Behavioral Health Redesign: What does it mean for providers?

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Learning Objectives

• Understand what the state is planning to do with behavioral health redesign
• Understand why the state is redesigning behavioral health services
• Understand the logic behind some of the changes
• Begin to understand some of the specific proposals
• Begin to assess the impact of the proposals on your organization and your practice

Background Info
### COMMUNITY MENTAL HEALTH SERVICES

1. Pharmacological management
2. Mental health assessment
3. Behavioral health counseling and therapy (individual & group)
4. Crisis intervention mental health services
5. Partial hospitalization
6. Community psychiatric supportive treatment
7. Health home services for persons with serious and persistent mental illness

### ALCOHOL & DRUG ADDICTION SERVICES

1. Ambulatory detoxification
2. Assessment
3. Case management
4. Crisis intervention
5. Group counseling
6. Individual counseling
7. Intensive outpatient
8. Laboratory urinalysis
9. Medical/somatic
10. Opioid agonist administration

**~ 17 Services Today**

### Medicaid: Fee for Service or Managed Care & Behavioral Health Services

**Health/Medical Services:** Hospital, primary care doctors and specialists, ED, medications, family planning, tx. of STDs, PT/OT, medical equipment, dental, eyeglasses, etc.

**Community BH services are carved out today**

**Other Behavioral Health in current FFS/MCO contracts:**
- Psychiatrists, other docs; APRNs, PAs
- New 4/1/16: Licensed Independent Practitioners (LISW, LICDC, LIMFT. LICDC beginning 7/1/16.
- Psych meds, other meds
- Clinic, outpatient
- Psychology

### WHY IS THE STATE DOING THIS?

**What are the drivers?**

- Plan to revise the current menu then incorporate all the BH services into managed care
- Our current menu is flexible,
  - but makes it harder to integrate services
  - Harder to distinguish what service the state is buying
- National Correct Coding Initiative (NCCI)
- Update to align with universal coding & align with updated federal Medicaid policies
- Require Medicare billing for cross over claims *See the recent Ohio Council guidance letter re this*
- Mental Health Parity and Addiction Equity Act (MHPAEA)
Guidance from OHT Redesign Meetings regarding Specific Services, Practitioners & Codes

Kids & EPSDT

Early Periodic Screening, Diagnosis and Treatment (EPSDT) - Healthcheck

Purpose of EPSDT

Ohio is committed to providing the full array of mandatory EPSDT services to Medicaid eligible children under the age of two required by federal law.
Caution

- The following slides are taken from various OHT Redesign meetings. Please pay attention to the date of the meeting, as any rates that are mentioned in the slides have changed over time.
- The most current Service/Rate & Practitioner Credentials Spreadsheet is 3-9-16
- List of current MH & SUD rates attached at the end of this presentation.

Topic: Nurses

- Will no longer bill pharm mgt/med som
- Total of 3 codes for nurses, practicing as a nurse
- Will be able to bill CPT code for skilled nursing activities
- Will be able to bill TBS/RN & PSR/LPN

Registered Nurses and Licensed Practical Nurses

For services provided on and after January 1, 2017, three CPT/HCPCS codes will be available for nursing activities rendered by RNs or LPNs as a replacement for MH pharmacological management (90863) and SUD medical/somatic (H0016) for all agencies, there will be no exceptions:

<table>
<thead>
<tr>
<th>Behavioral Health Codes for Nursing Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSR</td>
</tr>
</tbody>
</table>

Key Takeaways

1. These codes and the associated rates will be used during rate setting methodology
2. Rendering type and education will be what drives this rate
3. Registered Nurses and Licensed Practical Nurses will need to enroll with Ohio Medicaid because they will be expected to be a rendering provider
4. Nursing assessments and group medication education may only be performed by a registered nurse or a licensed nurse practicing with a bachelor's degree within their current scope of practice.
CPT and HCPCS – Nursing Activities by RNs and LPNs

The below matrix provides examples of how components of nursing activities rendered by LPNs and RNs can be coded. LPNs must be supervised by a higher level medical practitioner.

