
Peer Recovery Support
Peer Recovery Support Service

**Mental Health Benefit**

<table>
<thead>
<tr>
<th>Program</th>
<th>ACT</th>
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<tbody>
<tr>
<td><strong>Specialized Recovery Services</strong></td>
<td></td>
</tr>
<tr>
<td>Authorized by Person Centered Care Plan</td>
<td></td>
</tr>
<tr>
<td>No more than 4 hours per day</td>
<td></td>
</tr>
<tr>
<td><strong>Authorization</strong></td>
<td></td>
</tr>
<tr>
<td>Act service is prior authorized by Medicaid</td>
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<tr>
<td><strong>Billing</strong></td>
<td></td>
</tr>
<tr>
<td>Only for individuals eligible for SRS</td>
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<tr>
<td>H0038 - Individual</td>
<td></td>
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<tr>
<td>H0038/HQ - Group</td>
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</tr>
<tr>
<td>Peer recovery supporter is a full member of the ACT team, a face to face contact can be used for a monthly “billing event”</td>
<td></td>
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</tbody>
</table>

**Substance Use Disorder Benefit**

<table>
<thead>
<tr>
<th>Program</th>
<th>SUD Outpatient</th>
<th>SUD Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrete service as medically necessary</td>
<td>SUD residential service is prior authorized by Medicaid</td>
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<tr>
<td><strong>Billing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer recovery supporter is part of clinical team</td>
<td>Available to all residents when peer recovery supporter is part of clinical team</td>
<td></td>
</tr>
<tr>
<td>H0038 - Individual</td>
<td>Covered as part of the per diem</td>
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<tr>
<td>H0038/HQ - Group</td>
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Substance Use Disorder (SUD) Services
Medicaid Substance Use Disorder Benefit – Pre July 1, 2017

Outpatient

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic
- Methadone Administration

Residential

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic
ASAM Levels of Care

The green arrow represents the scope of Ohio’s Medicaid BH Redesign.
# Medicaid Substance Use Disorder Benefit – July 1, 2017

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Levels of Care Provided</th>
</tr>
</thead>
</table>
| **Outpatient**        | Adolescents: Less than 6 hrs/wk  
                          Adults: Less than 9 hrs/wk  
                              • Assessment  
                              • Psychiatric Diagnostic Evaluation  
                              • Counseling and Therapy  
                                • 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  
                              • Level 1 Withdrawal Management (billed as a combination of medical services) |
| **Intensive Outpatient** | Adolescents: 6 to 19.9 hrs/wk  
                          Adults: 9 to 19.9 hrs/wk  
                              • Assessment  
                              • Psychiatric Diagnostic Evaluation  
                              • Counseling and Therapy  
                                • 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  
                              • Additional coding for longer duration group counseling/psychotherapy  
                              • Level 2 Withdrawal Management (billed as a combination of medical services) |
| **Partial Hospitalization** | Adolescents: 20 or more hrs/wk  
                          Adults: 20 or more hrs/wk  
                              • Assessment  
                              • Psychiatric Diagnostic Evaluation  
                              • Counseling and Therapy  
                                • 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  
                              • Additional coding for longer duration group counseling/psychotherapy  
                              • Level 2 Withdrawal Management (billed as a combination of medical services) |
| **Residential**       | Per Diems supporting all four residential levels of care including:  
                              • clinically managed  
                              • 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  
                              • Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem) |
# Medicaid Covered Behavioral Health Practitioners *

<table>
<thead>
<tr>
<th>Medical BHPs</th>
<th>Licensed BHPs</th>
<th>BHPs</th>
<th>BHP-Paraprofessionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (MD/DO)</td>
<td>Licensed Independent Chemical Dependency Counselors</td>
<td>Chemical Dependency Counselor Assistants</td>
<td>Care Management Specialists</td>
</tr>
<tr>
<td>Certified Nurse Practitioners</td>
<td>Licensed Chemical Dependency Counselors</td>
<td>Licensed Social Workers</td>
<td>Counselor Trainees</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>Licensed Independent Marriage and Family Therapists</td>
<td>Licensed Professional Clinical Counselors</td>
<td>Marriage and Family Therapist Trainees</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Licensed Marriage and Family Therapists</td>
<td>Licensed Professional Counselors</td>
<td>Psychology Assistants, Interns or Trainees</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>Licensed Psychologists</td>
<td></td>
<td>Social Work Assistants</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td></td>
<td></td>
<td>Social Worker Trainees</td>
</tr>
</tbody>
</table>