<table>
<thead>
<tr>
<th>Nursing Assessment (RN Only)</th>
<th>Behavioral Health Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN: 99211 should be used if the activity meets the criteria. Only use H2019 when 99211 is not appropriate or services are delivered outside of the office setting.</td>
<td></td>
</tr>
<tr>
<td>LPN: 99211 should be used if the activity meets the criteria. Only use H2017 when 99211 is not appropriate or services are delivered outside of the office setting.</td>
<td></td>
</tr>
</tbody>
</table>

Medication Assessment and Education

Symptom Management

Ohio Governor's Office of Health Transformation

**Topic:**
Pharmacological Management and Medical/Somatic Transition to Medical Services

Transitioning Codes/Rates

- Med Som and Pharm Management will transition on 1/1/17
- All other codes and rates that currently are in effect, will remain in effect, until the provider transitions
  - All remaining codes must transition at the same time
  - Provider chooses and can transition on Jan. 1, April 1 or July 1, 2017
### CURRENT RATES

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>UNIT</th>
<th>RATE PER UNIT</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5160-30-04 Appendix A (11/10/2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Detoxification</td>
<td>1 day</td>
<td>$193.87</td>
<td>H0014</td>
</tr>
<tr>
<td>Assessment</td>
<td>1 hr.</td>
<td>$96.24</td>
<td>H0001</td>
</tr>
<tr>
<td>Case Management</td>
<td>1 hr.</td>
<td>$78.17</td>
<td>H0006</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1 hr.</td>
<td>$129.59</td>
<td>H0007</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>15 mins.</td>
<td>$9.52</td>
<td>H0005</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>1 day</td>
<td>$136.90</td>
<td>H0015</td>
</tr>
<tr>
<td>Laboratory/Urinalysis</td>
<td>1 screen</td>
<td>$60.00</td>
<td>H0003</td>
</tr>
<tr>
<td>Medical/Physiologic</td>
<td>1 hr.</td>
<td>$176.28</td>
<td>H0016</td>
</tr>
<tr>
<td>Methadone Administration</td>
<td>1 dose</td>
<td>$16.38</td>
<td>H0020</td>
</tr>
<tr>
<td>5160-30-02 Appendix A (10/1/2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naltrexone Injection, Depot Form</td>
<td>J2315</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone Injection, Depot Form</td>
<td>J2315</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine based</td>
<td>J8599</td>
<td></td>
<td></td>
</tr>
</tbody>
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<tr>
<th>Mental Health Services</th>
<th>Unit</th>
<th>Rate per Unit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>5160-27-05 Appendix A (10/29/15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>1 day</td>
<td>$116.81</td>
<td>S0201</td>
</tr>
<tr>
<td>Pharmacologic Management</td>
<td>1 hr.</td>
<td>$210.87</td>
<td>S0862</td>
</tr>
<tr>
<td>CPST-Individual</td>
<td>15 mins.</td>
<td>$21.33</td>
<td>H0036</td>
</tr>
<tr>
<td>CPST-Group</td>
<td>15 mins.</td>
<td>$9.81</td>
<td>H0036</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1 hr.</td>
<td>$154.55</td>
<td>S9484</td>
</tr>
<tr>
<td>Mental Health Assessment-Non Physician</td>
<td>1 hr.</td>
<td>$129.99</td>
<td>H0031</td>
</tr>
<tr>
<td>Mental Health Assessment-Physician</td>
<td>1 hr.</td>
<td>$210.87</td>
<td>S0801</td>
</tr>
<tr>
<td>also called Psychiatric Diagnostic Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH Counseling Group</td>
<td>15 mins.</td>
<td>$9.87</td>
<td>H0004</td>
</tr>
<tr>
<td>BH Counseling Individual</td>
<td>15 mins.</td>
<td>$22.50</td>
<td>H0004</td>
</tr>
<tr>
<td>Health Home Services for Adults&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1 month</td>
<td>$188.00</td>
<td></td>
</tr>
<tr>
<td>Health Home Services for individuals up to 21&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1 month</td>
<td>$169.00</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> Regardless of the number of panels.
<sup>2</sup>Fractions may be reported in six minute increments represented by tenths.
<sup>3</sup> Rate listed is a base rate for providers.
Topic:
Community Psychiatric Support Treatment (CPST)

PARTIAL REPLACEMENT BY:
PSYCHOSOCIAL REHAB (PSR) & THERAPEUTIC BEHAVIORAL SERVICE (TBS)
Previously known as Intensive Individual Treatment (IITS)

CPST — Components of CPST

- Assessment of needs
- Service planning
- Case management and intensive care management (CM covered in AOD)
- Skill building (social, daily living, cognitive) and psychosocial rehab
- Behavioral management
- Educational supports
- Employment supports
- Permanent supportive housing
- Recovery housing
- Therapeutic mentoring
- Consumer/family education
- Mobile crisis services
- Comprehensive transitional care
Scope of Practice will be more important than service definitions

• Today’s Concept
  – Practitioners are regulated by their scope of practice AND
  – Community BH service regulations specify who can do what
• New Concept
  – Medicaid will have menu of allowable and unallowable codes
  – Licensed practitioners bill individually, to the full extent of their license
  – Psycho Social Rehab & IITS-TBS allow unlicensed practitioners for billing

CPST Replacement

• Licensed practitioners billing individually, according to their license w/ CPT codes.
• Non licensed practitioners, use the following
  • Psycho Social Rehab (PSR)
  • Therapeutic Behavioral Service (TBS)
    – Previously known as Intensive Individual Treatment Service (IITS)
• CPST will continue to exist; new rates and subject to billing guidance.

Systems View of CPST Transition

The transition to the ‘new codes’ and ‘new services’ will offset the need for a standalone CPST service and code

Future of CPST:
- Begin transitioning to new code set
  - July 2016
- Providers continue transitioning to the new code set
  - July 2017
- All providers on new code set by July 2017
Physicians (Or equivalent)
Licensed Practitioners
Unlicensed TBS (H2019)
MAs +1
BAs +2
Unlicensed PSR (H2017)
HS, Assoc., Bach, or Masters gaining experience

Bill: CPT Codes
 HCPCS Codes – Unlicensed Practitioners

CPT Codes Would Include the Following Types of Services:
1. Assessments
2. Psychological Testing
3. Individual/Group/Family Therapy
4. Crisis

HCPCS Code Would Include the Following Types of Services:
1. Development of Treatment plan
2. Service Planning
3. Care coordination
4. Collateral contacts
5. Identify triggers/Interventions
6. Individual/Group/Family Therapy

Key Consideration for Unlicensed Practitioners:
 Collateral contacts are allowed and billable under TBS (H2019)

Providers cannot bill Medicaid for phone call time, as time spent on phone calls is built into rate as indirect cost

TBS
Behavioral Health Intervention / Skills Development (when not considered Psychotherapy by practitioner)

5/18/16

MH Partial Hospitalization

and

MH Day Treatment Services

MH Day Treatment Group Activities

Rate Development and Methodology

H2012 Modifier: 
HN HQ
Assumes 1 hour of unlicensed BA in an average group size of 4
$18.54 Hourly Per Person

H2012 Modifier: 
HO HQ
Assumes 1 hour of unlicensed MA in an average group size of 4
$21.05 Hourly Per Person

H2012 Modifier: 
HK HQ
Assumes 1 hour of licensed practitioner in an average group size of 4
$28.10 Hourly Per Person