* When employed by or contracted with an OhioMHAS certified agency/program
Rendering Practitioners Required to Enroll in Ohio Medicaid, Effective For Dates of Service On and After July 1, 2017

<table>
<thead>
<tr>
<th>Rendering Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (MD/DO), Psychiatrists</td>
</tr>
<tr>
<td>Licensed Independent Social Workers</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurses</td>
</tr>
<tr>
<td>Licensed Professional Clinical Counselors</td>
</tr>
<tr>
<td>Certified Nurse Practitioners</td>
</tr>
<tr>
<td>Licensed Independent Marriage and Family Therapists</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
</tr>
<tr>
<td>Licensed Independent Chemical Dependency Counselors (LICDC)</td>
</tr>
<tr>
<td>Physician Assistants</td>
</tr>
<tr>
<td>Registered Nurses</td>
</tr>
<tr>
<td>Licensed Psychologists</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
</tr>
</tbody>
</table>

Exception: Prescribers already registered with ODM as Ordering, Referring or Prescribing providers need not re-enroll.

### ADDITIONAL GUIDANCE

- Practitioners must be affiliated with their employing agency or agencies; either the agency or practitioner may perform the affiliation in MITS
- Practitioner or agency/agencies may “un-affiliate” rendering practitioners listed above when necessary
Checklist for July 1, 2017

BH Providers should complete these steps prior to Go Live for BH Redesign:

☑ Practitioners Required to Enroll in Medicaid
  • Obtain NPI
  • Complete your Ohio Medicaid enrollment application by April 2017 – see instructions and webinar training on this posted here http://bh.medicaid.ohio.gov/training
  • Respond quickly to any communication from Ohio Medicaid regarding your application
  • Once enrolled, the practitioner must be “affiliated” with their employing agency
  • Enroll by April 1, 2017 to guarantee completion by July 1, 2017

☑ Medicare: Agencies and Practitioners should enroll no later than May 2017 to ensure readiness for the July 1, 2017. See MITS BITS here:
  http://mha.ohio.gov/Portals/0/assets/Planning/MACSISorMITS/REVISED-mits-bits-medicare-enrollment-4-22-16_rev.pdf

☑ IT Systems
  • Existing trading partners may begin submitting test EDI files in early May.
  • New trading partners will be accepted after the migration has been completed.
  • Trading partner testing region will be open 24/7.
  • See extensive IT guidance on BH.Medicaid.Ohio.gov and
  • Provider staff and your IT System Designers should participate in IT Work Group Meetings

☑ Train all levels of staff on BH Redesign changes
  • Attend trainings
  • Watch webinars
  • Study documents at BH.Medicaid.Ohio.gov
Becoming a Medicaid Provider is Complicated

Requires on staff licensed health care practitioners
  » Licensed Independent Practitioners to provide services and supervision and diagnose.
  » There is no longer the ability to simply provide services with unlicensed practitioners without the supervision or a licensed independent.

Requires sophisticated documentation systems
  » Treatment plan, progress notes, supervisory signatures

Requires claims billing systems
  » Trading Partner (either self or purchase for submission of electronic claims files) or
  » MITS Portal Billing (for smaller claims volume – direct data entry into MITS)
  » No more paper claims in Medicaid – all electronic

Program integrity requirements
  » Claims are subject to audits and pay backs if correct billing and documentation standards are not met
Requirements Specific to Community Mental Health or Substance Use Disorder Treatment Agency (In MITS, Provider Type 84 and/or 95)

• Agency must be licensed or certified as a Community Mental Health provider or SUD program
• National credential with Joint Commission, CARF or COA
• Must comply with OhioMHAS rules and policies which are detailed here: http://mha.ohio.gov/Default.aspx?tabid=254
Don’t Want to be a Medicaid provider?

- Partner with Community Behavioral Health Agencies
  - Referral relationships
  - Encourage BH staff to serve residents in housing locations

- Partner with your local ADAMHS board
  - ADAMHS Boards are long time supporters of housing, especially for adults with mental illness
  - Growing network of “sober housing” providers

- Other funding sources – foundations, United Way, self funded shared housing sites (DD system has been successful at this)
Behavioral Health Redesign Website
Behavioral Health Redesign Website

Go To: bh.medicaid.ohio.gov

Sign up online for the BH Redesign Newsletter.

Go to the following OhioMHAS webpage: http://mha.ohio.gov/Default.aspx?tabid=154 and use the “BH Providers Sign Up” in the bottom right corner to subscribe to the BH Providers List serve.
Questions?