Additional Details
1. Maximum group size: 1:12 Practitioner to client ratio
   a. For MH Day Treatment, only used if the person attends for the minimum needed to bill the unit (30+ minutes). Service is billed in whole units only.
   b. If person doesn’t meet the minimum, H2012 may be used for licensed practitioner or H2019 (HQ: Modifier for group) may be used for the BA and MA.
2. All other services must be billed outside of H2012. H2012 can only be billed if the person attends the minimum amount of time (30+ minutes) in a group which doesn’t exceed the practitioner to client ratio.
<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
<th>Rate Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQ</td>
<td>Assumes 5 hours of unlicensed BA providing group counseling in an average group size of four</td>
<td>$92.70*</td>
</tr>
<tr>
<td>HO</td>
<td>Assumes 5 hours of unlicensed MA providing group counseling in an average group size of four</td>
<td>$105.25*</td>
</tr>
<tr>
<td>HK</td>
<td>Assumes 5 hours of licensed practitioners providing group counseling in an average group size of four</td>
<td>$140.51</td>
</tr>
</tbody>
</table>

**Additional Details**

1. Maximum group size: 1:12 Practitioner to client ratio
   a. For Nationally Accredited and Clinically Supervised MH Day treatment TBS Per Diem Programs, only used if the person attends the minimum needed to bill the per diem (2.5+ hours)
   b. If the practitioner does not meet minimum qualifications or the beneficiary does not meet minimum admission criteria, H2019 (HQ: Modifier for group) may be used for the BA +2 and MA +1 - See Current Partial Hospitalization Definition (Ohio)
   c. Service is billed in whole unit only.
   d. All other services must be billed outside of H2020 can only be billed if the person attends the minimum amount of time in a group. For Licensed Practitioners, service must exceed the practitioner to client ratio.

2. Only one H2020 per diem, per patient, per day
3. Must be nationally accredited (COA, CARF or the Joint Commission)*
4. Must be supervised by a licensed independent practitioner*

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**Other Services**

*Including*

- Early Intervention, Respite, Crisis & School Psychologist

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**Services for Children Including Early Intervention**

**Qualifying Diagnoses**

- For behavioral health services provided by licensed practitioners to children (from birth to 21), there will be no claims edits in MITS on diagnosis.
- Services must be medically necessary.
- Diagnosis must be determined by a practitioner who is authorized to diagnose.
- Services may be subject to post-payment review.

**Reminder:** Recognized ICD-10 codes for behavioral health services will expand starting July 1, 2016.
Soliciting Feedback for Respite Eligibility

Topics for discussion:
- What are the key differences between in-home versus out-of-home respite services?
- What accreditations could be accepted for certification?
- Eligibility criteria will be modified to accommodate additional clinical diagnosis and criteria.
- Overnight will be an available option.
- Current limit of 250 hours annually (24 hours monthly) will be modified based on actuarial analysis.

5/18/16 Meeting

Eligibility Criteria Under Revision

Consumer Eligibility criteria will be opened up. Criteria will include:

- Those eligible for social security income for children with disabilities or supplemental security disability income

OR...

- Those meeting diagnosis and functional criteria along with additional parameters (TBD)

5/18/16 Meeting

Additional Guidance on Crisis

Licensed Practitioners Providing Crisis Services:

- Whether or not the individual is on their case load
- Whether or not the individual is a current patient with the agency (i.e., not requiring a recommendation or carry)
- If a licensed practitioner is providing the intervention, D0830 is billed, +WBR00, to be billed for each additional 30 minutes.

Unlicensed Practitioners Providing Crisis Services:

For unlicensed practitioners, crisis may only be billed to Medicaid if the recipient of the intervention is known to the system, currently carried on the unlicensed practitioner’s caseload and a licensed practitioner has recommended care.

If an unlicensed practitioner is providing the service to someone on their caseload, the practitioner will bill:
- D0830, Individual counseling (49064)
- D0945, Individual counseling (49068)

The state is working through increasing this as the standard model of crisis care for behavioral health.

5/4/16
### School Psychologists

<table>
<thead>
<tr>
<th>ODE Certification</th>
<th>Psychology Board License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have a Master's Degree in School Psychology</td>
<td>Must meet the following criteria: 4 years of experience as a school psychologist (which can include master's program internship year), pass the PRAXIS exam and pass the Ohio Board of Psychology's Oral Exam.</td>
</tr>
<tr>
<td>Limited to school psychology within the scope of employment by a board of education or by a private school meeting the standards under division (D) of section 3301.07 of the Revised Code, or while acting as a school psychologist in a program for children with disabilities established under ORC Chapter 3323 or 5126.</td>
<td>Can practice school psychology independently under ORC 4732.01 (D). Examples: Private practice, independently in a CMHC, hospital, etc.</td>
</tr>
</tbody>
</table>

**ADDITIONALLY**
- School Psychologists may work as a School Psychology Assistant, Trainee, or Intern when working in the community under the supervision of a Board Licensed School Psychologist or Psychologist. Psychologist must be registered with the Psychology Board.

Board Licensed Independent School Psychologist

**Topic:**
Evidence Based Practices Update
ACT Fidelity Measurements

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

IHBT Fidelity Measurements

1. Fidelity Measures to qualify for the IHBT billing methodology were built on premises similar to ACT from 2/10/16 OHT Redesign Meeting.

Multi-Systemic Therapy (MST) also similar for FFT

Service Delivery

- Child
- MST LISW

Psychotherapy Session delivered 9:00 am – 9:55 am to a child with oppositional defiant disorder.

Billing Practice

- CPT Code: 90837 Psychotherapy 60 Minutes (per CPT time rule, service provided 53+ minutes, unit = 1 encounter).
- Rendering Provider: MST LISW
- Patient: Child

Awaiting confirmation: This scenario would apply if the MST & FFT did not meet the IHBT rules.
**Future EBP Considerations**

**EBPs for July 2016 Transition**

- The state will continue to develop billing guidance for ACT and HIBT as distinct covered Evidence Based Practices for the July 2016 code set transition.

**EBPs for July 2017 Transition**

- The state will continue to work with stakeholders to review if there is a need for additional EBPs to be included for the July 2017 code set transition.

Billing guidance versus using an established dedicated code.

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**Ohio Governor's Office of Health Transformation**

**Topic:**

**Intensive Outpatient (IOP) & SUD Residential Services**

Sub Topic: American Society of Addiction Medicine Levels of Care, Substance Use Disorder IOP, Mental Health Partial Hospitalization & Substance Use Residential

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**Reminder: ASAM Levels Overview**

Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services.

<table>
<thead>
<tr>
<th>ASAM Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>1.0</td>
<td>Outpatient Services</td>
</tr>
<tr>
<td>2.0</td>
<td>Intensive Outpatient/Partial Hospitalization</td>
</tr>
<tr>
<td>3.0</td>
<td>Residential/Inpatient Services</td>
</tr>
<tr>
<td>4.0</td>
<td>Medically Managed Intensive Inpatient Services</td>
</tr>
</tbody>
</table>

Not in scope of bill changes.
ASAM Levels of Care

Reflecting a Continuum of Care

**Examples and Billing Guidance**

**Intensive Outpatient Program SUD**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Rendering Practitioner</th>
<th>Service Provided</th>
<th>Billing Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>1H – I</td>
<td>LICDC</td>
<td>Individual Counseling</td>
<td>90832</td>
</tr>
<tr>
<td>T</td>
<td>1H – G</td>
<td>LICDC + CDCA</td>
<td>Group Counseling – Relapse</td>
<td>90853</td>
</tr>
<tr>
<td></td>
<td>1H – G</td>
<td>LICDC + CDCA</td>
<td>Group Counseling – Family Dynamics</td>
<td>90853</td>
</tr>
<tr>
<td>W</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Th</td>
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</tr>
</tbody>
</table>

**SUD Group Counseling - Billing**

5 Minutes – Assumed average Group Size of 3, for rate setting purposes.

$6.44

Group Counseling: Additional Details

- Maximum group size: 1:1 Practitioner to client ratio.
- Only used at ASAM Levels 3 and 4.
  - For IOP and Partial Hospitalization, only used if the person hasn’t attended for the minimum amount of time needed to fill the peer group.
- Service is billed in whole units only.
- Used to bill group counseling provided by Chemical Dependency Counselor, Social Work, Counselor Assistants, Marriage and Family Therapist Assistants.
The SUD Residential 5/18/16 Meeting

The state and selected SUD providers met on April 6th, 2016, to review the SUD Residential budgeting data inputs. Based on this meeting and the last Benefit and Service Development Work Group meeting, providers returned an analysis of current staffing compared to the state’s requirements.

Updates...

- Removing addiction accreditation for physicians.
- Based on feedback from the provider survey, current staffing levels are higher than the recommended staffing levels in the manual. Rates will remain “as is” based upon the recommended staffing levels.

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Definition</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0010</td>
<td></td>
<td>Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient)</td>
<td>$256.33</td>
</tr>
<tr>
<td>H0011</td>
<td></td>
<td>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)</td>
<td>$392.86</td>
</tr>
<tr>
<td>H0012</td>
<td></td>
<td>Alcohol and/or drug services; sub acute detoxification (residential addiction program outpatient)</td>
<td>$360.36</td>
</tr>
<tr>
<td>H2034</td>
<td></td>
<td>Alcohol and/or drug abuse halfway house services, per diem.</td>
<td>$158.99</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$303.49</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$152.57</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$213.70</td>
</tr>
<tr>
<td>H2036</td>
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</tr>
<tr>
<td>H0011</td>
<td></td>
<td>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)</td>
<td>$392.86</td>
</tr>
<tr>
<td>H0012</td>
<td></td>
<td>Alcohol and/or drug services; sub acute detoxification (residential addiction program outpatient)</td>
<td>$360.36</td>
</tr>
<tr>
<td>H2034</td>
<td></td>
<td>Alcohol and/or drug abuse halfway house services, per diem.</td>
<td>$158.99</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$303.49</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$152.57</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$213.70</td>
</tr>
<tr>
<td>H2036</td>
<td></td>
<td>Alcohol and/or other drug treatment program, per diem.</td>
<td>$303.49</td>
</tr>
</tbody>
</table>

Ohio Governor’s Office of Health Transformation

Peer Recovery

and

Specialized Recovery Services Program

Ohio Governor’s Office of Health Transformation

Peer Recovery Support Coverage

Mental Health Benefit

Substances Use Disorder Benefit

Suicide Prevention

*All services provided by SUD services are covered by Medicaid.

5/4/16
Medicaid Peer Recovery Services

Peer recovery support is a new Medicaid covered service that will be available in S00 service continuum as well as the mental health continuum to individuals enrolled in the Specialized Recovery Services program.

Peer recovery supporters who wish to be enrolled in Medicaid must be employed by a provider type 68 or 69, and are subject to a criminal records check that is established in 1360-43-90 rules.

Key Consideration:
The criminal records check requirements also apply to providers of individualized placement support.

Specialized Recovery Services Program Finalized Rates

As a reminder, the HCP budget is independent from the budget for the overall DHHS. Recovery Management is still calculated per hour, not per unit.

Individual Peer Recovery Support: $15.53 per 15 minute unit

Group Peer Recovery Support: $15.53 per 15 minute unit

Individual Placement and Support: Supported Employment: $49.53 per 15 minute unit

Specialized Recovery Services - Consumer Letter and Informational Video

SRS Consumer Letter
(See Printed Version for Complete Information)

Key Takeaways:
- Explains that individuals will keep current Medicaid benefits and will receive new services if eligible
- Lists the recovery management agency
- Gives phone number to call if the individual has questions
- Lists high level eligibility criteria
- Lists new services available to those who are eligible

Link to Video: https://www.youtube.com/watch?v=6hYiK02Kf40
What is the impact on my agency?

Keep in mind:
The Infrastructure of Ohio's Community BH System has not changed in 25 years.

- Other than Medicaid elevation, which didn't really alter the provider infrastructure
- The infrastructure has not changed in > 25 years
- If you have clinicians who do not have private practices, they have very little frame of reference for where we are going
- Our experience to date tells us that assessing the impact of this requires a team effort and internal, collaborative problem solving. It isn't just a fiscal exercise or a clinical exercise.

Example: Disaggregating CPST

Diagram showing CPST with branches to IHBT, PSR-TBS, Nursing, and Other.
Current Rate Chart is 3/9/16
FILE: 2016-03-09 BH Overall Coding Chart.xlsx

LOGIC: Key Components of New Service Menu

Service Definitions

Practitioner Requirements

Rates

Current ~17 services
New: > 100 service codes
NO 1:1 CROSSWALK

Provider Manual
and
Business Rules

• Including Coverage & Limitations
• Applies to kids, but EPSDT must be considered...
Coverage and Limitations Guidance

<table>
<thead>
<tr>
<th>Topic</th>
<th>Current Coverage and Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationally Accredited and Clinically Supervised MH Day Treatment TBS Per Diem Program</td>
<td>One H0020 per day, per patient, per day</td>
</tr>
<tr>
<td>ASAM: Outpatient</td>
<td>Adults: &lt;9 hours per week of skilled treatment services, Adolescents: &lt;6 hours per week of skilled treatment services</td>
</tr>
<tr>
<td>ASAM: Intensive Outpatient</td>
<td>Adults: 9-19.9 hours per week of skilled treatment services, Adolescents: 6-19.9 hours per week of skilled treatment services</td>
</tr>
<tr>
<td>ASAM: Partial Hospitalization</td>
<td>Adults and Adolescents: &gt;20 hours per week, One per patient, per provider, per code, per year (G0396 and G0397), Cannot be billed by provider type 95</td>
</tr>
</tbody>
</table>

Coverage and Limitations Guidance

<table>
<thead>
<tr>
<th>Topic</th>
<th>Current Coverage and Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Testing</td>
<td>8 hours per calendar year (prior authorization to exceed)</td>
</tr>
<tr>
<td>Screening, Brief Intervention and Referral to Treatment</td>
<td>One per patient, per provider, per code, per year (G0396 and G0397), Cannot be billed by provider type 95</td>
</tr>
<tr>
<td>Psychiatric Diagnostic Evaluation: 90770 &amp; 90772</td>
<td>1 encounter per person per calendar year (90770 and for 90772). Prior Authorization after 1 encounter.</td>
</tr>
<tr>
<td>Evaluation and Management Codes (New and Existing Patient)</td>
<td>1 per day, per practitioner, per patient (99050) – may be subject to 5000 minimum of 30 units per calendar year across billing providers</td>
</tr>
<tr>
<td>Specialized Recovery Services Program: Individualized Placement Support: Supported Employment</td>
<td>Must be provided in accordance with the approved Person Centered Care Plan</td>
</tr>
<tr>
<td>Specialized Recovery Services Program: Peer Recovery Support</td>
<td>No more than 6 hours daily, and Must be provided in accordance with the approved Person Centered Care Plan</td>
</tr>
<tr>
<td>Urinalysis – H0048</td>
<td>1 Per day</td>
</tr>
</tbody>
</table>

Timelines, Transition Updates
BH Redesign Timelines

- State is having small group meetings to review examples/assumptions. We still seem to have some disconnect re: impact.
- Intent: submit to CMS by end June
  - CMS requires a 90 day approval process.
- JMOC continues to monitor
- Carve in to managed care still on target for 1/1/18; all other timelines compress the time leading up to managed care implementation.
- *Re transition, we don’t know much more yet.*
- *It requires infrastructure & will cost money.*

Phase 2 Work

The following are areas of work that have been identified for phase 2 work, once this package is submitted:
- High Fidelity Wrap Around
- Additional work on crisis
- Children’s residential
- Respite
Materials re: BH Redesign

- [http://bh.medicaid.ohio.gov/](http://bh.medicaid.ohio.gov/)
- Materials from all the meetings posted under the tab “About”.
- ODMHAS also plans to post the coding training

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Vorys Health Care Advisors

VORYS helps health care providers, decision makers and professional associations achieve their objectives in a constantly changing governmental and business health care environment and assists them in making well informed, strategic and tactical decisions tailored to their individual goals, needs and aspirations.

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